

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 07/02/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for four (Resident #2, Resident #4, Resident #5, and Resident #6) of thirteen residents in that:</p> <p>The facility failed to ensure the main dining room and resident community television area by nurses' station 2 maintained a temperature range of 71 to 81 F for Residents #2, Resident #4, Resident #5, and Resident #6.</p> <p>The failure could place residents at risk of illness due to heat and decreased quality of life.</p> <p>Findings included:</p> <p>Weather Underground (www.wunderground.com) revealed temperatures in [NAME], Texas for 06/24/2024 revealed a low temperature of 74 degrees Fahrenheit, a high temperature of 95 degrees Fahrenheit, and an average temperature of 84.67 degrees Fahrenheit.</p> <p>Observation 06/24/2024 at 11:32 am revealed two rented cooling units located in the facility main dining room that both displayed temperature screens that revealed temperatures of 87 degrees Fahrenheit.</p> <p>Observation on 06/24/2024 at 11:35 am of a wall mounted thermometer in facility main dining room revealed a temperature of 84 degrees Fahrenheit.</p> <p>Observation on 06/24/2024 at 4:00 pm with the Maintenance Director using the facility temperature gun revealed a temperature of 87 degrees Fahrenheit in the facility's main dining room.</p> <p>Observation on 06/24/2024 of the 4:05 pm with the Maintenance Director using the facility temperature gun revealed a temperature of 93 degrees Fahrenheit at nurses' station 2.</p> <p>Observation on 06/25/2024 at 2:pm of a wall mounted thermometer in the facility's main dining room revealed a temperature of 84 degrees Fahrenheit.</p> <p>Observation on 06/25/2024 at 2:00 pm with the Maintenance Director using the facility temperature gun revealed a temperature of 85 degrees Fahrenheit in the facility's main dining room.</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
---	-------	-----------

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 07/02/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/25/2024 of the 2:03 pm with the Maintenance Director using the facility's temperature gun revealed a temperature of 92 degrees Fahrenheit at nurses' station 2.</p> <p>Observation on 06/24/2025 at 11:32 am of the dining room area revealed 13 residents in the dining room.</p> <p>Observation and interview on 06/25/2024 at 11:27am revealed Resident #2 was sitting directly across from nurses' station 2 watching a community TV. Resident #2 revealed it had been hot for about a month and he told the nurses and everyone about it. He said it made him feel tired and exhausted and he had no energy. He said not being able to eat in the community dining room was an inconvenience and he felt like he was losing social connection.</p> <p>Interview on 06/24/2024 at 12:45 pm with Resident #4 in the dining room revealed, when asked if he was hot, he said, yes, he felt warm, it was hot.</p> <p>Interview and observation on 06/24/2024 at 12:24 pm with Resident #5 revealed he was leaving the dining room. When asked if he felt hot in the dining room, he said he needed to leave the dining room because it was too hot to eat in the dining room. He was left with a staff member to eat in the hallway because it was cooler.</p> <p>Interview and observation on 06/24/2024 at 12:45 pm with Resident #6 in the dining room revealed, when asked if she was hot, she replied she was burning up. Surveyor observed sweat on R#6's face.</p> <p>Interview on 06/24/2024 at 1:43 pm with the Maintenance Manager revealed that the air conditioning in the dining room and nurses' station 2 were not working. She said the air conditioner first stopped on 04/05/2024 and was fixed on 04/10/2024, stopped again, but she could not recall the date, and fixed on 04/18/2024, stopped again on 06/04/2024 and fixed on the same day, and stopped again 06/19/2024 but not yet repaired. She reported a new air conditioning unit had been purchased and the system was to be repaired sometime the week beginning Monday, 07/01/2024. When asked if she felt if the two areas affected, the dining room and nurses' station 2 felt warm to her, she said yes. She said residents who saw her in the hallway (she couldn't recall names) told her it was hot.</p> <p>Interview on 06/25/2024 at 3:06 pm with the DON revealed she had been working at the facility for 12 days and she noticed that the dining room was hot. She revealed they closed the dining room because of the hot temperature.</p> <p>Interview on 06/25/2024 with RN A at 11:29 am revealed residents had not told her it was hot. Most of residents stayed in their rooms where they had air conditioning. She revealed that she could see that they had lost social connection because they had stayed in their rooms because of the heat.</p> <p>Interview on 06/25/2024 at 12:44 am with the Activities Director revealed they did activities in the main dining room, but it had gotten too hot because the air conditioner was not working, so they moved activities to the library for safety reasons. She did not want anyone to get overheated.</p> <p>Review of facility resident rooms and environment policy dated 08/2020 reflected:</p> <p>Purpose: To provide residents with a safe, clean, comfortable, and homelike environment.</p> <p>(continued on next page)</p>		

