STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455771	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing and Rehabilitation	401 Oakwood Blvd Round Rock, TX 78681

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to review and revise the person-centered care plan to reflect the current condition for 1 of 6 residents (Resident #1) reviewed for care plan revisions.The facility failed to update Resident #1's care plan to reflect ongoing aggressive behaviors toward staff and interventions to meet her physical, psychosocial, and functional needs.This failure could place residents at risk of not receiving appropriate interventions to meet their current needs.Findings included:Record review of Resident #1's face sheet dated 1/14/2026, revealed 75-years-old female was admitted on [DATE] with diagnoses of unspecified dementia, severe, without behavioral disturbance (describes a late-stage cognitive decline where memory, thinking, and daily function are significantly impaired, but without associated agitation, aggression, or psychosis), type 2 Diabetes Mellitus (a chronic condition where the body either doesn't use insulin effectively (insulin resistance) or can't produce enough insulin, leading to high blood sugar levels), delusional disorders (a psychotic condition where a person holds persistent, false beliefs (delusions) that aren't based in reality), depression (a serious mood disorder causing persistent sadness, and loss of interest), and hypertension (high blood pressure when the force of blood pushing against the artery walls is consistently too high).Record review of Resident #1's MDS assessment dated [DATE], revealed a BIMS score of 2, indicating severe cognitive impairment, and documented behavioral symptoms of physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing) with behavior of this type occurred 1 to 3 days. Verbal behavior symptoms occurred 1 to 3 days and other behavioral symptoms not directed toward others occurred 4-6 days, but less than daily. Record review of Resident #1's comprehensive care plan, dated 10/31/2025 did not reflect documented Resident #1's aggressive behaviors problem area, goals and interventions in place. Record review of Resident #1's nursing progress notes, dated 9/17/2025, Throwing everything off the counter and hitting staff. Resident cussing at staff. Water offered and thrown on the floor. Resident continues 1:1. Will continue to monitor, dated 9/24/2025, Noted to have physically aggressive behavior directed toward staff and now noted to push another resident down when touched by this resident, report that patient has been having more aggressive behaviors during the day, and dated10/3/2025, Noted to be physically aggressive toward nursing staff when they have attempted to redirect her, revealed that Resident #1 had increased aggressive behaviors.During an interview with the DON on 01/14/2026 at 1:25 p.m., she said that she was trained and familiar with facility's Care Plan policy. She said that MDS Coordinator was responsible for completing residents' care plans, but all IDT members, including herself and the ADM, participated in updating the resident-centered care plans. The care plans completed at admission and continuously updated as new problem areas identified or resolved. She stated that Resident #1's aggressive behaviors needed to be documented in her care plan. She said she did not know why it was not updated. She stated that care plans were important to (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	comprehensive care for residents, so all team members were on the same page.Attempted to interview MDS coordinator and she was not available for interview due to being ill and out of facility.During an interview with the ADON on 1/14/2026 at 1:36 pm, she stated that she was trained on Care Plans policy last week with continued training provided by the DON. She stated that she was trained in how to use and update care plans. She stated that Resident #1's care plan needed to be updated as soon as behaviors were reported by staff members. She said that the MDS coordinator, the ADM, the ADON and the DON from nursing department, in addition to other departments from the IDT, were responsible for updating the residents' care plans. She stated that updating care plans was important for Resident #1's safety, and the problem areas to look for in her care.During an interview with the ADM on 01/14/2026 at 1:19 pm, she stated that she had a Care Plan policy training a couple of months ago. She stated that training included sustaining compliance with care plan policy, what to do to complete and update the care plans, and the importance for residents to have updated resident-centered care plans. She stated that Resident #1's physical aggression should be documented in her care plan as soon as it was noticed, or as soon as possible. She stated that it was documented in her nursing progress notes, but she did not know why it was not documented in her care plan. She stated that IDT care plan meetings were held every morning to discuss care plans for residents. She said IDT members including the ADON, the MDS Coordinator, and herself were responsible for updating residents' care plans. Record review of the facility's Care Planning policy, dated December 2016, revealed A comprehensive, person-centered care plan that includes, measurable, objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.g. Incorporate identified problem areash. Incorporate risk factors associated with identified problems.k. Reflect treatment goals, timetables and objectives in measurable outcomes.13. Assessments of residents are ongoing, and care plans are revised as information about the residents and residents' conditions change. 14. The Interdisciplinary Team must review and update the care plan:a. When there has been a significant change in the residents' condition.b. When the desired outcome is not met.