

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  05/20/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38073</p> <p>Based on observation, interview, and record review, the facility failed to incorporate the recommendations from the PASRR level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care for 1 of 3 residents (Resident #1) reviewed for PASRR.</p> <p>The facility failed to ensure Resident #1 was referred for Specialized OT and PT evaluations and services after these were agreed upon during his IDT meeting on 12/11/23.</p> <p>This failure placed Resident #1 at risk of decline in functional ADLs.</p> <p>Findings included:</p> <p>Review of the undated face sheet for Resident #1 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included spina bifida (birth defect that occurs when the spine and the spinal cord do not develop completely), abnormal posture, lack of coordination, unsteadiness on feet, malaise (feeling uncomfortable, ill or lack of energy but you cannot explain the cause), need for assistance with personal care, muscle, weakness, mild cognitive impairment of uncertain, ideology, bipolar disorder, major depressive disorder, and anxiety disorder.</p> <p>Review of the quarterly MDS assessment for Resident #1 reflected a BIMS score of 15, indicating intact cognition. It also reflected he received 0 minutes of PT or OT and 0 minutes of restorative treatment (range of motion exercises with unskilled staff).</p> <p>Review of the care plan for Resident #1 reflected the following: [Resident #1] is PASRR positive for MI/DD and receives specialized services through MHMR. [Resident #1] will receive indicated specialized services as ordered through review date. PT/OT/ST per recommendations.</p> <p>Review of the annual PASRR PCSP form for Resident #1 dated 12/11/23 reflected the IDT was composed of Resident #1, the former DON, the LIDDA, a facility RN, the DOR, and the former MDS nurse. It reflected that the following services were agreed upon: specialized assessment for OT and PT, specialized OT and PT.</p> <p>Review of OT progress notes for Resident #1 reflected an evaluation for specialized services dated 03/26/24 and a subsequent episode of care.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of PT progress notes for Resident #1 reflected an evaluation for specialized services dated 03/29/24 and a subsequent episode of care.</p> <p>Observation and interview on 05/20/24 at 11:30 AM revealed Resident #1 seated in a customized manual wheelchair in the doorway of his room. He had contractures (joint deformity) in both hands and both legs. He stated he was in therapy but he did not want to go that day, because he had a headache.</p> <p>During an interview on 05/20/24 at 11:50 AM, the DOR stated she was present at Resident #1's PASRR IDT meeting on 12/11/23, but she had no role in requesting the services they had agreed upon in the portal. She stated her job was to initiate the evaluations and ensure services were provided once they were approved. She stated Resident #1 was receiving specialized habilitative OT and PT.</p> <p>During an interview on 05/20/24 at 01:00 PM, the ADM stated the MDSN was responsible for inputting the request for specialized services decided upon by the IDT. He stated the MDS nurse who was part of the IDT for Resident #1 on 12/11/23 no longer worked at the facility, and the current MDSN worked remotely and only worked on nights and weekends. He stated he was new to the facility and not completely sure what role each department head had in the PASRR process.</p> <p>During an interview on 05/20/24 at 01:42 PM, the CSM stated he handled social services in the building and coordinated the meetings for the PASRR IDT. He stated beyond that, he had no role in coordination of PASRR services and did not know much about what was involved.</p> <p>An attempt was made to contact the MDSN by telephone on 05/20/24 at 02:18 PM and again at 07:35 PM. A voicemail was left but no return contact received.</p> <p>During an interview on 05/20/24 at 02:46 PM, the ADM stated he had not developed a procedure for monitoring that PASRR services were requested in a timely manner, because he had only been working at the facility for a week and a half. The ADM stated he had not dug too much into what was previously done for Resident #1, but he knew the services had to be requested right after they were agreed upon and not several months later. He stated a potential negative impact of the failure was residents could decline and experience loss of mobility and freedom. He stated the facility did not have policy specific to PASRR, but they used the RAI manual (handbook for MDS activities).</p>		