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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676421 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/14/2025 |
| NAME OF PROVIDER OR SUPPLIER Legend Oaks Healthcare and Rehabilitation - Waxaha | | STREET ADDRESS, CITY, STATE, ZIP CODE 151 Country Meadows Boulevard Waxahachie, TX 75165 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on interviews and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, which included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs for one (Resident #1) of 5 residents reviewed for care plans.</p> <p>The facility failed to ensure Resident #1's care plan was updated to reflect the resident no longer being treated for a yeast infection.</p> <p>This failure could place residents at risk for not receiving necessary care and services or having important care needs identified and met.</p> <p>Findings Included:</p> <p>Review of Resident #1's face sheet dated 04/14/2025 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses which included essential primary hypertension(a condition characterized by persistently elevated blood pressure without an identifiable underlying cause), unspecified dementia(where the underlying cause or specific type of dementia is not determined , despite a medical evaluation), and depression(sadness).</p> <p>Review of Resident #1's quarterly MDS assessment, dated 03/14/2025, reflected a BIMS score of 1, indicating she had severe cognitive impairment.</p> <p>Review of Resident #1 's care plan dated 04/13/2025 and date initiated 03/11/2025 reflected Resident #1 had an active yeast infection.</p> <p>Review of Resident #1's physician order dated 03/11/2025, reflected that Resident # 1 had order for Terconazole(antifungal medication used to treat yeast infections in the vagina) vaginal suppository 80 MG. Insert vaginally at bedtime for 3 days.</p> <p>Review of Resident #1's MAR revealed Resident # 1 received Terconazole vaginal suppository 80 MG on 03/12/2025, 03/13/2025, and 03/14/2025.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with the ADON on 04/14/2025 at 2:15 PM, the ADON stated she was responsible for making sure the care plan reflected Resident #1 yeast infection had been resolved. The ADON stated she had missed updating Resident # 1 care plan to reflect it resolved. The ADON stated the care plan communicated care that needed to be provided to residents. The ADON stated if the care plan was not updated, the resident's need may not get met or resolved.</p> <p>During an interview with the DON on 04/14/2025 at 1:00 PM, the DON stated that Resident #1 was no longer being treated for a yeast infection. The DON stated that the ADON was responsible for updating the care plan to reflect Resident # 1 was no longer being treated for a yeast infection. The DON stated it was expected for the ADON to have updated the care plan to show Resident # 1's yeast infection had been resolved and was no longer being treated.</p> <p>During an interview with the ADM on 04/14/2025 at 4:01 PM, the ADM stated that the ADON was responsible for making sure Resident # 1's care plan indicated she was no longer being treated for the yeast infection. The ADM stated it was expected for the ADON to update the care plan to reflect Resident # 1 yeast infection had been resolved.</p> <p>Review of the facility policy Comprehensive Person-Centered Care Planning dated 11/2016 revised 12/2023 reflected it is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that include measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The IDT team will also develop and implement a baseline care plan for each resident, within 48 hours of admission, that includes minimum healthcare information necessary to properly care for each resident and instructions needed to provide effective and person-centered care that meet professional standards of quality care.</p> | | |