

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 02/01/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39269</p> <p>Based on observations, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infection for 4 of 6 residents (Resident #1, Resident #2, Resident #3 and Resident #4) reviewed for infection control.</p> <p>The facility failed to wear PPE when providing high contact resident care (dressing, bathing, transfers, wound care, device) to Resident #1, #2, #3 and #4.</p> <p>The facility failed to have signage on resident doors that reflected PPE was required for high contact care for Resident #1, #2, #3 and #4.</p> <p>The facility failed to educate staff on infection control procedures related to Enhanced Barrier Precautions (EBP).</p> <p>These failures could place residents at risk for infection, hospitalization , or death.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet printed on 01/30/25 reflected a [AGE] year-old male admitted to the facility on [DATE]. Diagnoses included cellulitis (a serious bacterial infection of the skin) left lower limb, non-pressure chronic ulcer of the skin of other sites with necrosis (the death of most of all the cells in an organ or tissue due to disease, injury, or failure of blood supply) of the bone, cellulitis right lower limb, and no-pressure chronic ulcer of unspecified part of the fight lower leg with necrosis of muscle.</p> <p>Review of Resident #1's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 15 indicating no impaired cognition. Section M (Skin Conditions) reflected he had unhealed stage 3 and 4 pressure ulcers.</p> <p>Review of Resident #1's care plan dated 11/06/2024 reflected Resident #1 had an ADL self-care performance deficit, venous/stasis ulcer related to peripheral vascular disease with goal that Resident #1 will have no sign and symptom of infection through the review date. It was also reflected Resident #1's Care plan updated 11/18/2024 that Resident #1 had actual impairment to skin integrity related to infection of skin/wound. Resident #1's care plan did not address EBP.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #1's December 2024 and January 2025 MAR reflected the resident received Vancomycin HCl Intravenous Solution 500 MG/100ML (Vancomycin HCl) Use 1000 milligram intravenously every 12 hours for wound infection for 4 Weeks from 12/27/2024 through 1/24/2025.</p> <p>Review of Resident #1's wound Doctor notes dated 01/27/2025 reflected Resident #1 had the following wounds:</p> <p>Site 1: Pressure, Stage 4, Right, Shin</p> <p>Site 4: Pressure, Stage 4, Left, Lateral, Ankle</p> <p>Site 8: Pressure, Stage 4, Right, Lower, Calf</p> <p>Review of Resident #1's current physician order reflected the following:</p> <p>LEFT LATERAL ANKLE: CLEANSE WITH VASHE, COVER WOUND BED WITH CALCIUM ALGINATE WITH SILVER THEN COVER WITH ABD PAD AND SECURE WITH ACE WRAP DAILY every day shift every Mon, Wed, Fri for PRESSURE ordered date of 01/14/2025.</p> <p>RIGHT LOWER CALF: CLEANSE WITH VASHE, PAT DRY APPLY XEROFORM TO OPEN AREAS THEN COVER WITH ABD PADS, WRAP WITH KERLIX THEN WITH ACE WRAPS every 2 hours as needed for PRESSURE ordered date of 01/14/2025.</p> <p>RIGHT SHIN: CLEANSE WITH VASHE, PAT DRY APPLY XEROFORM TO OPEN AREAS THEN COVER WITH ABD PADS, WRAP WITH KERLIX THEN WITH ACE WRAPS every day shift every Mon, Wed, Fri for PRESSURE ordered date of 01/14/2025.</p> <p>Resident #1's Physician orders did not address EBP.</p> <p>Review of Resident #2's face sheet printed 01/30/3035 reflected a [AGE] year-old male with admitted [DATE], diagnoses included type 2 diabetes mellitus without complications, colostomy status, and pain in unspecified joint.</p> <p>Review of Resident #2's quarterly MDS assessment dated [DATE] Section C (Cognitive Patterns) reflected a BIMS score of 15 indicating no impaired cognition. Section H bladder and bowel indicated ostomy-colostomy (a surgical opening in the large intestine through the abdomen). Section M (Skin Conditions) reflected he had an unhealed stage 3 pressure ulcers.</p> <p>Review of Resident #2's care plan created 10/24/2024 reflected Resident #2 had a pressure ulcer or potential for pressure ulcer development related to refusal to allow repositioning. Care plan updated 12/27/2024 reflected Resident #2's pressure ulcer at ischium (the lower and back region of the hp bone) area was getting worse due to his refusal of care. Resident #2's care plan also reflected he had an altercation in gastro-intestinal status. Resident #2's care plan did not address EBP.</p> <p>Review of Resident #2's wound Doctor notes dated 01/27/2025 reflected Resident #1 had the following wound:</p> <p>Site 1: Arterial, Left, First, Toe</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Site 4: Trauma/Injury, Right, First, Toe</p> <p>Site 5: Pressure, Stage 4, Left, ischium.</p> <p>Site 7: Skin Tear, Medial, Abdomen</p> <p>Site 8: Arterial, Right, Dorsal, Foot</p> <p>Review of Resident #2's current physician orders reflected the following:</p> <p>LEFT FIRST TOE: CLEANSE WITH WOUND CLEANSER/NS PAT DRY, APPLY ANASE GEL THEN XEROFORM THEN ISLAND DRESSING every day shift every Mon, Thu, Sat for ARTERIAL wound dated 12/24/2024.