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	04/03/2026

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to ensure assessments accurately reflected the resident's status for 3 of 3 residents (Resident #22, Resident #34, and Resident #61) reviewed for accuracy of assessments. The facility failed to ensure Resident #22's annual MDS, dated [DATE], accurately reflected her smoking status.The facility failed to ensure Resident #34's admission MDS, dated [DATE], accurately reflected her smoking status.The facility failed to ensure Resident #61's annual MDS, dated [DATE], accurately reflected his smoking status. These failures could place residents at risk of inadequate supervision due to an inaccurate assessment for smoking status.Findings included: 1. Record review of Resident #22's face sheet, dated 04/02/2026, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #22 had diagnoses which included Schizophrenia (mental disorder that affects a person's ability to think, feel and behave clearly), dementia (memory, thinking, difficulty), dorsalgia (back pain), insomnia (difficulty sleeping) and osteoarthritis (joint disease), Record review of Resident #22's annual MDS, dated [DATE], revealed Resident #22 had a BIMS of 14, which indicated intact cognitive response. The MDS also revealed that current tobacco use was not marked at all. Record review of Resident #22's care plan, dated 03/11/2026, revealed Resident #22 was a smoker. The goal in place was the resident will not suffer injury from unsafe tobacco use/smoking practices through the review. Interventions were instructing resident about smoking or tobacco risks and hazards and about tobacco use cessation aids that were available. Instruct resident about the facility policy on smoking and tobacco use: locations, times, safety concerns. Record review of Resident #22's Smoking Assessment, dated 02/22/2026, revealed Resident #22 required supervision during smoke break. 2. Record review of Resident #34's face sheet, dated 04/02/2026, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #34 had diagnoses which included protein-calorie malnutrition (inadequate intake of both protein and calories), type 2 diabetes mellitus without complications (high blood sugar), muscle weakness, muscle wasting, difficulty in walking, unsteadiness on feet, and cognitive communication deficit (problems with communication), Record review of Resident #34's admission MDS, dated [DATE], revealed Resident #34 had a BIMS of 15, which indicated intact cognitive response. The MDS also revealed current tobacco use was marked no on the MDS. Record review of Resident #34's care plan, dated 03/04/2026, revealed Resident #34 was a smoker. The goal in place was the resident will abide by the smoking policy. Resident will smoke safely without injury or fire hazard. Interventions: educate resident on smoking safety: no smoking in bed or room, use designated smoking areas only, times, fully extinguish cigarettes, no sharing of cigarettes, tobacco use cessation aids that were available. Ensure oxygen is removes and turned off before smoking. Record review of Resident #34's Smoking Assessment, dated 02/25/2026, revealed Resident #34 required supervision while smoking. 3. Record review of Resident #61's face sheet, dated 04/02/2026, revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #61 had diagnoses which included bipolar (extreme mood swings), hypertension (high blood pressure), muscle wasting, obstructive pulmonary disease (chronic progressive lung disease), and repeated falls. Record review of Resident #61's admission MDS, dated [DATE], revealed Resident #61 had a (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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	BIMS of 14, which indicated intact cognitive response. The MDS also revealed Resident #61's current tobacco use was marked as no on the MDS. Record review of Resident #61's care plan, dated 08/14/2025, revealed Resident #61 was a smoker. The goal in place was the resident will abide by the smoking policy. Resident will smoke safely without injury or fire hazard. Interventions: educate resident on smoking safety: no smoking in bed or room, use designated smoking areas only, times, fully extinguish cigarettes, no sharing of cigarettes, tobacco use cessation aids that were available. Ensure oxygen is removes and turned off before smoking. Record review of Resident #61's Smoking Assessment, dated 11/30/2024, revealed Resident #61 required supervision when smoking. Observation of smoking on 04/02/2026 at 9:00 a.m., revealed Resident #22, Resident #34 and Resident #61 were outside with staff smoking. During an interview with the MDSN on 04/03/2026 at 10:57a.m., she said she had been trained on MDS. She said the policy for completing the MDS was, it was to be completed at admission, quarterly and if a significant change. She said she was responsible for completing the MDS. She said some information required to be on the MDS was ADLs, resident assessments, therapy, incontinent care, and any wound information. She said a resident's smoking status was supposed to be on the