

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455862	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2026
NAME OF PROVIDER OR SUPPLIER Coral Rehabilitation and Nursing of Austin		STREET ADDRESS, CITY, STATE, ZIP CODE 6909 Burnet LN Austin, TX 78757	

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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review, the facility failed to ensure prompt efforts to resolve grievances for 1 of 1 resident council meeting reviewed for grievances. The facility failed to provide a written response to the Resident Council addressing the grievances reported from their meetings for February 2026 and March 2026. These failures could place residents at risk of unresolved grievances, a decreased sense of self-worth, and a decline in quality of life. The findings Included:Record review of Resident Council minutes for February 2026 and March 2026 reflected repeat residents' concerns to include: the importance of staff introducing themselves and call light response times.During an interview on 04/02/2026 at 11:54 AM, Director of Special projects revealed grievances allowed for resident concerns to be addressed. It was important to follow up with grievances and have them resolved. During an interview on 04/03/2026 at 02:12 PM, the Quality Assurance Director said she oversaw grievances. She revealed the Activities Director had not been giving her grievances from resident council for unknown amount of time. She revealed resident council meetings were a place to get grievances and address residents' concerns. During an interview on 04/03/2026 at 02:59 PM, the Activities Director revealed she received grievances from resident council. She revealed she had not given the grievances from resident council in March 2025 to the grievance official who was the Quality Assurance Director. She revealed it was important to give grievances to the Quality Assurance Director so that residents' concerns were addressed. During an interview on 04/03/2026 at 03:14 PM, the [NAME] President of Resident Council, revealed she did not think grievances were being answered because grievances would get repeated each resident council meeting (unable to state how many grievances or how many months this occurred). She revealed the resident council never heard of any grievances that had been resolved recently (amount of time unknown). Records of grievances since January 2026 were requested from the Quality Assurance Director by email on 04/03/2026 at 02:12 PM and were not received. Record review of the facility's policy, revised 01/2026, Resident Council Policy reflected . 5. Grievances and Recommendations *Concerns, grievances, and recommendations discussed in meetings shall be documented. *The facility must: Review all written concerns, Provide a written response, Maintain documentation of actions taken. Record review of the facility's policy, revised 12/2025, Grievances Policy, reflected . The Administrator designates a Grievance Official who is responsible for: receiving and tracking grievances, conducting investigations, maintaining documentation, ensuring written responses.</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 0567</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 manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and records review, the facility failed to allow residents to manage his or her financial affairs for 3 of 7 residents (Resident #1, Resident #2 and Resident #3) reviewed. 1.The facility failed to ensure Resident #1, #2, and #3 whose funds are managed by the facility had ready access to his or her funds upon request in a timely manner, including non-business days, Saturday, and Sundays. 2. The facility failed to provide balances to Residents #1, #2, and #3 who received Medicaid benefits.3. The facility did not have a trust fund policy. This failure could place residents whose funds were managed by the facility of not receiving funds deposited with the facility and not having their rights and preferences honored. The findings included: Record review of Resident #1's admission record, dated 01/01/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE], with diagnoses to include major depressive disorder (persistent feeling of sadness and loss of interest) and generalized anxiety disorder (mental health condition that produces fear, worry and a constant feeling of being overwhelmed). Record review of Resident #1's MDS assessment (type not selected), dated 03/05/2026, reflected resident had a BIMS score of 15 out of 15, indicating intact cognition. Record review of Resident 2's admission record, dated 01/02/2026, reflected resident was a [AGE] year-old male who was initially admitted on [DATE] and re-admitted [DATE], with diagnoses to include major depressive disorder and cognitive communication deficit. Record review of Resident #2's admission MDS assessment, dated 03/20/2026, reflected the resident had a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Record review of Resident 3's admission record, dated 01/02/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE] with diagnoses to include cognitive communication deficit. Record review of Resident #3's significant change in status MDS assessment, dated 02/24/2026, reflected resident had a BIMS score of 06 out of 15, indicating severe cognitive impairment. During an interview on 04/01/2026 at 02:13 PM, Resident #1 revealed she had a trust fund with the facility. She revealed they never gave her a statement of her balance, and she did not know how much money she had. She was unable to tell how long this had been going on but suggested it had been since last year. She revealed she had to ask for money to pay her phone bill and took what money they had available for her but could not get the full amount that she requested. Resident #1 was unable to share when she asked and who she asked. She further revealed she was able to pay her phone bill. She revealed she could not ask for money on the weekends. During an interview on 04/01/2026 at 05:07PM, Resident #2 revealed he was supposed to receive \$75 a month but he did not receive it all at once even though he asked to receive his money. He revealed this affected him because he could not buy outside food. During an interview on 04/01/2026 at 11:55PM, Resident #3 revealed she was supposed to get \$75 a month, and the facility would not give her the full amount when she asked because the facility would run out. She shared that she used extra money to pay for food. During an interview on 04/03/2026 at 02:31 PM, Receptionist A revealed the facility gave residents money that had trust funds. Receptionist A could not speak to specific residents and specific amounts of money that was not given to residents. She revealed no one was in the facility on the weekends that could give residents their money from their trust funds. During an interview on 04/03/2026 at 02:37 PM, ADM and Director of Special Projects revealed the facility had not been giving residents money in a timely manner. They revealed giving residents their money in a timely manner was their right because they were entitled to have their money so they could buy what they need. They revealed it was important to keep records of residents' personal funds, to include quarterly statements and withdrawals. The Director of Special Projects revealed they could not print residents' trust fund statements because it would be incorrect. They revealed they did not have any evidence that they gave residents money because the facility was not keeping accurate records of residents' trust fund transactions. They revealed it was (continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>important to give residents balance statements for their own well-being and to know how much money they have. The Director of Special Projects revealed no residents lost their Medicaid benefit. They further revealed the facility did not have petty cash available on the weekends for residents, but this weekend will be weekend one that residents had access to their personal funds. Record review of the facility's policy Resident Trust Account Authorization Form, reflected IV. Account Access and Withdrawals. Facility staff may assist resident with withdrawals upon request. All withdrawals and disbursements will be documented and signed for at the time of transaction.VI. Account statement and Records. The facility will: provide the resident or representative with a quarterly written statement of all transaction. A policy about trust funds was requested from the Director of Special Projects and the ADM on 04/03/2026 at 12:50 PM and the facility was unable to provide a policy as they could not locate one.</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a quarterly trust fund statement was provided to 3 of 7 residents (Resident #1, Resident #2 and Resident #3) reviewed for personal funds. The facility failed to provide quarterly statements to Residents #1, #2, and #3 who had trust funds with the facility. This failure had the potential to affect residents who had a trust fund account managed by the facility. The findings included: Record review of Resident #1's admission record dated 01/01/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE], with diagnoses to include major depressive disorder (persistent feeling of sadness and loss of interest) and generalized anxiety disorder (mental health condition that produces fear, worry and a constant feeling of being overwhelmed). Record review of Resident #1's MDS assessment (type not selected), dated 03/05/2026, reflected resident had a BIMS score of 15 out of 15, indicating intact cognition. Record review of Resident 2's admission record, dated 01/02/2026, reflected resident was a [AGE] year-old male who was initially admitted on [DATE] and re-admitted [DATE], with diagnoses to include major depressive disorder and cognitive communication deficit. Record review of Resident #2's admission MDS assessment, dated 03/20/2026, reflected the resident had a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Record review of Resident 3's admission record, dated 01/02/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE] with diagnoses to include cognitive communication deficit. Record review of Resident #3's significant change in status MDS assessment, dated 02/24/2026, reflected resident had a BIMS score of 06 out of 15, indicating severe cognitive impairment. During an interview on 04/01/2026 at 02:13 PM, Resident #1 revealed she had a trust fund with the facility. She revealed they never gave her a statement of her balance, and she did not know how much money she had. She was unable to tell how long this had been going on but suggested it had been since last year. She revealed she had to ask for money to pay her phone bill and took what money they had available for her but could not get the full amount that she requested. Resident #1 was unable to share when she asked and who she asked. She further revealed she was able to pay her phone bill. She revealed she could not ask for money on the weekends. During an interview on 04/01/2026 at 05:07PM, Resident #2 revealed he was supposed to receive \$75 a month but he did not receive it all at once even though he asked to receive his money. He revealed this affected him because he could not buy outside food. During an interview on 04/01/2026 at 11:55PM, Resident #3 revealed she was supposed to get \$75 a month, and the facility would not give her the full amount when she asked because the facility would run out. She shared that she used extra money to pay for food. During an interview on 04/03/2026 at 02:37 PM, the ADM and the Director of Special Projects revealed the facility had not been keeping records of residents' personal funds, to include quarterly statements and withdrawals. The Director of Special Projects revealed they could not print residents' trust fund statements for record review because it would be incorrect. They revealed they did not have any evidence that they gave residents money because the facility was not keeping accurate records of residents' trust fund transactions. They revealed it was important to give residents balance statements for their own well-being and to know how much money they had. The Director of Special Projects revealed no residents lost their Medicaid benefits. Record review of the facility's policy Resident Trust Account Authorization Form, reflected IV. Account Access and Withdrawals. Facility staff may assist resident with withdrawals upon request. All withdrawals and disbursements will be documented and signed for at the time of transaction.VI. Account statement and Records. The facility will: provide the resident or representative with a quarterly written statement of all transaction.