</p> <p>LEFT ISCHIUM: CLEANSE WITH WOUND CLEANSER, PAT DRY SKIN PREP PERI-WOUND PACK WITH COLLAGEN COVER WITH CALCIUM ALGINATE, AND SECURE WITH ISLAND DRESSING every day shift for wound dated 1/28/2025.</p> <p>MEDIAL ABDOMEN: CLEANSE WITH WOUND CLEANSER, PAT DRY THEN APPLY ANASEPT GEL AND COVER WITH ISLAND DRESSING every day shift for SKIN TEAR dated 1/28/2025.</p> <p>RIGHT DORSAL FOOT: CLEANSE WITH WOUND CLEANSER, PAT DRY THEN APPLY ANASEPT GEL AND COVER WITH ISLAND DRESSING every day shift for ARTERIAL dated 1/29/2025</p> <p>RIGHT FIRST TOE: CLEANSE WITH WOUND CLEANSER/NS PAT DRY, PACK WITH IODOFORM THEN COVER WITH ISLAND DRESSING every day shift for ARTERIAL dated 1/28/2025</p> <p>Resident #2's Physician orders did not address EBP.</p> <p>Review of Resident #3's face sheet reflected a [AGE] year-old male initially admitted to the facility on [DATE] and readmitted on [DATE]. Diagnoses included spina bifida (a condition that occur when the spine or spinal cord don't form properly) unspecified, neuromuscular dysfunction (a broad range of condition that involve the dysfunction of the peripheral nerves, muscles, or the communication between them) of the bladder unspecified, and the need for assistance with ADLs.</p> <p>Review of Resident #3's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 13 indicating mild impaired cognition. Section H bladder and bowel indicated ostomy-urostomy (a surgical procedure that creates a stoma-opening in the abdomen wall to allow urine to bypass an injured or impaired bladder and exit the body).</p> <p>Review of Resident #3's care plan created 10/28/2020 reflected Resident #3 had urostomy related to history of spina bifida, Resident #3 will show no sign or symptom of urinary infection through review date. The care plan revised on 08/26/2022 reflected Resident #3 had behavior problems of removing his urostomy bag frequently throughout the day. It was also reflected Resident #1 had ADLs self-care performance deficit. Resident #3's care plan did not address EBP.</p> <p>Review of Resident #3's current physician orders reflected the following:</p> <p>Empty Urostomy Bag q shift and as needed. Record output every shift for Urostomy dated 10/31/2023.</p> <p><i>(continued on next page)</i></p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Monitor Urostoma. Notify MD if any changes every shift for Urostoma dated 10/31/2023.</p> <p>Resident #3's Physician orders did not address EBP.</p> <p>Review of Resident #4's face sheet printed 01/30/2025 reflected a [AGE] year-old male initially admitted to the facility on [DATE] and readmitted on [DATE]. Diagnoses included acute respiratory failure with hypoxia (low level of oxygen in your blood tissue), need for assistance with personal care, and acute kidney failure.</p> <p>Review of Resident #4's quarterly MDS assessment dated [DATE] section C (Cognitive Patterns) reflected a BIMS of 9 indicating moderately impaired cognition.</p> <p>Review of Resident #4's care plan dated 09/24/2022 reflected Resident #4 had ADLs self-care performance deficit due to amputation right above the knee and musculoskeletal impairment.</p> <p>Review of Resident #4's current physician orders reflected the following:</p> <p>Flush IV with 10 cc of normal saline before and after medication administration. Every shift for IV patency dated 01/23/2025.</p> <p>Monitor IV site every shift for Midline monitor site, document findings.</p> <p>Resident #4's Physician orders did not address EBP.</p> <p>Review or Resident #4's MAR for the month of January 2025 reflected Resident #4 received Piperacillin Sod-Tazobactam So</p> <p>Solution Reconstituted 2-0.25 GM Use 2.25 gram intravenously every 6 hours for UTI for 7 Days from 01/22/2025 through 01/29/2025.</p> <p>Observation on 1/30/2025 at about 10:08 am, Resident #1 was lying in bed, the Wound Care nurse performed wound care on Resident #1's wound on his right lower calf, right shin, left lateral ankle without wearing a gown. There was no sign or bin with PPE at Resident #1's door to indicate he was on EBP.</p> <p>During an interview on 01/30/2025 at 10:30 am, Resident #1 stated the staff did not wear PPE when providing direct care for him. Resident #1 stated the only time he remembered someone wearing full PPE with him was when his PICC was being inserted. Resident #1 stated his wounds were infected and he was prescribed IV ABT for about a month.</p> <p>Observation on 1/30/2025 at 10:39 am, Resident #2 was lying in bed, a colostomy bag on her left lower abdomen. The Wound Care nurse performed wound care on Resident #2's wound at her ischium area without wearing a gown. There was no sign or bin with PPE at Resident #2's door to indicate he was on EBP.</p> <p>Observation on 01/30/2025 at about 11:05 am, a walkthrough of the facility was conducted, and it revealed only 1 room in the facility with an isolation sign and bin at the door (Resident #5). There were 21 other Residents in the facility that met the criteria for EBP.