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	07/17/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49099 Based on observation, interview, and record review, the facility failed to ensure each resident was treated with respect, dignity, and care in a manner and in an environment that promoted maintenance or enhancement of his or her quality of life for 1 (Resident #1) of 8 residents reviewed for resident rights and dignity. CNA B failed to provide privacy and dignity to Resident #1 by closing the door and/or privacy curtain leaving the resident exposed during incontinent care. This failure could place residents at risk for a loss of dignity, decreased self- worth, and decreased self-esteem. Finding included: Record review of Resident #1's face sheet dated 07/17/24 revealed a [AGE] year old female admitted to the facility on [DATE] with a diagnoses of conversion disorder with seizures or convulsions (a mental condition in which a person experiences blindness, paralysis, or other nervous system neurologic symptoms that cannot be explained by illness or injury), cerebral palsy-unspecified (a group of disorders that affect movement, muscle tone, balance, and posture), peripheral vascular disease-unspecified, muscle wasting and atrophy (a progressive and degeneration or shrinkage of muscles or nerve tissues)- not elsewhere classified- multiple sites, need for assistance with personal care, repeated falls, depression, and moderate intellectual disabilities. Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 99, meaning the resident was unable to complete the interview. The Quarterly MDS assessment also revealed Section GG Functional Abilities in toileting was 01 meaning Dependent- helper does all of the effort. Resident does none of the effort to complete activity or, the assistance of 2 or more helpers is required for the resident to complete the activity. Urinary Continence and Bowel Continence were marked 3 meaning always incontinent. (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	07/17/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's care plan last revised revealed problem identified [Resident #1] has an ADL self-care performance deficit related to delusional disorder Cerebral Palsy, impaired balance, debility, dementia, severe intellectual disability with intervention toilet use: the resident requires extensive to total assist of 1-2 staff for toileting; always incontinent of bowel and bladder. It also identified a problem of the resident has urge, functional bladder incontinence related to intellectual disability, delusional disorder, psychosis, impaired mobility with intervention of clean peri-area with each incontinence episode. An observation on 07/17/24 at 09:46 AM, during an initial walkthrough of the facility, Resident #1's door was observed 100% of the way opened; CNA B was observed performing incontinent care on Resident #1. The privacy curtain for Resident #1 was not drawn and was pulled behind Resident #1's bed making Resident #1's incontinent care completely visible from the hallway. An interview on 07/17/24 at 09:50 AM, CNA B stated the process she is supposed to take when performing incontinent care on a resident is to ensure the door is closed or the privacy curtain is pulled to offer the resident privacy. CNA B stated she saw Resident #1's roommate leave the room which is why the door was left opened. CNA B stated she did not have a reason as to why the curtain was not pulled to offer Resident #1 privacy and said that it should have been pulled closed before starting incontinent care. CNA B said that a negative outcome to failing to close the curtain or door is another resident could walk past Resident #1's room and see the resident exposed. An attempt was also made during this time to interview Resident #1; however, Resident #1 was not interviewable as she was unable to communicate due to her conditions. An interview on 07/17/24 at 10:32 AM, CNA C was asked about the process CNAs are to take when performing incontinent care. CNA C stated that when performing incontinent care, she would close the door and privacy curtain in order to provide privacy to the resident she was caring for. CNA C said failing to close the door and/ or curtain during incontinent care could cause the resident being cared for to feel embarrassed or agitated if they were not provided privacy. CNA C stated not providing privacy to a resident is a dignity issue. An interview on 07/17/24 at 01:53 PM, the DON stated it was her expectation that all residents who required incontinent care receive privacy and care staff were expected to close the door or privacy curtain. The DON said that residents would be uncomfortable if they did not get the privacy they needed. An interview on 07/17/24 at 02:10 PM, the RCN stated it was her expectation that all residents were provided privacy at all times and during incontinent care by having the door to the resident room or curtain to the resident bed closed. The RCN stated that failure to provide that privacy would result in the resident being exposed. The RCN was interviewed in place of the facility administrator who was out of the building on vacation and unavailable at the time of the investigation. Record review of the facility Nursing Facility Residents Rights last revised November 2021 revealed: Dignity and Respect; you have the right to be treated with dignity, courtesy, consideration, and respect. Record review of the facility Perineal Care policy implemented on 10/24/22 revealed: (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	07/17/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policy Explanation and Compliance Guidelines: - Provide privacy by pulling privacy curtain or closing room door if private room.

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	07/17/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 49099 Based on observation, interview, and record review, the facility failed to ensure all drugs were stored in locked compartments with access by authorized personnel only for 1 of 3 medication carts (300 hall cart) reviewed for storage of drugs and biologicals. RN A failed to secure the 300 hall medication cart leaving it unlocked and unsupervised. This failure could result in staff, visitors, or residents accessing medications not prescribed to them. Findings included: An observation on 07/17/24 at 10:06 AM, a medication cart was observed halfway down the 300-hall unsupervised and unlocked with 3 compartments that were able to be opened and accessed. An interview and observation on 07/17/24 at 10:10 AM, RN A stated that all medication carts are to be locked and secured before leaving them unattended. RN A stated the medication cart that was unlocked was her assigned cart at the time and she had stepped away to attend to a residents' needs away from the 300 hall completely. RN A said that she was supposed to lock the cart and take the keys with her to ensure nobody could access the unattended medications, she stated she believed she locked it before she left but thinks she may have not pressed the lock hard enough. RN A said that a negative outcome that could have happened from leaving the medication cart unlocked and unattended is a resident could get a hold of something they are not supposed to have. An observation was made of the cart with RN A at the time of the interview and the 3 drawers unlocked were assessed; drawer 1 contained residents routine medications (non-narcotics), drawer 2 contained respiratory treatments, and the 3rd drawer contained cleaning and sanitation items. RN A stated narcotics were kept in a separate locked drawer which was secured. No residents were observed near the medication cart at the time of this incident. An interview on 07/17/24 at 10:40 AM, MA D said when asked about the process taken when leaving a medication cart unattended she stated that anytime staff assigned to a medication cart are stepping away they were supposed to close the screen on the cart to secure resident information, ensure the cart is locked by pressing the lock on the cart until it clicks, and take the keys with them. CNA C said that a negative outcome of leaving a medication cart unlocked and unattended would be that medication could get stolen. An interview on 07/17/24 at 01:53 PM, the DON stated it was her expectation that all medication carts were locked and secured when not in use. The DON said that a negative outcome to carts being unlocked when unattended is someone can open the cart and get the medication. The DON stated she spoke with RN A about the incident, and she was in-serviced on the proper procedure. (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	07/17/2024

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 07/17/24 at 02:10 PM, the RCN stated it was her expectation that all medication carts are locked for safety reasons when left unattended. The RCN stated she was made aware of the incident and completed an immediate in-service with RN A on the proper procedure. The RCN stated that a negative outcome to leaving medication carts unlocked when not in use is the potential for residents to access medication that is not theirs. The RCN was interviewed in place of the facility administrator who was out of the building on vacation and unavailable at the time of the investigation. Record review of the facility policy titled Medication Administration- Medication Carts and Supplies for Administering Meds last revised 10/01/19 revealed: Procedure: - The medication cart is locked at all times when not in use. - Do not leave the medication cart unlocked or unattended in the resident care areas.