STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39269 Based on interview and record review the facility failed to ensure the residents environment remained as free of accident hazards as possible and ensure each resident received adequate supervision and assistance devices to prevent accidents for one of three residents (Resident #1) reviewed for accidents and hazards. The facility failed to identify Resident #1 as an elopement risk from his admission paperwork or complete a wandering/elopement assessment within 24 hours of admission. On 02/08/24 he eloped from the facility for approximately three hours and was located 1-2 miles from the facility at a busy intersection of a street and a highway. The noncompliance was identified as PNC. The IJ began on 02/08/24 and ended on 02/15/24. The facility had corrected the noncompliance before the survey began. This deficient practice placed residents at risk for unsafe elopements, falls, injuries, and hospitalization . Findings include: Review of Resident #1's, undated, face sheet reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included unspecified dementia, abnormalities of gait and mobility, type II diabetes, essential hypertension (high blood pressure), and cognitive communication deficit. He was discharged from the facility on 03/11/24. Review of Resident #1's admission MDS assessment, dated 02/14/24, reflected a BIMS of 4, which indicated a severe cognitive impairment. Section GG (Functional Abilities and Goals) reflected he utilized a wheelchair. Section P (Restraints and Alarms) reflected he required a wander/elopement alarm. Review of Resident #1's care plan, revised 02/08/24, reflected he was an elopement risk/wanderer related to history of attempts to leave the facility unattended with interventions of 1:1 monitor location and a wander guard in place on right ankle. Review of Resident #1's admission paperwork, dated 01/13/24, reflected the following nursing progress notes from his previous facility: (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[Resident #1] was noted off-site by [BOM] . This nurse assisted [BOM] with bringing [Resident #1] back into facility. Police were present at this time Review of Resident #1's admission paperwork, dated 01/13/24, reflected the following nursing progress notes from his previous facility: [Resident #1] was brought over to memory care after an elopement Review of Resident #1's admission paperwork, dated 01/13/24, reflected the following nursing progress notes from his previous facility: [Resident #1] just left via facility van . [Resident #1] transferring to (psychiatric hospital) for behaviors and elopement Review of Resident #1's nursing progress notes in his EMR, dated 02/08/24 at 12:50 PM and documented by RN A, reflected the following: Reported by family that [Resident #1] has left facility to sightsee and is waiting on someone to pick him back to the building. [Resident #1] was interviewed upon being brought back to the facility. [Resident #1] stated that he wanted to get out of the facility to go look around and he planned to return to the facility. Stated he did not see anything wrong with it . He then proceeded to say that he sat where he could watch the door and waited till someone went through the door and followed them outside . 1:1 initiated for close monitoring. Social services, psych referral initiated and PT/Speech eval (evaluation) obtained Review of Resident #1's Pre-Restraint Assessment/Screening, dated 02/08/24, reflected the following: Wander guard to right lower leg to alert staff due to [Resident #1] wandering outside facility related to confusion and not apprehending safety measures secondary to Dementia. Review of Resident #1's Wandering Evaluation, dated 02/08/24, reflected he was at moderate risk of wandering/eloping. During an interview on 03/25/24 at 1:25 PM, the DON stated she was in the morning meeting on 02/08/24 when the ADMC called and informed her she received a text message from Resident #1's FM B saying he was on (street name) and did not know how to get back to the facility. She stated they went and located him and brought him back. She stated when he was interviewed, he told the ADM he saw people coming and going so he tried to open the door and a nurse told him he could not leave. She stated he told the ADM, I'm going to show her I can leave. She stated he apparently waited for the nurse to be busy and then followed someone out. She stated the wandering/elopement assessment had not been done prior to the elopement. She stated it was SW C's responsibility and they should be completed within 24 hours of admission. She stated SW C was immediately suspended and then she voluntarily quit. She stated she knew he was at risk of elopement but thought the memory care unit was too restrictive for him so she placed his room on the second floor. She stated after the elopement, a wander guard was put on him and he had 1:1 supervision. She stated a negative outcome of not completing a wandering/elopement assessment in the timeframe would be exactly what happened with Resident #1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 03/27/24 at 8:50 AM, the Receptionist stated when residents wanted to leave or had an appointment, they signed out at the nurses' station and the nurses would either call her to inform her or would walk the residents down themselves. She stated Resident #1 left the faciity on [DATE] before she had arrived at 8:00 AM for her shift. She stated FM B called her sometime after 9:00 AM to inform her Resident #1 had texted them. She stated she went upstairs and told the Administration staff immediately. She stated after that elopement, in-services were done with all staff regarding elopement and wandering risks. During an interview on 03/27/24 at 9:08 AM with the ISW, she stated she was filling in to assist SW D with social work duties and had been for around two weeks. She stated she was primarily doing the MDS assessments and the BIMS. She stated SW D was doing the wandering assessments but she completed some if he was not available. She stated after Resident #1's elopement, all staff were in-serviced on elopement, monitoring residents that were near the front door, and what to do after an elopement occurred. She stated wandering assessments were important in order to identify