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 01/30/2025 at 11:12 am, RN A stated she had not been trained or in-serviced on EBP. RN A stated she was not sure what EBP was. RNA A stated she was confused about EBP. RN A stated EBP was skin protection from pressure ulcer. RN A stated she had only Resident #5 on contact isolation for MRSA.</p> <p>During an interview on 01/30/2025 at 11:31 am, the Wound Care nurse stated, she was not aware of staff at the facility being in-serviced or trained on EBP. The Wound Care nurse also stated she was aware of EBP from her previous job but had not seen it in effect at this facility. The Wound care nurse stated the infection control staff/ADON should have initiated EBP on residents who met the requirements. The Wound care nurse stated Residents with wounds, GT, foley catheter should be placed on EBP to prevent the spread of infection to the resident or the staff. The Wound care nurse stated that she didn't wear PPE when providing wound care.</p> <p>During an interview on 01/30/25 at 1:38 PM the ADON stated she was in charge of infection control but did not have the certificate to be the infection control preventionist. The ADON stated the Administrator and the DON had certification for infection control preventionist. The ADON stated she knew about EBP from her previous job, but the facility had not implemented EBP, had not in-serviced or trained the staff on who needed to be placed on EBP. The ADON stated Residents with GT, Foley, wounds, IV access should be placed on EBP but there have been so much since she started 5 months ago and that was not a priority. The ADON stated she was implementing EBP now, was putting the signs up at the doors, and will put the bins at the doors later. The ADON also stated she initiated an in-service on EBP.</p> <p>During an interview on 01/30/25 at 2:07 pm, LVN B stated they were in-serviced on EBP a long time ago. Residents with respiratory precautions, contact disease, MRSA, wounds, and foley catheters required EBP to prevent the spread of infection. LVN B stated there were no residents on her hall who were placed on EBP. LVN B stated the ADON just started putting up signs at the doors of residents with wounds, foley catheters, and GT's, but they did not have signs or bins with PPE set up at the doors.</p> <p>During an interview on 01/30/25 at 2:27 pm, the ADM stated he knew of EBP and will have to read about it again to be sure on what it was. The Adm stated he heard the ADON talk about EBP earlier today, and they were now implementing EBP. The Adm stated they were getting the signs up and the PPE at the doors. The Adm stated EBP should have been implemented before the day of the investigation. The Adm stated EBP was done to prevent the spread of infection.</p> <p>During an interview on 01/30/2025 at 3:13 pm CNA C stated he had not been trained on infection control since he started at the facility. CNA C stated that was the first time he was hearing about EBP. CNA C stated he had seen an isolation bin only at 1 resident's door (Resident #5). CNA C stated he had not seen signs or bins at the doors for Residents with foley catheters or wounds that he had worked with.</p> <p>During a phone interview on 01/31/2025 at 09:30 am, the DON stated she was not aware of EBP, but she was aware of other isolations. The DON stated, Apparently some things changed that I am not aware. From my knowledge I thought it was for resident with infection. I was not aware that it had change for the residents with GT, Foley, open wounds etc. I knew about other isolations. Now that I know, I would be more diligent and pay attention to that. I couldn't train my staff because I did not know. I am being honest. I will take on the responsibility. The resident was at risk, this was to prevent the spread of infection from the staff to resident and from the resident to staff.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a phone interview on 01/31/2025 at 10:02 am LVN D stated she was never in-serviced or trained on EBP at the facility, and she was not aware of EBP. LVN D stated when she worked on 1/25/2025 there were no residents on her hall on EBP or isolation.</p> <p>During a phone interview on 01/31/2025 at about 11:12 am, the MD stated EBP was to prevent transmissible disease in the case of flu, MDRO etc. The MD stated it was important to initiate EBP to prevent the spread of infection.</p> <p>Review of the facility's in-services reflected an in-serviced conducted by the DON dated 01/08/2025 titled Evidence based practice & infection control reflected:</p> <p>Enhanced Barrier Precautions</p> <p>First introduced in 2019 and updated in 2022, enhanced barrier precautions (EBP) fall between standard and contact precautions and are intended to help manage the spread of MDROs in NFs. EBPs do not replace existing CDC guidance for the use of contact precautions when appropriate (such as for C. difficile or norovirus).</p> <p>EBPs include wearing appropriate PPE (including face protection if splash/spray is possible) when conducting high-contact care to people who are infected or colonized with a novel or targeted MDRO.