

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2024
NAME OF PROVIDER OR SUPPLIER Austin Wellness & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 11406 Rustic Rock Drive Austin, TX 78750	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on interview and record review, the facility failed to ensure a resident who was unable to conduct activities of daily living independently, received the necessary services to maintain good grooming and personal hygiene for 2 of 4 residents reviewed for quality of life (Resident #3 and Resident #4).</p> <ol style="list-style-type: none"> 1. The facility failed to provide scheduled bath/showers for Resident #3. 2. The facility failed to provide scheduled bath/showers for Resident #4. <p>These failures could place residents who required assistance from staff for ADL's at risk of poor care, risk for skin breakdown, feelings of poor self-esteem, lack of dignity and health.</p> <p>Findings included:</p> <p>1. Review of Resident #3's face sheet, dated 04/07/2024, reflected a [AGE] year-old female initially admitted on [DATE] with re-admitted [DATE] after a three-day hospitalization , diagnoses including hemiplegia (paralysis of one side of the body) following cerebral infarction (disrupted blood flow to the brain), epilepsy (brain disorder causing seizures).</p> <p>Review of Resident #3's MDS, dated [DATE] revealed a BIMS score of 15 indicating no cognition impairments. Section GG, Functional Abilities and Goals, indicated Resident #3 required supervision or touching assistance with bathing.</p> <p>Review of Resident #3's Care Plan, revised 08/01/2023, reflected a self- care deficit related to hemiplegia, interventions included to encourage the resident to participate to the fullest extent possible .</p> <p>Review of the facility shower schedule, undated, revealed that Resident #3 was scheduled to shower every week on Tuesday, Thursday, and Saturday during the 2:00 PM to 10:00 PM shift. Indicating from Resident #3's readmitted [DATE] through 04/05/2024, if given 3 showers a week, a total of 22 showers scheduled.</p> <p>Review of Resident #3's Shower Sheets, request for the dates of 02/15/2024 through 04/05/2024, reflected documentation that Resident #3 received 8 of 22 scheduled showers, on 2/24, 2/29, 3/9, 3/12, 3/16, 3/21, 4/2 and 4/4.</p> <p>(continued on next page)</p>

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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #3's Progress Noted from 02/15/2024 through 04/05/2024 revealed there was no documentation regarding a shower refusal.</p> <p>During an interview on 04/06/2024 at 9:20 AM with Resident #3 revealed when asked about showers she stated she was supposed to get one 3 days a week but usually they did not give her one because there were no towels. She stated a family member brought her washcloths so that she can wash herself, best she can from the bathroom sink, which does not make her feel as clean as a shower would.</p> <p>2. Review of Resident #4's face sheet, dated 04/07/2024, reflected a [AGE] year-old female initially admitted on [DATE] with re-admitted [DATE], diagnoses including Cerebral Palsy (a motor disability that causes weakness and/or problems using muscles), Epilepsy (brain disorder causing seizures), unsteadiness on feet and adult failure to thrive.</p> <p>Review of Resident #4's MDS, dated [DATE] revealed a BIMS score of 15 indicating no cognition impairments. Section GG, Functional Abilities and Goals, was not completed.</p> <p>Review of Resident #4's Care Plan, revised 11/29/2023, reflected a self- care deficit, interventions included the resident required assistance of one staff while bathing/showering.</p> <p>Review of the facility shower schedule, undated, revealed that Resident #4 was scheduled to shower every week on Monday, Wednesday, and Friday during the 2:00 PM to 10:00 PM shift. Indicating from readmitted [DATE] thru 04/05/2024, if given 3 showers a week, a total of 30 showers scheduled.</p> <p>Review of Resident #4's Shower Sheets, request for the dates of 01/24/2024 through 04/05/2024, reflected documentation that Resident #4 received 4 of 30 scheduled showers on 1/29, 2/09, 2/13 and 3/2.</p> <p>Review of Resident #4's Progress Noted from 01/24/2024 through 04/05/2024 revealed there was no documentation regarding the resident refusing a shower.</p> <p>During an interview on 04/06/2024 at 10:15 AM, Resident #4 revealed when asked about frequency of showers she stated she had not had a shower in over two weeks. She stated she does not ask anymore she waits for staff to ask her.</p> <p>During an interview on 04/06/2024 at 3:01 PM, RN A revealed she knew when a resident was given a shower because the staff gave her a shower sheet. She signs the sheet and puts it in the shower book. RN A stated if she was given a shower sheet with refusal on it, she will talk to the resident. Refusals are sometimes documented in the nurses notes by the nurse. She has not known of a problem with showers being given.