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 07/02/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy: The Facility provides residents with a safe, clean, comfortable, and homelike environment. Facility Staff will provide residents with a pleasant environment and person-centered care that emphasizes the residents' comfort, independence, and personal needs and preferences.</p> <p>Procedure: Facility Staff aim to create a personalized, homelike atmosphere, paying close attention to the following: Comfortable temperatures.</p>		

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 07/02/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46708</p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of three (Resident #1 and Resident #2, and Resident #3) of ten residents reviewed for medication administration, in that:</p> <p>The facility failed to label multi-dose, insulin medications according to recommendations and professional standards of practice in one of four medication carts reviewed for medication storage for Residents #1, Resident #2, and Resident #3.</p> <p>This deficient practice placed residents at risk for administration of expired medications and decreased therapeutic effects of administered medications.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, undated, revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included cerebral infarction (occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it) and type 2 diabetes.</p> <p>Record review of Resident #1's MDS dated [DATE] revealed in Section I - Active Diagnoses an active diagnosis of diabetes.</p> <p>Record review of Resident #1's care plan revealed a focus are of diabetes and an intervention Initiated on 09/22/2023 of diabetes medication as ordered by doctor, educate regarding medications and importance of compliance, educate resident/family/caregiver: Diabetes is a chronic disease and that compliance is essential to prevent complications of the disease and to review complications and prevention with the resident/family/caregiver, educate resident/family/caregivers as to the correct protocol for glucose monitoring and insulin injections.</p> <p>Review of Resident #1's orders revealed order for Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 70 - 149 = 0 unit; 150 - 199 = 3 units; 200 - 249 = 6units; 250 - 299 = 9units; 300 350 = 12 units; 351 - 400 = 15units If greater than 400 give 18 unit and call MD or if less than 70 call MD, subcutaneously before meals and at bedtime for DM -Order Date- 09/26/2023.</p> <p>Review of Resident #1's orders revealed an order for Insulin Glargine Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 8 unit subcutaneously every morning and at bedtime for dm hold for BG <100 or if npo (nothing by mouth) -Order Date- 05/17/2024.</p> <p>Record review of Resident #2's face sheet, undated, revealed a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included congestive heart failure and diabetes due to underling condition with diabetic chronic kidney disease.</p> <p>(continued on next page)</p>		

