

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 11/23/2025
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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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
---	-------	-----------

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 11/23/2025
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for two of two residents reviewed for quality of care. The facility failed to provide Resident #1 with post-surgery pain medication for more than 48 hours after admission, provide enteral feeding and hydration for more than 19 hours after admission, and provide colostomy/ileostomy (an opening in the abdomen for feces to leave the body) care to avoid fecal leakage, skin breakdown, and hospitalization. The facility failed to provide Resident #2 with the proper care and assessment to identify an injury of unknown origin that resulted in a large bruise across her chest and breasts. An IJ was identified on 11/18/2025. The IJ template was provided to the facility on [DATE]. While the IJ was removed on 11/23/2025, the facility remained out of compliance at a scope of pattern and a severity level of four because documentation practices do not reflect the proper care and treatment to prevent harm to residents. These failures could place residents at risk of starvation, uncontrolled pain, an unidentified significant injury, and up to and including death. The findings included: A record review of Resident #1's face sheet dated 11/18/2025 reflected at [AGE] year-old female admitted to the facility on [DATE] at 4:40 PM and transferred on 11/1/2025 at approximately 12:00 PM to acute care hospital on for a rash on her stomach Her diagnoses included Surgical Aftercare Following Surgery on the Digestive System (an opening in the abdomen for feces to leave the body) , Sepsis (serious microorganisms in the blood, can cause death), Type 2 Diabetes (the body's inability to produce insulin), Chronic Obstructive Pulmonary Disease (damage to the lungs), Ulcerative Colitis (chronic bowel disease), Acute Kidney Failure (kidney's cannot filter waste), Nonrheumatic Aortic Stenosis (narrowing of the aortic valve), and Cerebral Infarction (stroke). A record review of Resident #1's MDS dated [DATE] reflected no BIMS was available, as the resident resided was in the facility less than 72 hours. A record review of Resident #1's admission care plan dated 10/31/2025 reflected the following: Focus Area: The resident requires tube feeding. Interventions: Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than (X) cc aspirate. The resident is dependent on tube feeding and water flushes. Focus Area: Resident has a diet order other than Regular and is at risk for unplanned weight loss or pain. Interventions: Determine food preferences and provide dietary limitations. Encourage meal completion and document amount consumed. Focus Area: The resident has a potential for uncontrolled pain. Interventions: Anticipate the residents' need for pain relief and respond immediately to any complaint of pain. Evaluate the effectiveness of pain interventions. Review for compliance, alleviating symptoms, dosing schedules and resident satisfaction with results, impact on functional ability, and impact on cognition. A record review of Resident #1's admission Nurse Note dated 10/29/2025 at 5:36 PM reflected the following: A. Does the resident require her medications to be crushed? Answer: Yes G. Gastrointestinal 4. Bowel Control. Answer: Ostomy I. Mobility/Safety 7. Eating/Drinking - How much assistance does the resident require? Answer: NPO J. Oral / Nutrition - How does resident receive nutrition/hydration? Answer: Enteral Feeding K. Pain - Have you had pain or hurting any time in the last 5 days? Answer: Yes How much of the time have you experienced pain or hurt over the last 5 days? Answer Frequently Please rate your worst pain over the last 5 days, 0-10 scale. Answer: 6 A record review of Resident #1's admission paperwork from the transferring SNF was attempted on 11/19/2025 at 1:45 PM and again on 11/20/2025 at 10:30 AM. The RCN said all admission documents were in PCC. A record review of Resident #1's referral document from the transferring SNF dated 10/29/2025 at 9:17 AM reflected the following: Continuous Infusions: PRN Meds: oxycodone; no specific dosage or instructions were documented. Recommendations: 1.TF formula changed to Nepro 10/17 due to elevated potassium. Continue Nepro at 45 ml/hour for 24 hours to provide 1752 kcals, 80 gm protein and 720 ml free water (Calculations based on 22 hours for anticipated interruptions.)2. Free water flushes per physician. 3.Continue/adjust insulin regimen as medically appropriate per physician. Goal blood sugars 140-180 mg/dL on nutrition support. 4.Adjust Imodium per physician. Goal ileostomy output <800-1000 ml/day.5.Once medically appropriate, may consider resuming standard diabetic enteral formula. Recommend 1440 ml Glucerna 1.2 daily (60 ml/hour uninterrupted goal rate) to provide 1728 kcals, 86 gm protein and 1159 ml free water. A record review of Resident #1's Narcotic Count Log reflected Oxycodone/APAP 5-325 MG, give two tablets by mouth every four hours as needed. The Narcotic Count Log and the two coinciding medication blister packs were discovered by the RNC on 11/18/2025 in the</p>		