MDS. She said she found out a resident was a smoker when she received the smoking assessment. She also said the smoking status was only on the annual and the admission MDS. She said if a resident's smoking status was not on the MDS the MDS did not accurately reflect the resident. She said the smoking status did not directly affect the residents because the smoking status was on the care plan. She said the ADM monitored to ensure the MDS was done correctly. She said the ADM monitored by reviewing the MDS. She said she did not know why Resident #22, Resident #34, and Resident #61's smoking status was not marked on the MDS. During an interview with the ADM on 04/03/2026 at 11:21 a.m., she said she had been trained on the MDS assessment. She said the policy was the MDS coordinator was to do the MDS within 14 days of admission. She said the MDS coordinator was responsible for completing the MDS correctly. She said the MDS contained information about the resident such as diagnosis, smoking status, therapy, and other information needed to care for the resident. She said the MDS was done annually, at admission and quarterly. She said the MDSN received documents such as assessments and admission paperwork that would have shown the resident was a smoker. She said there was direct effect on the resident if the resident's smoking status was not on the MDS. She said the MDS would just misrepresent the resident. She said she monitored to ensure the MDS was done correctly. She said she monitored by checking the MDS. She said the facility did not have an MDS person for a while. She stated the smoking status for Resident #22, Resident #34 and Resident #61 might have been an oversight. Record review of the Smoking Residents list provided on 04/01/20265 revealed Resident #22, Resident #34, and Resident #61 were all smokers. Record review of Resident Assessment Policy dated 11/20219 revealed A comprehensive assessment of every resident's needs is made at intervals designated by OBRA and PPS requirements. The Resident Assessment Coordinator is responsible for ensuring that the Interdisciplinary Team conducts timely and appropriate resident assessments and reviews.Record review of the RAI User's Manual dated 10/2023 page 388-389 revealed J1300: Current Tobacco UseItem RationaleHealth-related Quality of LifeThe negative effects of smoking can shorten life expectancy and create health problems that interfere with daily activities and adversely affect quality of life.Planning for CareThis item opens the door to negotiation of a plan of care with the resident that includes support for smoking cessation.If cessation is declined, a care plan that allows safe and environmental accommodation of resident preferences is needed.Steps for AssessmentAsk the resident if they used tobacco in any form during the 7-day look-back period.If the resident states that they used tobacco in some form during the 7-day look-back period, code 1, yes.If the resident is unable to answer or indicates that they did not use tobacco of any kind during the look-back period, review the medical record and interview staff for any indication of tobacco use by the resident during the look-back period.Coding InstructionsCode 0, no: if there are no indications that the resident used any form of tobacco.Code 1, yes: if the resident or any other source indicates that the resident used tobacco in some form during the look-back period.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for Food and Nutrition Services. 1. The facility failed to ensure the food Processor used for puree' was sanitized prior to use on 04/01/2026.2. The facility failed to ensure CK H used proper hand hygiene when preparing puree' foods on 04/01/2026.3. The facility failed to ensure CK H hair restraint was on properly and covered her hair completely to prevent hair from contacting food. These deficient practices could place residents at risk for food borne illness. Observation of CK H preparing puree food on 04/01/26 at 10:45 a.m., revealed CK H did not wash her hands before starting the puree process for the chicken. CK H did not wash or sanitize the preparation counter, and she did not wash or sanitize the puree machine prior to putting the chicken in the machine. Observation of CK H distributing food to trays on 04/01/26 at 12:45 p.m., revealed CK H's hair restraint was not adequately situated on her head. CK H's hair was observed to be approximately 3 inches outside the hairnet on the front and both sides of her head. Observation on 04/01/26 at 12:25 p.m., the DM was observed entering the kitchen without sanitizing her hand. During an interview on 4/01/26 at 9:28 a.m., the DM said she was trained on infection control. She said the policy was to practice hand hygiene when preparing or distributing food. The DM stated staff were supposed to wash their hands before and after using the food processor DM said everyone is supposed to wear hair covering from when they enter the kitchen until they leave the kitchen. During an interview on 04/02/26 at 1:34 p.m., the RD stated his role was clinical and he prepares menus for residents with special