</p> <p>EBPs also apply for people with wounds or medical devices (such as an indwelling bladder catheter, central line, tracheostomy, or feeding tube) whether they are colonized with an MDRO or not. When implementing enhanced barrier precautions:</p> <ul style="list-style-type: none"> o Ensure appropriate signage is posted on the door or wall outside the room. o the specific type of precautions and what PPE is required o the type of care activities that would require the use of gloves and gowns o Make sure the appropriate PPE is available outside the person's room. o Make sure there is access to ABHR in every room (preferably inside and outside the room). o Have a trash can inside the room but near the door so PPE can be discarded once removed. PPE must be doffed before leaving the room or providing care for another person in the same room. o Implement processes for monitoring compliance to determine the need for additional training. o Make sure education is also provided to the people living in the NF and their visitors. <p>Examples of high-contact care include:</p> <ul style="list-style-type: none"> o Bathing, showering, providing hygiene <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>o Dressing, changing linens</p> <p>o Changing incontinent briefs or assisting a person with toileting</p> <p>o Medical device care - central lines, indwelling bladder catheters, feeding tubes, tracheostomy or ventilator care</p> <p>o Wound care for any wound that requires a dressing.</p> <p>It was reflected RNA signed the above in-service.</p> <p>Review of facility's policy title Infection Prevention and Control Program dated October 24, 2022, reflected:</p> <p>Purposed-The ensure the Facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State requirements.</p> <p>Policy-- I. The Facility must establish an Infection Prevention and Control Program under which it -</p> <p>A. Identifies, investigates, controls, and prevents infections in the Facility.</p> <p>B. Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>C. Maintains a record of incidents and corrective actions related to infections.</p> <p>Review of the Virginia Department of Health - Enhanced Barrier Precautions in Nursing Homes Algorithm, dated 06/2024, reflected in part, EBP are indicated for the following residents who are: Known to be colonized or infected with a multidrug-resistant organism (MDRO) when contact precautions do not otherwise apply; At increased risk of MDRO acquisition (e.g., resident has a wound or indwelling medical device) . In addition to standard precautions, gowns and gloves should be worn during the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care . Steps to Implementation: With implementation, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training, and access to appropriate supplies. 1. Post clear signage on the door or wall outside of the resident room indicating the type of precautions and required personal protective equipment (PPE) (e.g., gown and gloves). For Enhanced Barrier Precautions, signage should also clearly indicate the high-contact resident care activities that require the use of a gown and gloves. 2. Make PPE, including gowns and gloves, available immediately outside of the resident room .</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39269</p> <p>Based on interviews and record review, the facility failed to designate an Infection Preventionist that was qualified by education, training, experience, or certification, and who completed specialized training in infection prevention and control, for one of one facility.</p> <p>The facility did not designate a qualified Infection Control Preventionist.</p> <p>This failure could place residents at risk for cross contamination and infection.</p> <p>Findings included:</p> <p>During an interview on 01/30/25 at 1:38 PM the ADON stated she was in charge of infection control but did not have the certificate to be the infection control preventionist. The ADON stated the Administrator and the DON had certification for infection control preventionist. The ADON stated she was working on her certification of being the Infection Control Preventionist .</p> <p>During an interview on 01/30/25 at 2:27 pm, the ADM stated the ADON was the designated staff as Infection Control Preventionist. The Administrator stated he had certification to be infection control preventionist but has never done anything in the facility regarding infection control.</p> <p>During a phone interview on 01/31/2025 at 09:30 am, the DON stated the ADON was the Infection Control Preventionist. The DON stated the ADON had been working on certification since she was given the position and completed on 01/31/2025 after the State Surveyor asked about it. The DON stated it was important for the Infection Control Preventionist to complete training and be certified because without certification she would not be able to train the staff for infection control prevention.</p> <p>Review of document resented by the Administrator reflected the ADON completed Nursing Home Infection Preventionist training course on 01/30/2025.</p> <p>Review of the ADON's personnel file reflected the ADON was hired on 07/02/2024.</p>