

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Lampasas Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 611 N Broad St Lampasas, TX 76550	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on interviews and record review the facility failed to develop and implement a baseline care plan that included the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care for 1 of 10 residents (Resident #1) reviewed for baseline care plans.</p> <p>This failure could place the resident at risk of continuity of care and communication among nursing home staff, reduced resident safety, and reduced safeguards against adverse events that are most likely to occur right after admission.</p> <p>Findings included:</p> <p>Record review of Resident #1's Face sheet dated 04/05/24 reflected, a [AGE] year-old male admitted to the facility on [DATE] and discharged on [DATE] with diagnoses of irritant contact dermatitis due to fecal, urinary or dual incontinence (inflammation of the skin associated with exposure to urine or stool), diabetes, depression, chronic obstructive pulmonary disease, depression, bipolar disorder, and chronic thromboembolic pulmonary hypertension (a rare and potentially fatal form of elevated blood pressure in the lungs).</p> <p>Record review reflected there was no MDS completed for Resident #1.</p> <p>Record review of Resident #1's care plan dated 02/14/2024 reflected:</p> <p>Focus dated 02/14/2024: - I have a physical functioning deficit with transfers and require assistance of.</p> <p>Goal dated 02/14/2024: I will maintain my current level of functioning with the intervention</p> <p>Intervention dated 02/14/2024: Transfer/Slide Sheet for moving up in bed</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
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/05/2024 with the DON at 5:38 pm revealed there was no base line care plan for Resident #1, and it was the facility policy to have a base line care plan within 24 hours of a resident admitting into the facility. The DON believes it was a computer error because Resident #1 was readmitted to the facility and for some reason the Electronic Medical Record software did not generate a reminder to create a base line care plan for his new facility admission. The DON revealed it was important to have a baseline CP because it was necessary to identify the residents needs and how the staff was to implement resident care. She revealed if you don't have a care plan, the resident could have an identified need that was not meet and could cause the resident harm. An example would be not having a care plan that identified and had interventions for falls. The failure of not having a care plan could result in an injury from a fall. Not having a care plan could affect outcomes and patient satisfaction. The DON revealed it was the responsibility for the MDS coordinator to create a care plan, but all staff were responsible for creating a care plan and all the staff discussed care plans during morning meetings.</p> <p>Interview on 04/05/2024 with the ADM at 5:51 pm revealed he was not aware that there was no baseline care plan for Resident #1, and it would be the MDS nurse who would be the driving force to create a care plan. He revealed a care plan was important because it helps the facility determine the residents' treatment plan. He revealed that without a care plan, things that needed to happen to care for the resident could get missed and the resident might not get the full treatment they needed but he does not think that it could get to that point that not having a care plan could cause injury, but it could potentially get to that point.</p> <p>Interview on 04/05/2024 with the MDS Coordinator at 4:32 pm revealed, when shown Resident #1's care plan in the Electronic Medical Record that there was no baseline care plan created for Resident #1. She revealed a care plan was not created because the nurse did not create an initial evaluation when Resident #1 was admitted into the facility and therefore, no base line care plan was created.</p> <p>Record review of the facility's Comprehensive Care Plan policy dated May 1, 2012, revealed: social services staff and/or designee will participate in the development of a comprehensive care plan for each resident.</p> <p>PRACTICE GUIDELINES</p> <p>1. The interdisciplinary care plan is implemented to guide health care center staff in the provision of necessary care and services to obtain and maintain at the highest practicable physical, mental, and psychological well-being of the resident and promotion of the resident and family in planning care.</p> <p>3. Interdisciplinary team develops president focused goals. These goals are:</p> <p>A. stated in behavioral terms</p> <p>B. measurable</p> <p>C. brief</p> <p>D. short term with established timeframes</p> <p>(continued on next page)</p>		

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