

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 07/15/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49410</p> <p>TX00507691</p> <p>Census of 100</p> <p>Based on observation, interview, and record review, the facility failed to incorporate the recommendations from the PASRR level II determination for 1 of 1 resident reviewed for PASRR.</p> <p>The facility failed to ensure Resident #1 was referred for Specialized ST, OT and PT evaluations and services after these were agreed upon during his IDT by the due date of 05/10/2024.</p> <p>This failure could place residents 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 symptomatic epilepsy and epileptic syndromes with complex partial seizures (seizure disorder affecting vision and movements), quadriplegia (paralysis of all four limbs), chronic kidney disease, generalized muscle weakness, cognitive communication deficit, cerebral palsy (A congenital disorder of movement, muscle tone, or posture) and other specified sepsis (A life-threatening complication of an infection).</p> <p>Review of the revised care plan dated 05/25/2024 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 an undated and untitled document provided by the facility identifies the following information regarding the PASARR process:</p> <ul style="list-style-type: none"> - If a resident was PASARR positive the facility will follow recommended services from the IDT. - The facility has 20 days to complete the recommended services. <p>Review of level I PASRR form for Resident #1 dated 01/12/2024 reflected that Resident #1 was PASRR positive for Developmental Disabilities.</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 OT progress notes for Resident #1 reflected an evaluation for specialized services dated 06/06/2024 and reflected an order for OT sessions 3x/week for 90 days.</p> <p>Review of PT progress notes for Resident #1 reflected an evaluation for specialized services dated 06/06/2024 and reflected an order for PT sessions 3x/week for 90 days.</p> <p>Review of ST progress notes for Resident #1 reflected an evaluation for specialized services dated 06/06/2024 and reflected an order for ST sessions 3x/week for 60 days.</p> <p>Observation and interview on 07/15/2024 at 1:15 PM revealed Resident #1 seated in a customized manual wheelchair next to his bed in his room. He had contractures (joint deformity) in both hands and both legs with braces in place. He was unable to complete an interview.</p> <p>During an interview on 07/15/2024 at 01:26PM, CNA A stated that Resident #1 requires a lot of assistance. CNA A stated that on weekends, therapy will meet with Resident #1 but could not elaborate to which services.</p> <p>During an interview on 07/15/2024 at 02:02PM, RN A stated that she was unfamiliar with Resident #1 and his PASARR status. RN A stated when a resident has a positive PASARR, there should be extra services for the residents.</p> <p>During an interview on 07/15/2024 at 3:45PM, the ADM stated that he had started working at the facility in May 2024 and was not aware of the PASARR request due to it being before he started working at this facility. The ADM stated that he had completed PASARR screenings for Resident #1 and had made the appropriate referrals on 06/06/2024. The ADM stated that Resident #1 has been receiving the services as directed in his PASARR.</p>