if a resident had exit-seeking behaviors. She stated if a resident was high risk, interventions could be put in place such as 1:1, redirection, and finding activities, they liked to keep them occupied. During an interview on 03/27/24 at 9:19 AM, SW D stated he was responsible for the first floor's residents social work assessments, wandering UDAs, discharge planning, and smoking contracts. He stated wandering assessments were to be completed within the first 24 hours of admission in order to get a baseline on the resident's behaviors. He stated if the resident was a high risk, precautions needed to be put into place to ensure there was no elopement. He stated Resident #1 had not been his resident as he had resided on the second floor. He stated there was an Elopement Binder at both nurses' stations and the Receptionist's desk with pictures and face sheets of residents with a high risk of elopement. He stated those helped nurses to ensure they knew which residents they needed to monitor more closely. During a telephone interview on 03/27/24 at 9:26 AM, LVN E stated she worked 10 PM - 6 AM on the first floor. She stated she saw Resident #1 on 02/08/24 attempting to go out the front door and she told him he could not go out. She stated it must have been between 6 AM - 7 AM as she was waiting for the next shift's nurse to relieve her. She stated she called the nurses' station upstairs but there was no answer. She stated she went down the hall to get her belongings and when she returned, he was not there anymore. She stated she believed he had gone back upstairs. She stated she assumed he understood he was not able to leave. She stated after his elopement they were in-serviced on elopement risks, what to look for, and if you did not know the resident to ensure you reach the nurse upstairs. During an interview on 03/27/24 at 9:33 AM, RN A stated she worked on 02/08/24 and Resident #1 was one of her residents. She stated she did her initial rounds around 5:50 AM and he appeared to be in bed asleep but she did not physically go and look. She stated when he was admitted he had a history of elopement but did not know that until after the incident. She stated if the initial wandering/elopement assessment was completed, she would have put in interventions and would have notified the CNAs. She stated she was in-serviced on the elopement policy and physically seeing each resident at the beginning of each shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 03/27/24 at 9:56 AM, the ADMC stated she was responsible for marketing and admitting residents to the facility. She stated the DON was responsible for going over the clinicals for potential new admissions and would decide to either accept or deny them. She stated when she received the clinicals for Resident #1 the first time, there was no mention of elopement. They thought Resident #1 was a female (because of the name) and there were no female beds available so she assumed the clinicals were thrown out. She stated when they found out Resident #1 was a male, the DON approved his admission. She stated the second set of clinicals (which mentioned elopement) was sent to them the day before he was admitted and she and the DON thought it would contain the same information as the first set of clinicals. She stated she did not review the second set of clinicals and was not sure if the DON had. During an interview on 03/27/24 at 10:17 AM, the DON stated she was responsible for reviewing clinical records for a potential new admission. She stated after she reviewed Resident #1's first set of clinicals, she did not believe there was enough documentation. She stated there was only two pages of nursing notes and his History and Physical. She stated they also though Resident #1 was a female and they did not have a female bed available. She stated she shredded the clinicals and asked the ADMC to go to the facility he was residing at to assess him for a potential future admission. She stated the ADMC assessed him and relayed that he was just a grumpy old man, he was not agitated, and he was talking and laughing with the staff. She stated from the ADMC's assessment and the fact his first set of clinicals were not that bad, she approved the admission. She stated they requested his clinicals again and they received them the day before he was admitted . She stated she did not review them that time because she thought they would be the same as the first set. She stated because she knew Resident #1 liked to move around, she made sure he was placed on the second floor. Attempted interviews with SW C on 03/27/24 at 9:50 AM and 1:15 PM were unsuccessful. Review of a written witness statement by LVN E, dated 02/08/24, reflected the following: As this writer was in the nurse station noticed a resident from the second floor by the exit door which go to the receptionist area. [Resident #1] was tapping on the door window. This writer pass [sic] by resident get some paperwork which this writer had printed. This writer told [Resident #1] the receptionist wasn't there yet also that resident's [sic] weren't able to sign out yet. [Resident #1] looked at this writer then looked away. This writer had to gone [sic] down the hall and when this writer returned [Resident #1] was no longer there. Review of an Investigation Statement completed by RN A, dated 02/08/24, reflected the following: 1. When did you last care for the resident? 2/8/24 around 5:50 AM on my morning round 2. In what capacity were you care for this resident? Charge nurse 3. Did you witness the incident? No 4. How did you become aware of the incident? I was notified by ADON that [Resident #1] cannot be found and was not in the facility. 5. What did you see concerning the incident? [Resident #1] exited the building without signing out. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	6. What did you hear about the time of the incident? I was notified that the family member called the facility that [Resident #1] out of facility. 7. What immediate action did you take? Went to check [Resident #1]'s room and instructed the team to do a head count and check exit door. . 