

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Gracy Woods Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 Metric Blvd Austin, TX 78758	

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)
<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>(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.

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Gracy Woods Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 Metric Blvd Austin, TX 78758	
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)		
<p>F 0656</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 interviews and records review the facility failed to develop and implement a person-centered comprehensive care plan to meet the preferences and goals of each resident and address the resident's medical, physical, mental and psychosocial needs for one (Resident #1) of three residents reviewed for care plan. The facility failed to update Resident #1's care plan after an X-ray (a form of electromagnetic radiation used in medicine to create images of the inside of the body for diagnostic purposes) result dated 10/17/2025 reflected a nondisplaced fracture of the medial epicondyle (a bony prominence on the inner side of the elbow where muscles and the ulnar collateral ligament (is a circular ligament on the inner side of the elbow that connects the upper arm to the forearm bone) attach) of the distal end of the right humerus (the long bone in the upper arm, connecting the shoulder blade to the forearm bones.) This deficient practice placed Residents at risk for not getting right interventions, risk for harm and hospitalization Findings included: Review of Resident #1's face sheet printed 11/07/2025 reflected a [AGE] year-old female who was admitted on [DATE] with the following dx: Unspecified Dementia, mild with agitation (Dementia is a general term for a group of conditions that cause a decline in cognitive functions, such as memory, thinking, reasoning, and problem-solving, severe enough to interfere with daily life.), Anxiety disorder, (a normal reaction to stress that can become an overwhelming and persistent disorder, characterized by excessive worry, fear, or dread). Review of Resident #1's incident report dated 10/16/2025 at 6:00 pm reflected:Resident #1 was found on the floor on the mat near her bed with a skin tear to her elbow. Review of Resident #1's progress notes dated 10/17/2025 at 3:23 pm written by LVN A reflected: Hospice nurse orders x-ray. Nurse reports ETA 5:30pm, X-ray, rt arm due to pain.Nursing will continue to monitor the residents. Review of Resident #1's X-ray completed on 10/17/2025 reflected: HISTORY / PRELIM DIAGNOSIS: RT HUMERUS; PAIN POST FALLRight humerus 2 views: A nondisplaced fracture of the medial epicondyle of the distal end of the right humerus is present.no angulation is seen. There is no dislocation or focal bone lesion (a specific, abnormal area within the bone, often identified on imaging scans.) no angulation (the act of forming angle or an angular position, shape or form) is seen. There is no dislocation or focal bone lesion.Impression:Nondisplaced fracture of the medial epicondyle of the distal end of the right humerus. Review of Resident 1's care plan revised 10/16/2025 reflected Resident #1 was at risk for falls due to weakness, impaired mobility, incontinence of bowel and bladder. It also reflected that Resident #1 required staff assistance with ADLs and Resident #1 had disturbed thought process related to neurological changes, evidenced by memory loss, confusion, and impaired judgement. Resident #1's care plan did not address Resident #1 had a fracture to her right humerus, no interventions and goals. Review of Resident #1's Progress notes dated 10/18/2025 at 12:47 pm written by LVN B reflected: New order received for APAP (is a non-opioid analgesic and antipyretic agent utilized for treating pain and fever) with Codeine 1-tab TID routine and may continue prn dose but not to exceed 3gm of Acetaminophen in 24 hours. RP in facility at this time. Notified this writer that resident does have a fracture to the Rt Humerus from the unwitnessed fall that occurred on 10/16/25. Hospice telephoned for clarification of results of XRAY performed on 10/17/25. Hospice nurse stated resident does have a fracture and will send results via email to Administrator of facility. RP declined ER visit due to resident's decline in health and wishes for facility/hospice to keep resident comfortable at this time. Prn Morphine given at approx. 11:40 am. Review of Resident#1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 09, indicating moderate cognitive impairment. During an interview on 11/07/2025 at the DON stated the facility was aware of Resident #1's right humerus fracture due to a fall on 10/16/2025. The DON stated the X-ray was completed on 10/17/2025 on Resident #1's right arm and was positive for a fracture. The DON stated Resident #1 was on hospice services and Resident #1's RP had declined aggressive treatment to the right humerus fracture. The DON stated Resident #1's right fracture should have been care planned to enable staff to know what interventions to provide for Resident #1. The DON stated the MDS nurse was responsible to update Resident #1's care plan to reflect right humerus fracture with interventions. During an interview on 11/07/2025 at 12:40 pm the MDS Nurse stated she was responsible for completing and updating comprehensive care plan and MDS assessment. The MDS Nurse stated the floor nurses were responsible for doing the acute care plan and they should have done an acute care plan for Resident #'s fracture. The MDS Nurse stated an acute care plan was for something that happened to the resident right away, and examples like falls, fractures and infections, interventions were listed right away. The MDS Nurse stated</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Gracy Woods Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 Metric Blvd Austin, TX 78758	

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)
<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Gracy Woods Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12021 Metric Blvd Austin, TX 78758	
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)		
<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review the facility failed to ensure professional staff were licensed certified or registered in accordance with applicable state laws for 13 Nurse Aides of 13 nurse aides reviewed for assessments. The facility failed to ensure NAs A, B, C, D, E, F, G, H, I, J, K, L, M, Nurse Aide Curriculum skill performance checklists were checked off. This failure could place residents at risk of not being provided care by qualified staff, which could cause inadequate care and injury resulting in decreased health and psycho-social well-being. Findings include: Record review of NA A's employee record revealed they were hired 10/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 10/03/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA B's employee record revealed they were hired 09/02/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA C's employee record revealed they were hired 09/02/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA D's employee record revealed they were hired 09/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 08/22/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA E's employee record revealed they were hired 09/12/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/12/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA F's employee record revealed they were hired 08/04/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 08/04/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA G's employee record revealed they were hired 09/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA H's employee record revealed hired 10/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of Nurse Aide Curriculum skill performance checklist. Record review of NA I's employee record revealed they were hired 10/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA J's employee record revealed they were hired 09/02/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA K's employee record revealed they were hired 10/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA L's employee record revealed they were hired 09/09/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 09/02/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Record review of NA M's employee record revealed they were hired 08/13/25 as a Nurse Aide trainee. The Nurse Aide Program training was completed on 08/08/25. There was no proof of a Nurse Aide Curriculum skill performance checklist. Interview on 11/24/25 at 3:48 PM, the DON stated the Staffing Coordinator was responsible for checking the student NAs off once they completed a skills task. The DON stated that each NA student's skills had been checked off but was unable to locate the binder. The DON stated the entire facility was checked and they were unsuccessful in locating. The DON stated all 13 NA students would be re-checked and the binder would be kept in her office. The DON stated it was expected for the binder with the NAs training to be presented for review. The DON stated that without providing the training binder it would look like the training check offs would not have been completed. The DON stated it was expected for the NAs training check off to be completed and validated. Interview on 11/24/25 at 3:56 PM, the ADM stated it was expected for the NAs skill check off binder to be kept up to date and available when asked for. The ADM stated the Staffing Coordinator was responsible for checking off the NAs' skills completed. The ADM stated the binder that kept that skill performances check offs was not able to be located in the facility. The ADM stated the Staffing Coordinator was responsible for checking off the student NAs. The ADM stated if the binder with the check was not able to be presented it would look like they were not done. It was expected for the checkoffs to be presented to ensure the student NAs were able to care for the residents. Interview on 11/24/25 at 4:52 PM, the Staffing Coordinator stated she was responsible for making sure student NAs were checked off once they completed the skills. The Staffing Coordinator stated the binder with the checkoffs was not able to be located. The</p>		