STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455799	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Austin Wellness & Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455799	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Austin Wellness & Rehabilitation	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to, in response to allegations of abuse, neglect, exploitation, or mistreatment, have evidence that all alleged violations are thoroughly investigated and report the results of all investigations to the state survey agency within five working days of the incident for one (1) (Resident #1) of six (6) residents reviewed for abuse and neglect.The facility failed to thoroughly investigate an alleged abuse incident reported by Resident #1 on 09/15/2025. The facility did not notify law enforcement.This deficient practice placed all residents at risk of harm from abuse due to not having a thorough investigation done for an alleged abuse.Findings Include: Record review of Resident #1's face sheet, dated 09/16/2025, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included Major Depressive Disorder (is a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily life.), Borderline Personality Disorder (unstable moods, behavior, intense relationships, distorted self-image), Unspecified Psychosis (a psychiatric diagnosis used when a person experiences symptoms of psychosis but does not meet the full criteria for a specific psychotic disorder, such as schizophrenia or delusional disorder.) not due to a substance or unknown physiological condition. Face sheet also reflected Resident #1 is her own RP.Record review of Resident #1's Quarterly MDS dated [DATE] revealed Resident #1 had a BIMS score of 15 indicating no cognitive impairment. Review of Resident #1's care plan revised 05/25/2025 reflected Resident #1 had history of trauma, history of making false allegations/inaccurate statements as evidence by previously accusing with intervention of staff will investigate allegations/statements as per facility policy.Review of Resident #1's progress notes written by the DON dated 09/15/2025 at 1:00 pm reflected: I was called to patient's room by staff regarding an allegation of possible abuse. When I asked [Resident #1] what happened, she stated that a Tall black man touched her vagina last night. She stated that the incident occurred around 3 am last night. She reported no injury, pain or irritation to the vaginal area, I instructed her staff nurse to do a complete skin survey. I then requested statements from staff who were present on that hall last night. I also suspended the black aide who worked that hall pending an investigation.Review of Resident #1's progress note written by RN A dated 9/15/2025 at 2:38 pm reflected: [MD] informed to this nurse that [Resident #1] want to talk to you about her concern. When this nurse went to see [Resident #1], she stated someone black aide came to my room and touched my vagina at night. This nurse informed DON and ADON immediately. On floor NP and ADON with this nurse went to do assessment on resident. On assessment [Resident #1] mentioned that black guy touched my upper pubis area (mons pubis) and there were no signs of skin discoloration. [Resident #1] refused for any pain or discomfort.Review of Resident #1's Progress notes and clinical records reflected no evidence of Resident #1 being offered to speak to Law Enforcement and Resident #1 refused. A review in TULIP reflected on 09/15/2025 at 2:48 pm the facility reported to HHSC: Description of the Allegation: [Resident #1] reported that a tall black man came into her room and touched her vaginal area.Other Pertinent History: Resident has history of verbal aggression and making false accusations.Actions and Notifications.Review of facility's in-services reflected an in-service titled Abuse and Neglect Reporting dated 09/15/2025.Review of facility's investigation document reflected safety check of residents on the hall with Resident #1 was completed on 09/16/2025 and it reflected no concerns regarding abuse. A review of facility's Provider investigation Report dated 09/22/2025 reflected CNA B denied the allegation. Assessment: Complete skin assessment was performed by the ADON, and no injury, bruising or irritation was found.Were other parties notified? Example: physician, family, ombudsman: NP, RP, Admin, DON, MD.Provider Action Taken Post-Investigation: in services conducted abuse, neglect, reporting incidents, staff member suspended pending investigation.During an interview on 09/16/2025 at 11:30 am, Resident #1 stated the other night to the morning hours, there was a tall dark man in her room, he had grabbed her on her vagina, and she said NO! STOP! Resident #1 stated the tall dark man was wearing a tank top and a pajamas like pants with flag on it. Resident #1 said she had never seen the tall dark guy in the facility before, but he kept holding her vagina and about 10 minutes into it, another male voice came from her doorway. Resident #1 stated she did not see the other male because her bathroom door was opened and it prevented her from seeing the person at the door. Resident #1 stated she didn't tell anyone at the time of the incident because she thought the male voice that came from the doorway had taken care of it by reporting the incident. Resident #1 stated later that day she reported the incident and stated she was raped but that was not the right word to use, the