STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676426	A. BUILDING _____ B. WING _____	**06/25/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEGENDS OAKS HEALTHCARE AND REHABILITATION - FORT	**4240 GOLDEN TRIANGLE BOULEVARD KELLER, TX 76244**

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 0580 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to notify the resident's representative when there was a significant change in the resident's physical status and a room change for one (Resident #1) of fourteen residents reviewed for notification of changes. The facility failed to notify the resident's representative when Resident #1's COVID-19 test result was positive and her room was changed. The failure placed residents at risk of delayed treatment and services. Findings included: Review of Resident #1's Admission Record dated 06/25/20 reflected she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Her RP was a member of her family. Review of Resident #1's physician's orders [REDACTED]. Review of Resident #1's progress note dated 05/14/20 reflected, COVID-19 Note: Evaluation is being completed due to: Confirmed COVID-19 [DIAGNOSES REDACTED]. There were no progress notes regarding the resident being COVID-19 positive, changing rooms or notifying the family. A telephone 05/18/20 at 12:45 PM with Resident #1's RP revealed she had attempted to call Resident #1's room on 05/15/20. When the resident did not answer her telephone, the RP called the front office and spoke to the Receptionist. The Receptionist informed her she the resident did not answer her room telephone because she had tested positive for COVID-19 and been moved to a different room. The RP stated, They are supposed to call the family and no one called me to let me know! An interview with the DON on 05/18/20 at 3:20 PM revealed when there was a change in resident rooms, the Social Worker and Admission Coordinator made sure to get in touch with the families. On 05/13/20 when they received Resident #1's positive COVID-19 test results, they tried to call every family as things changed and if something was missed then it was reported later. She stated the Wound Care nurse, Admissions Director, MDS nurse and herself had made calls. A telephone interview with the SW on 05/18/20 at 3:22 PM revealed she had only assisted moving the residents that were positive, she did not call anyone on 05/13/20. The SW also said a few months ago she would call families with condition or room changes but since the COVID-19 virus came around, she left at 2:00 PM and lots of things could happen after she left. The SW said now when the DON found out about a new positive COVID-19 resident, she would get with the ADON, and Admissions Director and they would decide what room to send the resident to. She said then the family was called by one of them to let them know what room the resident was moved to and how to get ahold of them if they wanted to speak with them. An interview with the Administrator on 05/18/20 at 3:05 PM revealed they were required to update family every time there was another COVID-19 positive resident or employee. An interview with the DON on 05/18/20 at 3:36 PM revealed when they had received the results from the COVID-19 tests that day (05/13/20) they had split the residents up between the ADON, Admission Director and herself. The Surveyor requested the DON to make a list of everyone who had made calls on 05/13/20 and who they called. Review of the typed list, provided by the Administrator on 05/18/18, of resident families and the staff member who had called them to inform them of positive COVID-19 statuses and room changes revealed 10 resident names. All of the resident names had the staff member's name who had called them except for Resident #1. Review of Resident 1's name reflected, under review rather than a staff member's name. He stated they were still looking to see if anyone had called Resident #1's family about her COVID positive status and room change. A telephone interview with the Administrator on 05/20/20/at 3:22 PM revealed they were in-servicing the staff or re-in-servicing the staff about notification of families of changes. After surveyor inquiry they were trying to call Resident #1's family and had not been able to reach them. An interview with the DON on 05/22/20 at 1:48 PM revealed she had not been able to find any staff who had called Resident #1's family on 05/13/20 to inform them of the positive COVID-19 test and room change. She said they were supposed to call families with any changes to a resident's condition and room changes. Review of the facility's policy and procedure, Notification, Physician or Responsible Party, dated August 2007, revealed the following: It is the policy of this facility to promptly notify the resident, his/her attending physician, and/or family/responsible party of changes in the resident's condition and/or status. It further stated: The nurse will notify the resident's family/responsible party when: .B. There is a significant change in the resident's physical, mental, or psychosocial status; C. There is a need to alter the resident's treatment significantly; D. There is a change in the resident's room assignment; . 3. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's condition or status.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE