

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Heritage Park Rehabilitation and Skilled Nursing C		STREET ADDRESS, CITY, STATE, ZIP CODE 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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

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(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 - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the residents' environment remained as free of accident and hazards as is possible and ensure each resident received adequate supervision for 1 (Resident #1) of 10 residents reviewed for accidents and hazards. The facility failed to ensure CNA B and CNA C appropriately utilize the mechanical lift on 06/11/2025 while transferring Resident #1 to her wheelchair causing her foot to get trapped underneath her in the wheelchair and fractures to her lower leg. This failure could place residents at risk of harm, injury, fractures, and hospitalization. Findings included: Record review of Resident #1's admission record, dated 06/23/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including osteoporosis (a condition that weakens bones and increases the risk of breaking a bone), peripheral vascular disease (a condition that impairs the blood flow to the legs), moderate intellectual disabilities (a significant limitation in cognitive functioning and adaptive behavior), muscle wasting and atrophy (the loss of muscle mass and strength), history of falling, need for assistance with personal care, and conversion disorder with seizures or convulsions (a complex mental health condition where the brain does not send the correct messages to the body leading to seizures). Record review of Resident #1's quarterly MDS assessment, dated 07/03/2025, a BIMS was not conducted due to her rarely/never being understood. Section C - Cognitive Patterns reflected Resident #1 had memory problem with short-term and long-term memory. Record review of Resident #1's care plan, undated, reflected a problem, undated, [Resident #1] has a left distal tibia and fibula fracture r/t Dx of Osteoporosis Interventions, undated, included Handle gently when moving or positioning. Maintain body alignment. Record review of Resident #1's care plan, undated, reflected a problem, undated, [Resident #1] has an ADL self-care performance deficit r/t delusional d/o (a psychotic disorder where individuals experience persistent strongly held beliefs that are not based in reality), Cerebral Palsy (a condition that affects movement and posture due to brain damage often occurring before or during birth), impaired balance, debility (physical weakness), dementia (a group of symptoms affecting memory, thinking and social abilities), severe intellectual disability, OP[unknown abbreviation] with interventions, undated, that included TRANSFER: The resident requires Mechanical Lift/hoyer lift with (2) staff assistance for transfers. TRANSFER: The resident requires total dependence assist of 2 staff to move between surfaces; not steady, only able to stabilize assist. Record review of Resident #1's nurses notes, dated 06/11/2025 at 2:00 PM, written by LVN A reflected at 1150am CNA reported to this nurse that resident was complaining of pain to the left ankle, upon assessment resident was noticed to be grimacing and reaching towards left side of leg. Left ankle and leg were assessed and no swelling, discoloration, or warmth were noted. PRN Tylenol was administered, resident was repositioned, and NP [D] was notified, and gave new order for L ankle Xray 2v, Xray was completed, result findings are: AP and lateral (from the side) views of the left ankle are submitted. The bones are osteoporotic. The mildly displaced distal tibial diaphyseal fracture and fibular diaphyseal fracture are visualized. The distal fibular metaphyseal irregularity is present. (both bones in the lower part of the leg had a break that was slightly out of alignment). Record review of Resident #1's social services referral provided in the provider investigation report, dated 06/11/2025 reflected During resident transfer via mechanical lift, resident's left foot was caught by the wheelchair causing fracture of her left tibia. Social Services referral initiated to check on resident's well-being and monitor for emotional distress. Record review of Resident #1's nurses notes, dated 06/11/2025 at 06:40 PM, written by RN G reflected Resident's Xray results reviewed, which revealed fracture of the left tibia and fibula.NP was notified, and an order was received to transfer the resident to the hospital for further evaluation and treatment. Record review of Resident #1's X-ray results, dated 06/11/2025, reflected AP (front to back) and lateral (side to side) views of the left ankle are submitted. The bones are osteoporotic (a condition that weakens the bones and increases the risk of fractures). The mildly displaced (not aligned) distal (part of the leg that is furthest from the body) tibial (the larger lower leg bone) diaphyseal (long portion of the bone) fracture (break) and fibular (the smaller lower leg bone) diaphyseal fracture are visualized. The distal fibular metaphyseal (the part of the bone that connects the long portion to the head of the bone) irregularity is present. Record review of Resident #1's history and physical performed by an emergency room physician in the emergency room, dated 06/11/2025, reflected .Given the patient's history of recurrent falls and underlying medical conditions, the mechanism of injury (how the injury occurred) remains unclear, though pathologic fracture (a bone fracture that occurs due to an underlying disease or</p>		