

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 11/15/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 39269</p> <p>Based on observation, interview, and record review the facility failed to provide the necessary services to maintain grooming and personal care for one of seven residents (Resident #1) reviewed for ADL care in that:</p> <p>The facility failed to provide residents with care and services related to activities of daily living, Resident #1 had long and dirty fingernails.</p> <p>This deficient practice could affect residents who were dependent on assistance with ADL's and could result in poor care and risk for skin breakdown and feelings of poor self-esteem, lack of dignity and health.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 11/15/2024 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of Myalgia (pain or tenderness in one or more muscles which can involve any area of the body) unspecified site, pain in right knee, pain in left knee.</p> <p>Review of Resident #1's care plan initiated 05/30/2024 reflected Resident #1 had an ADLs self-care performance deficit had impaired cognitive function/dementia or impaired thought processes.</p> <p>Review of Resident #1's MDS assessment dated [DATE] reflected a BIMS score of 05 indicating severe cognitive impairment.</p> <p>During an interview and observation on 11/15/2024 at 12:34 pm, it was revealed Resident #1 fingernails were thick, long with black substance in it. Resident #1 stated she had not had her fingernails trimmed since she was admitted to this facility in May of 2024. Resident #1 stated she would love for staff to clean and trim her fingernails, but she had not been offered.</p> <p>During an interview on 11/15/2024 at 2:14 pm the ADON stated nail care should be done during showers . She also stated staff used to paint Resident #1's nails, Resident #1 likes her nails being painted. The ADON stated it is important to clean and trim Resident's nails to prevent infections and diseases. Later at about 3:27 pm, the ADON stated she trimmed and clean Resident #1's fingernails.</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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(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 - Few</p>	<p>Review of facility's policy titled Care Standards Nursing Manual-Nursing care dated 06/2020 reflected: To ensures all residents receive necessary care and services that are evidence-based and in accordance with accepted professional clinical standards of practice. All residents shall receive necessary care and services to assist them in attaining or maintaining the highest practicable level of physical, mental, and psychosocial well-being in accordance with a comprehensive assessment and plan of care. Care is documented in the medical record according to state and/or federal regulation.</p> <p>Review of facility's policy titled Care and Services Nursing Manual-Nursing care dated 06/2020 reflected: To ensure through an interdisciplinary team (IDT) process, that all residents receive the necessary care and services based on an individualized comprehensive assessment process. Residents are provided with the necessary care and services to maintain the highest practicable physical, mental, and social well-being level of in an environment that enhances quality of life in the scope of a long-term care facility. Care and services are provided in a manner that consistently enhances self-esteem and self-worth.</p> <p>The IDT receives and reviews initial assessment information to ensure that members of the IDT interact with residents in a manner that enhances self-esteem and self-worth, such as activities related to bathing, grooming, dining, recreational and social opportunities.</p>		