

LEGEND OAKS HEALTHCARE AND REHABILITATION - NEW BR

Report ID: CCN 676392
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§ 1 Facility Identity

Facility	LEGEND OAKS HEALTHCARE AND REHABILITATION - NEW BR
CCN	676392
Location	2468 FM 1101, NEW BRAUNFELS, TX, 78130
Ownership type	Government - Hospital district
Certified beds	126

§ 2 CMS Federal Record

Civil money penalties on file	\$0
Deficiency citations — current cycle	18 (200% vs prior 24 months (6))
Deficiency citations — prior 24 months	6
Immediate Jeopardy — current cycle	0
Actual-harm (G+) citations — current cycle	0
Special Focus Facility status	Not listed
Abuse icon	No

§ 3 Federal Penalties in Context

This facility — penalties on file	\$0
TX state average	\$49,788 (this facility is 0.0× the TX average)
National average	\$31,239 (this facility is 0.0× the national average)

Averages are CMS-published per-facility fine amounts for the same snapshot. Figures and multiples are stated as published; no inference is drawn here.

§ 4 Current-Cycle Deficiencies

The current survey cycle records the following 18 federal deficiency citations (CMS F-tags). Scope/severity is CMS's own A–L grade; "Immediate Jeopardy" is CMS's most serious classification.

F-TAG	FINDING (CMS)	SCOPE/SEV.	SOURCE
F804	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.	E	Complaint
F695	Provide safe and appropriate respiratory care for a resident when needed.	E	Standard survey
F812	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.	E	Standard survey
F755	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.	E	Complaint
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.	D	Complaint
F887	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.	D	Complaint
F641	Ensure each resident receives an accurate assessment.	D	Standard survey
F656	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.	D	Standard survey
F692	Provide enough food/fluids to maintain a resident's health.	D	Standard survey
F700	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.	D	Standard survey
F761	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted	D	Standard survey

professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.

F940	Develop, implement, and/or maintain an effective training program for all new and existing staff members.	D	Standard survey
F941	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.	D	Standard survey
F943	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.	D	Standard survey
F944	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.	D	Standard survey
F945	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.	D	Standard survey
F946	Provide training in compliance and ethics.	D	Standard survey
F949	Provide behavior health training consistent with the requirements and as determined by a facility assessment.	D	Standard survey

§ 5 Ownership & Chain Context

Ownership record	Chain: THE ENSIGN GROUP (342 facilities); Owner on file: GUADALUPE COUNTY HOSPITAL BOARD (organization)
Ownership chain	THE ENSIGN GROUP (342 facilities)
Penalties vs chain average	\$0 vs \$20,923 (0.0× the chain average)
Current deficiencies vs chain average	18 vs 10.1 (1.8× the chain average)

§ 6 CMS Care Compare Star Ratings

Overall	3 / 5 (state avg 2.7 · US avg 3)
Health inspection	3 / 5 (state avg 2.8 · US avg 2.8)
Staffing	2 / 5 (state avg 1.8 · US avg 2.9)
Quality measures (QM)	4 / 5 (state avg 3.8 · US avg 3.7)

§ 7 Record Provenance

CMS data as of	Jun 2026
Independent verification	https://www.medicare.gov/care-compare/details/nursing-home/676392
Snapshot SHA-256	09a761b8a12c556dda2385557002ca9a1e170f4afe62de1167ad8635ab9fa9ea
Methodology & version	v1.0 — https://www.caregiverhelpnow.com/methodology

§ 8 For Your Attorney

1. The full survey file (Form 2567) for each inspection cited above is available from the state survey agency or by FOIA request.
 2. Quarterly staffing data: CMS Payroll-Based Journal (PBJ) public use files, CCN 676392.
 3. Cite this snapshot as “CMS Care Compare, as of Jun 2026” — integrity hash 09a761b8a12c.
 4. Deficiency F-tags cited above are searchable in CMS QCOR (qcor.cms.gov).
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This snapshot is a frozen record of CMS Care Compare data as of Jun 2026. Independently verifiable at the URL above. Generated by CareSentinel under Nodal Logics LLC. Compiled under CareSentinel methodology v1.0, documented at <https://www.caregiverhelpnow.com/methodology>; the Snapshot SHA-256 above pins this record to that methodology version.

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