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 07/02/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's MDS dated [DATE] revealed a BIMS of 15 suggesting Resident #2 was cognitively intact and Section I - Active Diagnoses revealed an active diagnosis of diabetes.</p> <p>Review of Resident #2's care plan revealed a focus are of diabetes and an intervention Initiated on 03/23/2023 of diabetes medication as ordered by doctor,</p> <p>A review or Resident #2 orders revealed an order for Toujeo SoloStar Subcutaneous Solution Pen-injector 300 UNIT/ML (Insulin Glargine) Inject 25 unit subcutaneously two times a day for hold for BG<120 -Order Date-10/17/2023.</p> <p>Record review of Resident #3's face sheet, undated, revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnosis that included dementia, chronic kidney disease, and diabetes.</p> <p>Record review of Resident #3's MDS dated [DATE] revealed a BIMS of 3 suggesting severe cognitive impairment and in Section I - Active Diagnoses an active diagnosis of diabetes.</p> <p>Review of Resident #3's care plan revealed a focus are of diabetes and an intervention Initiated on 06/02/2024 of diabetes is a chronic disease and that compliance is essential to prevent complications of the disease.</p> <p>A review of Resident #3 orders revealed an order for Basaglar KwikPen Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine (generic Lantus) Inject 37 unit subcutaneously one time a day for Preventative -Order Date- 03/21/2024.</p> <p>A review of Resident #3's orders revealed an order for Insulin Aspart Injection Solution 100 UNIT/ML (Insulin Aspart) Inject 6 unit subcutaneously three times a day for Inject 6 units subcutaneously 3 times a day hold BS <100 -Order Date- 03/26/2024.</p> <p>Observation and review on 06/24/2024 at 6:47 pm of insulin pens in the facility's medication cart located at nurses' station 2 with Resident #1's name revealed:</p> <ol style="list-style-type: none"> 1. Glargine Solostar insulin, opened, no open date. 2. Lispro insulin, received date 12/10/2023, no open date. 3. Lispro insulin received date 04/12/2024 open date 04/29/2024. 4. Lispro insulin received date 04/27/2024, no open date. 5. Lispro insulin received date 05/01/2024, no open date. <p>Observation and review on 06/24/2024 at 6:47 pm of insulin pens in the facility's medication cart located at nurses' station 2 with Resident #2's name:</p> <ol style="list-style-type: none"> 1. ToujeoMax Solostar insulin received date 05/30/2024, opened, no open date. <p>Observation and review on 06/24/2024 at 6:47 pm of insulin pens in facility medication cart located at nurses' station 2 with Resident #3's name:</p> <p>(continued on next page)</p>		

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 07/02/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Lantus insulin pen, opened, no open date</p> <p>2. 2nd Lantus insulin pen, opened, no open date</p> <p>3. Aspart (novolog) insulin pen, opened, no open date</p> <p>Interview on 06/24/2024 at 9:45 pm with the facility Medical Director revealed he was not aware that the facility was not putting open dates on insulin and that after 28 days after the open date the insulin was to be disposed. If there was no open date, the facility could not confirm the expiration date of the insulin. If a resident received insulin that was expired, it did not work as well to lower blood glucose levels. Using expired insulin could result in higher-than-normal blood glucose levels.</p> <p>Interview on 06/24/2024 with LVN A at 8:55 pm revealed he disposed of the medications that were open and/or expired and called the pharmacy to get replacements for the medications. He disposed of the insulin because expired insulin could not be given to residents because it might not be safe for the residents to consume.</p> <p>Review of facility Storage of Medication policy dated 08/2020 reflected Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. Outdated medications are immediately removed from inventory, disposed of according to procedures for medication disposal. Drugs dispensed in the manufacturer's original container will be labeled with the manufacturer's expiration date. Certain medications or package types, such as multiple dose injectable vials, have expiration dates shorter than the manufacturer's expiration date once opened to ensure medication purity and potency. Once opened, these products will be acceptable to use until the manufacturer's expiration date is reached and unless medication is - in a multi-dose injectable vial. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated, and the nurse shall place a date opened sticker on the medication and record the date opened and the new date of expiration. The nurse will check the expiration date of each medication before administering it. No expired medication will be administered to a resident. All expired medications will be removed from the active supply and destroyed in accordance with facility policy, regardless of amount remaining.</p> <p>Review of facility safe storage of insulin policy, undated, reflected:</p> <p>Know Its Expiration Date - Insulin products contained in vials or cartridges supplied by the manufacturers (opened or unopened) may be left unrefrigerated at a temperature for up to 28 days and continue to work.</p>		