dietary needs. He stated, it was expected for the staff to sanitize the puree machine between uses and wash hands and use gloves when preparing and cooking food. During an interview on 04/02/26 at 1:45 p.m., CK H stated she has been trained in infection control. CK H stated, I am to wear gloves when I prepare food. She said if she did not use proper hand hygiene it could cause infections to spread. When asked why she did not sanitize the food processor prior to use, she stated, it was cleaned after the last time it was used. CK H stated she understood that the use of hair net was part of the food safety policy Record review of the facility's dated 2018, General Kitchen Sanitation. Policy: ?The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All Nutrition & Foodservice employees will maintain clean, sanitary kitchen facilities in accordance with the state and US Food Codes to minimize the risk of infection and foodborne illness.Procedure:Clean and sanitize all food preparation areas, food-contact surfaces, dining facilities and equipment. After each use, clean and sanitize all tableware, kitchenware and food-contact surfaces of equipment, except cooking surfaces of equipment and pots and pans that are not used to hold or store food and are used Soley for cooking purposes.4. Clean and sanitize all multi-use utensils and food-contact surfaces of equipment used in the preparation or storage of potentially hazardous food prior to each use. Clean and sanitize food-contact surfaces of equipment. Record review of handwashing -Hand Sanitation Policy notPolicy StatementThis facility considers hand hygiene the primary means to prevent the spread of infections.Policy Interpretation and Implementation not dated.All personnel shall follow handwashing/ hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.Use an alcohol-based hand rub containing at least 62% alcohol: or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:O. Hand washing should be done before and after eating or handling food.ProcedureWashing HandsWet hands first with water, then apply an amount of product recommended by the manufacturer to hands.Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.Rince hands with water and dry thoroughly with a disposable towel.Use towel to turn off the faucet.Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection for 19 of 103 residents reviewed for infection control: The facility failed to ensure staff used proper hand sanitation while serving meals to the residents. These deficient practices could place residents at risk for food borne illness. The Findings included:Observation of DM distributing drinks on 04/01/26 at 12:16 p.m., revealed DM did not use proper hand hygiene between serving drinks to residents.Observation on 04/01/26 at 12:25 p.m., revealed MDSN, CNA B and CNA C did not use hand sanitizer between serving trays to residents.During an interview on 04/01/26 at 12:26 p.m., it was revealed that CNA B said she had been trained on hand hygiene. She stated she did not know why she had not used hand sanitizer after serving each resident.During an interview on 04/01/26 at 12:28 p.m., it was revealed that CNA C had been trained in proper hand sanitation, and she demonstrated the use of hand sanitizer before she served the next resident.During an interview with MDSN on 04/01/2026 at 12:25 p.m., the MDSN stated she had been trained on food safety and hand washing. She said all staff were to use hand sanitizer prior to delivering a tray to a resident.During an interview with RN A on 04/02/16 at 8:15 a.m., RN A stated CNAs were expected to use hand sanitizer between serving each tray to the residents. She stated if staff did not wash their hands, it could cause food borne illness.During an interview with RD on 04/02/26 at 1:34 p.m., the RD stated his role was clinical and he prepares menus for residents with special dietary needs. He said staff were expected to use hand sanitizers between tray passes.Record review of handwashing -Hand Sanitation Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections.Policy Interpretation and Implementation.2. All personnel shall follow handwashing/ hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.7. Use an alcohol-based hand rub containing at least 62% alcohol: or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:8. Before and after eating or handling food.ProcedureWashing Hands1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands.2. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.3. Rince hands with water and dry thoroughly with a disposable towel.4. Use towel to turn off the faucet.5. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents for 2 of 2residents (Resident #23 and) reviewed for environmental concerns. The facility failed to ensure Resident #23's room was roach-free. This failure could place residents at risk of pests in their rooms that spread bacteria. Findings Include: A review of Resident #23's records reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. Annual MDS Assessment, dated 12/19/25, her BIM was 15, and she was cognitively intact. The resident has a diagnosis of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Resident #23 was dependent on staff for Activities of daily living. Review of Resident #23's Care Plans reflected:Revised 12/31/25 - Resident had an activity of daily living deficit.Facility interventions: maximal assistance of one staff member for all ADLs. A review of Resident #35's records reflected the resident was a [AGE] year-old female admitted to the facility on [DATE]. Annual MDS Assessment, dated 12/16/25, her BIM was 12, and she was cognitively intact. The resident has a diagnosis of Cardiovascular and Coagulations. Resident #35 was dependent on staff for Activities of daily living. Review of Resident #35's Care Plans reflected:Revised 12/28/25 - Resident had an activity of daily living deficit.Facility interventions: maximal assistance of one staff member for all ADLs. During an interview on 04/02/2026 at 11:31 AM, Resident #23 stated that there were roaches in the room and that the last time she saw them was today in the closet. The closet was observed, and there was a roach crawling up the door in the closet, and a roach on the floor. Resident #23 stated she previously complained about the roaches and continued to see them. During an observation and interview on 04/02/2026 at 11:48 AM, Resident #35 stated that she has seen roaches in the room before. Resident #35 stated the last time she saw roaches was a week ago. Resident #35 stated she previously complained about the roaches in the past and said that she was told the facility has sprayed for roaches. An interview on 04/03/26 at 11:43 AM with CNA E revealed the following. The CNA E stated that she had not seen any roaches in the facility. The CNA E stated that no one in her hall had complained about seeing roaches in the room. The CNA E stated that if she sees a Roach, she reports that to everyone in upper management. The CNA E stated that rooms are sprayed and cleaned by housekeeping. She stated that if roaches are in residence rooms, it could cause infections and scare the residents. An interview on 04/03/26 at 11:46 AM, CNA D stated that she had never seen roaches in the facility. CNA D stated a while back, a family member told her they had seen roaches in a resident's room. CNA D stated when the family member told her they had seen roaches in the room, she reported it to the ADM or the manager on duty. CNA D stated that pest control came to the facility and sprayed. CNA D was unaware if when the family made the comment about seeing the roaches if that was when the facility was sprayed. CNA D stated that residents could contract an infection from roaches in the room. An interview on 04/03/26 at 11:50 PM, LVN G stated he had not had any residents tell him they had seen any roaches in the facility. LVN G stated if he saw a roach or a resident reported seeing one in the facility, he would report it to the ADM. LVN G stated when a roach is seen in the facility, the pest control company is notified, and they come to spray for roaches. LVN G stated that roaches in a resident's room could make them sick. An interview on 04/03/26 at 1:54 PM, RN F stated that the last time he saw roaches in the facility was in 2024. The RN F stated that no residents had told him there were roaches in their rooms. RN F stated if a resident told him they had seen roaches in their room, he would notify the ADM. RN F stated that the resident would be moved so the room could be sprayed for roaches. RN F stated that roaches could negatively affect residents by spreading infections. An interview on 04/03/26 at 1:55 PM, the MAIN director stated that if a resident complains about roaches, he lets management know and records it in the pest control book. The MAIN director stated that pest control is called, and someone will come spray for roaches. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The MAIN director stated the last complaint was a week ago, and that was the last time the facility was sprayed for roaches. The MAIN director stated that the facility had been sprayed for roaches two times over the past 2 months. The MAIN director stated this has been going on for a month and a half. The MAIN director stated that if roaches are in a resident's room, it could cause anxiety for the residents. An interview on 04/03/26 at 2:20 PM, the ADM stated she personally has not seen any roaches in the facility. The ADM stated floor staff have told her that some residents have reported seeing roaches in their rooms. The ADM stated this had not happened recently. The ADM stated if a resident reported seeing roaches in their room, pest control is called to spray the facility for roaches. The ADM stated if there are roaches in a resident room, it could make them uncomfortable and can cause infections, especially if there is an open wound. A record review of the pest control book revealed that residents have made several complaints about roaches and that pest control came ont one time to spray for roaches in two months. Record review of the facility policy, Pest Control, not dated, reflected:Policy StatementOur facility shall maintain an effective pest control program .