

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 12/12/2025
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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, in accordance with accepted professional standards and practices, medical records were maintained on each resident that were complete and accurately documented for 1 of 5 residents (Resident #1) for resident records. The facility failed to ensure Resident #1's medication and treatment was documented in PCC for 12/06/2025, 12/09/2025 and 12/11/2025. This failure could place residents at risk for the possibility of not verifying the needed care and services to meet their needs. Findings included: A record review of Resident #1's face sheet, dated 12/12/2025, reflected an [AGE] year-old male admitted on [DATE]. Resident #1 had diagnoses which included type 2 diabetes (body does not make enough insulin), muscle weakness (loss of muscle strength), hypertension (high blood pressure), and congestive heart failure (heart muscle weakens or stiffening failing to pump enough oxygen to meet the body's needs). A record review of Resident #1's care plan, dated 12/12/2025, reflected Resident #1 had diabetes with interventions to give diabetes medication as ordered. A record review of Resident #1's care plan, dated 12/12/2025, reflected Resident #1 had a suprapubic catheter (tube inserted through a small cut in lower abdomen above pubic bone to drain urine directly from the bladder when normal urination is difficult or impossible) with interventions to change catheter bag tubing as ordered and to monitor, record and report symptoms. A record review of Resident #1's care plan, dated 12/12/2025, reflected Resident #1 had acute/chronic pain r/t low back pain with interventions to anticipate the need for pain relief and respond immediately to any complaint of pain. A record review of Resident #1's Quarterly MDS assessment, dated 11/02/2025, reflected Resident #1's BIMS score of 11 indicated moderate cognitive impairment. A record review of Resident #1's physician's order, dated 10/27/2025, reflected Humalog Kwik Pen Subcutaneous Solution Pen-Injector (pre-filled disposable pen delivery rapid-acting insulin to quickly lower blood sugar) 100 unit/ML before meals and at bedtime for diabetes. A record review of Resident #1's physician's order, dated 10/28/2025, reflected Lidocaine external patch (pain reliever that numbed the skin and block nerve signals) be applied to the hip and lower back topically one time a day for pain and remove per schedule. A record review of Resident #1's physician's order, dated 10/28/2025, reflected air mattress check placement and function every shift. A record review of Resident #1's physician's order, dated 10/28/2025, reflected air mattress to bed every shift. A record review of Resident #1's physician's order, dated 10/28/2025, reflected apply barrier cream to coccyx/sacrum and bilateral gluteal (bones at bottom spine connecting to pelvis /hip stabilizer) every shift. A record review of Resident #1's physician's order, dated 10/28/2025, reflected suprapubic catheter care every shift to monitor the S/P insertion site for s/s of skin breakdown, pain/discomfort, unusual odor, urine characteristics, secretions, and catheter pulling causing tension every shift. A record review of Resident #1's physician's order, dated 10/30/2025, reflected suprapubic catheter care was to apply new spit sponge (disposable oral care swabs) as needed if soiled and apply A & D ointment (a skin protectant to help relieve and heal minor skin irritations and conditions) around stoma site (opening that collected waste) to prevent skin breakdown every shift. A record review of Resident #1's physician's order, dated 11/08/2025, reflected acetaminophen - codeine tablet (pain reliever) 300-30 MG, one tablet by mouth every eight hours for pain. A record review of Resident #1's MAR, dated 12/09/2025, reflected Humalog Kwik Pen Subcutaneous Solution Pen-Injector (pre-filled disposable pen delivering rapid acting insulin to quickly lower blood sugar) 100 unit/ML before meals and at bedtime diabetes was not signed off as given by LVN A at 4:30 p.m. on 12/09/2025. A record review of Resident #1's MAR, dated 12/11/2025, reflected suprapubic catheter care every shift monitor S/P insertion site for s/s of skin breakdown, pain/discomfort, unusual odor, urine characteristics, secretions, and catheter pulling causing tension every shift was not signed off as completed by LVN A the morning shift. A record review of Resident #1's MAR, dated 12/06/2025, reflected Lidocaine external patch (pain reliever that numbed the skin and block nerve signals) be applied to the hip topically one time a day for pain and removed per schedule was not signed off as given by Med Tech B at 9:59 PM on 12/06/2025. A record review of Resident #1's MAR, dated 12/06/2025, reflected Lidocaine external patch (pain reliever that numbed the skin and block nerve signals) be applied to the lower back topically one time a day for pain and removed per schedule was not signed off as given by Med Tech B at 9:59 PM on 12/06/2025. A record review of Resident #1's MAR, dated 12/11/2025, reflected air mattress check placement and function every shift was not signed off as completed by LVN A on the 6:00 a.m. shift on 12/11/2025. A record review of Resident #1's MAR, dated 12/11/2025, reflected air</p>		