</p> <p>During an interview on 04/07/2024 at 11AM, CNA E revealed that he only knows of one way to document that a shower was given, he uses the shower sheets, and gives to the nurse. He stated there are residents that refuse a shower, and they make a shower sheet saying that when it happens. CNA E stated he can usually get his showers done because the assignment will be 3 to 4 residents a day . He stated if something happens that they are unable to get a shower done that was scheduled they let the next shift know.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/07/2024 at 11:20 AM, CNA F revealed that he gets all his assigned showers completed. He stated he documents on a shower sheet form, there is a section to fill out if refused. All shower sheets are given to the nurse. CNA F stated the only times he does not get a shower completed is when there are no towels. He stated he does not document anywhere when that happens.</p> <p>During an interview on 04/07/2024 at 1:26 PM, the facility Administrator revealed the shower sheets provided were how they are keeping track of showers given. There may have been a documentation system with the prior owners, but no longer have that system. Policy states a minimum of one shower a week, but residents are scheduled for three showers a week, scheduled showers should be occurring.</p> <p>Record review of the facility's policy titled Showering a Resident, undated, included the purpose of the policy as A shower bath is given to the residents to provide cleanliness, comfort and to prevent body odors.; and Residents are offered a shower at minimum of once weekly and given per resident request.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17141</p> <p>Based on observations, interviews, and record review, the facility failed to prepare food in a form to meet individual needs for 1 of 4 (Resident #5) residents observed for dietary needs.</p> <p>The facility failed to provide a mechanical soft diet with pureed meats for Resident #5 and served her chopped meat during lunch and an entire pureed meal for dinner.</p> <p>This failure could contribute to causing a resident to choke and poor food intake.</p> <p>Findings included:</p> <p>Review of Resident #5's face sheet dated 04/06/2024, revealed Resident #5 was a [AGE] year-old female admitted to the facility 07/28/2021 with diagnoses that included: dementia (disorder that causes impairments in thinking, memory and behavior), major depressive disorder, dysphagia (difficulty or discomfort in swallowing), and pneumonitis (inflammation of lung tissue) due to inhalation of food and vomit.</p> <p>Review of Resident #5's MDS Assessment updated 11/03/2023, revealed a BIMS score of eight indicating moderately impaired cognitive function. Resident #5 was assessed as independent with eating once the meal was placed in front of her. Resident #5 was noted to have a swallowing disorder of coughing and choking during meals, requiring a mechanically altered diet.</p> <p>Review of Resident #5's care plan updated 12/14/2023 revealed Resident #5 nutritional care area triggered related to severe protein-calorie malnutrition, mechanically altered diet. Interventions included LD to evaluate and make diet change recommendations as needed. Serve diet as ordered, monitor intake, and record every meal.</p> <p>Review of Resident #5's Speech Therapy Evaluation and plan of Treatment, dated 3/12/24, revealed a recommendation of mechanical soft texture with pureed meat.</p> <p>Review of Resident #5's physician's order summary dated 04/06/2024 revealed an active order made on 08/11/2022 for a mechanically soft with pureed meat texture, thin consistency liquids.</p> <p>Observation on 04/06/2024 at 12:10 PM in the facility dining room revealed none of the residents had dietary cards with their trays. There were no names or diet orders on the tray. Resident #5 was sitting at the table with a visitor standing behind her. A regular textured tray was being removed by DA A, and Resident #5's visitor told DA A the tray had not been touched because she stopped Resident #5 from eating from the tray as it was not pureed. At 12:12 PM DA A returned with a tray and explained it was mechanical soft, which was the diet ordered. The tray was noted to contain chopped sausage (not pureed), regular textured sauerkraut, potatoes, and strawberry cake. DA A remained at the table to watch Resident #5 take several bites of food.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 04/06/2024 from 5:35PM to 6:10 PM, in the facility dining room revealed resident trays now included a dietary card with their name, picture, diet order and allergies. At 5:41PM Resident #5 was given a tray by RN B containing a grilled cheese sandwich, tomato soup, tater tots and gelatin. The surveyor asked RN B if the tray was a mechanical soft diet. RN B stated she did not know; she would ask and took the tray. At 5:50 PM, Resident #5 was given a new tray that was pureed texture. At 5:52 PM observations revealed another resident in the dining room with a diet card that read mechanical soft diet, RN B was cutting up the cheese sandwich into small pieces.</p> <p>During an interview on 04/06/2024 at 12:38PM, DA A revealed the company that owned the facility had recently changed. She stated they had used diet cards before but now there were not any. DA A stated currently they handwrote a label that they put on the first of that type of that tray. DA A gave the example, if there were seven pureed trays the first in the cart would say pureed then all others under it are the same until another tray is label a different type. If a resident makes a special request the tray will be labeled with their name. There are no resident names on other trays because the nurse's know what type diets the residents have and can print out a list. DA A have a list in the kitchen of allergies and diet orders that we look at when making the trays, but they knew them by heart now.</p> <p>During an interview on 04/06/2024 at 1:33pm, with the facility DM D revealed she has been the DM since January 2024. She stated she had recently handmade cards for each of the residents that contained their diet order and allergies. DM D stated she did not know why the kitchen staff did not use them. DM D stated she was the Manager at another facility but checks in on this facility. She believes that the company is trying to implement the same system they use at her facility. DM D stated she had just called and asked the kitchen staff why they were not using the cards she made and was told they had handwritten cards and put on the trays.</p> <p>During an interview on 04/06/2024 at 3:01 PM, with RN A revealed there have not been diet cards on the trays for a couple of months. She stated the nursing staff checked all trays prior to them being passed out to the residents. RN A stated she knows the diet because it is on the residents' profiles. She stated Resident #5's diet is mechanical soft and demonstrated the profile area on her computer at the nurse's station. The page RN A showed the surveyor did contain an order for mechanical soft. RN A was asked if she was aware the diet order was soft mechanical diet with pureed meat, and she stated she had not been aware of the pureed meat. RN A expanded the profile to the entire screen and the pureed meat was included on the profile in the next sentence of the order once the entire screen was visible. RN A confirmed that was the current order.</p> <p>During an interview on 04/06/2024 at 4:24 PM, the facility Cook revealed with the old system with the previous owners they had diet cards, but all the information was lost when the current company took over. He stated today he got cards to use on the trays with the diet and allergies. Prior to today since about February 2024 they had a piece of paper they could refer to that had the information.</p> <p>During an interview on 04/06/2024 at 5:28 PM, CNA C stated there have not been any diet tray cards on the trays prior to today, that the CNAs depend on the nurses to tell them which tray was for which resident. CNA C stated they have most residents diet memorized. When asked how a new or temporary staff would know she stated the nurse will tell them.</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/06/2024 at 6:03 PM with RN B revealed she was aware of Resident #5's order but was unsure if a grilled cheese was considered mechanical soft. She stated when she asked the kitchen, they said it was but to give her a pureed tray. RN B stated when she asked the DON, he said the sandwich was what they had so give it, but it needed to be cut in small pieces. She did so for the other residents on mechanical soft diets.</p> <p>During an interview on 04/07/2024 at 1:26 PM, the facility Administrator revealed they had a system for diet cards but in February 2024, the system was no longer available. She stated prior to observations made by the surveyor on 04/06/2024 they had been using diet cards made by the DM, she did not know what happened to those, why they were not used or where they are now. The Administrator stated they should have been on each residents' tray. She stated new cards had been made yesterday for each resident.</p> <p>Review of the undated policy, titled Diet Tray Card, revealed that the purpose of the policy was to ensure that resident receives the proper diet as ordered by the physician. The policy notes that a diet identification card will be completed, by the nutrition services manager, for each resident receiving meals by mouth. The procedures include that a new tray card is to be used at each meal. If reusable tray cards are used, they should be sanitized after each meal.</p>