12. What, if anything, is our knowledge of the resident? [Resident #1] is cooperative, follows commands, nurse did not observe any exit seeking behavior. Review of an Investigation Statement completed by LVN F, dated 02/08/24, reflected the following: 1. When did you last care for the resident? N/A 2. In what capacity were you care for this resident? N/A 3. Did you witness the incident? No 4. How did you become aware of the incident? Was made aware by staff member that [Resident #1] could not be located 5. What did you see concerning the incident? N/A 6. What did you hear about the time of the incident? N/A 7. What immediate action did you take? Assisted in the search of [Resident #1] and ensured all other residents were accounted for. . 12. What, if anything, is our knowledge of the resident? Prior to this incident, [Resident #1] had informed this writer that he would escape this facility; relayed message to [SW C] Review of an Investigation Statement completed by SW C, dated 02/08/24, reflected the following: 1. When did you last care for the resident? N/A 2. In what capacity were you care for this resident? N/A 3. Did you witness the incident? No 4. How did you become aware of the incident? [LVN F] informed [SW C] on 2/7/24 that [Resident #1] told her that he was going to break the window and get out of here. [LVN F] stated that [Resident #1] went to the dining area window and started to hit it . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	5. What did you see concerning the incident? Nothing - [Resident #1] has been in the facility for a week today and has not presented any wandering or elopement risk until [SW C] was told yesterday about what was said. [SW C] did not see [Resident #1] hit any windows or try to leave the facility. . 7. What immediate action did you take? I did not take any action because I did not think that [Resident #1] was going to leave the building. [Resident #1] has not presented any actions of leaving or wanting to leave until yesterday. . 12. What, if anything, is our knowledge of the resident? [Resident #1] has dementia with behaviors. [Resident #1] is oriented but has some cognition impairment. He is quiet, comes out of his room and hands out in the dining room area. 13. What additional information do you have that has not already been discussed regarding the incident? [SW C] asked [LVN F] this morning (2/8/24) if she documented what [Resident #1] told her so [SW C] can inform the managers in meeting. [LVN F] said, it's no need to document it because he has a history of elopement and the facility should have placed him in the unit when he got here. So now the ADM And DON are looking for him on [major highway]. Review of the facility's Ad-Hoc QAPI agenda, dated 02/09/24, reflected the ADM, DON, SW D, SW C, MAINTD, AD and MD were in attendance. They discussed ensuring facility practices were in line with elopement policy and procedures and social workers were to complete an audit of elopement assessments. Review of an in-service entitled Elopement and Wandering residents, dated 02/09/24, reflected staff from all shifts were reeducated on the facility's elopement policy. Review of an in-service entitled Walking Rounds/Resident Accountability, dated 02/10/24, reflected all nursing staff from all shifts were reeducated on the following: On-coming Nurse will do walking rounds and ensure all residents are in-house and/or accounted for. Review of Elopement Policy Post Training/Education Quizzes, from 02/08/24 - 02/12/24, reflected all staff completed and passed the quiz. Review of SW C's Counseling Report, dated 02/12/24, reflected the following: Substandard Job Performance - Failure to ensure that an accurate assessment of a new admission did not have a completed elopement assessment for [Resident #1]. The policy and procedure state that admission assessments are completed within 48 hours of admission to the policy. The failure to ensure timely and accurate completion of the admission assessments have the potential to result in inaccurate information for a resident. Review of the facility's investigation regarding Resident #1's elopement, dated 02/15/24, reflected the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Incident: On 02/08/24 at approximately 9:15 AM, [FM B] of [Resident #1] reported that he had left the building and was on (major highway) sightseeing and waiting on someone from the facility to come pick him up and bring him back. Upon notification, the facility began to execute its elopement procedures in order to find the resident. [Resident #1] was located not far from the facility about 30 minutes later by the ADM and DON and brought back to the building. He was interviewed upon being brought back to the facility and stated that he wanted to get out of the facility to go look around and he planned to return. He also stated that he did not see anything wrong with it, as he was safe crossing the streets, looking both ways at each intersection. Facility Action: - Executed elopement procedures. - Located [Resident #1]. - RP notified. - Doctor notified. - Head to toe assessment completed. - Wander guard issued. - 1-on-1 monitoring initiated. - Psych referral initiated. - Therapy eval (evaluation) completed. - Report submitted to HHSC. - Staff in-serviced on elopement procedures. In review all of the information provided to the incident, it was determined that no specific individual was at fault for [Resident #1]'s elopement, however the facility could have been more diligent in assessing the resident as a high risk for elopement upon admission and put the proper interventions in place such as a wander guard, which would have immediately alerted the staff when he exited the building. Review of the facility's Elopements and Wandering Residents Policy, dated 11/21/22, reflected the following: This facility ensures that residents who exhibit wandering behavior and/or are at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455599	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Park Rehabilitation and Skilled Nursing C	2806 Real St Austin, TX 78722

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Policy Explanation and Compliance Guidelines: . 4. Monitoring and Managing Residents at Risk for Elopement and Unsafe Wandering a. Residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay bye the interdisciplinary care plan team. The noncompliance was identified as PNC. The IJ began on 02/08/24 and ended on 02/15/24. The facility had corrected the noncompliance before the survey began.