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents had the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal for 2 of 7 residents (Resident #1 and #3) reviewed for grievances. The facility failed to ensure a grievance was completed for Resident #3 that did not receive their money in a timely manner when they asked to receive their money from their respective trust funds. The facility failed to ensure grievances from Resident Council meetings (to include Resident #1) were given to the Grievance Official (Quality Assurance Director). This failure could place residents at risk for not having their grievances resolved. The findings included: Record review of Resident #1's admission record, 01/01/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE], with diagnoses to include depressive disorder (persistent feeling of sadness and loss of interest) and generalized anxiety disorder (mental health condition that produces fear, worry and a constant feeling of being overwhelmed). Record review of Resident #1's MDS assessment (type not selected), dated 03/05/2026, reflected resident had a BIMS score of 15 out of 15, indicating intact cognition. Record review of Resident 3's admission record, dated 01/02/2026, reflected resident was a [AGE] year-old female who was initially admitted on [DATE] and re-admitted [DATE] with diagnoses to include cognitive communication deficit. Record review of Resident #3's significant change in status MDS assessment, dated 02/24/2026, reflected resident had a BIMS score of 06 out of 15, indicating severe cognitive impairment. During an interview on 04/01/2026 at 11:55PM, Resident #3 revealed she was supposed to get \$75 a month, and the facility would not give her the full amount when she asked because the facility would run out. She shared that she used extra money to pay for food. She revealed she had complained about not receiving money at the receptionist desk. During an interview on 04/02/2026 at 11:54 AM, Director of Special projects revealed residents complaining about money could warrant a grievance. He revealed when he came to the facility, he addressed concerns and it would be a grievance if he had not resolved a resident's concern because this would warrant a follow up if grievances were not resolved. He was not sure of how long residents had been complaining about not receiving money. During an interview on 04/02/2026 at 01:10 PM, the DON revealed she heard about residents not receiving money the first couple of weeks she worked at the facility in January 2026. She revealed the former administrator was aware, so she assumed he was working on this concern. She further assumed when the current ADM started working, this information was relayed to him. She revealed that she could write grievances, but she did not write any grievances about residents not receiving their money from their respective trust funds. She revealed this could be a grievance if it needed to be addressed by the leadership team. During a combined interview on 04/02/2026 at 03:17PM, when asked if residents complaining about not receiving their money from their respective trust fund was a grievance, the ADM stated, you could see it that way, but anything can be a grievance. He revealed if he was not being given the full amount of his money that he would understand that the facility did not have a BOM and the facility was working on it. He further stated if the facility did not give residents the full amount of money they needed, you can see it as [a grievance]. The Medical Records/Central Supply personnel revealed residents had been asking for their money from their respective trust funds but could not receive their full amount because we did not have the money. She revealed this was a grievance, but she thought this was being worked on already. She revealed grievances were important, so the facility addressed residents' concerns in a timely manner. During an interview on 04/03/2026 at 02:12 PM, the Quality Assurance Director said she oversaw grievances. When a resident came to her with an issue, she ensured grievances were given to the appropriate person, made a copy of the grievance to follow up with the resident within 3 (continued on next page)</p>		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>days. She revealed the Activities Director had not been giving her the grievances from resident council. She revealed she knew the residents had concerns about not receiving money because it was their money and they were entitled to their money. She revealed she did not know residents had concerns about getting money, but no residents came to her about not receiving their money. She revealed she knew the former ADM had problems with getting petty cash. She revealed if a staff member knew a resident was not receiving money, then she expected someone to give her a grievance to express this concern. During an interview on 04/03/2026 at 02:59 PM, the Activities Director revealed she received grievances from resident council. She revealed she had not given the grievances from resident council in March 2025 to the grievance official who was the Quality Assurance Director. She revealed it was important to give grievances to the Quality Assurance Director so that residents' concerns were addressed. During an interview on 04/03/2026 at 03:14 PM, Resident #1, who was the vice president of resident council, revealed she did not think grievances were being answered because grievances would get repeated each resident council meeting (unable to state how many grievances or how many months this occurred). She revealed the resident council never heard of any grievances that had been resolved recently (amount of time unknown). Records of grievances since January 2026 were requested by email on 04/03/2026 at 02:12 PM and were not received. Record review of the facility's policy, revised 01/2026, Resident Council Policy reflected . 5. Grievances and Recommendations *Concerns, grievances, and recommendations discussed in meetings shall be documented. *The facility must: Review all written concerns, Provide a written response, Maintain documentation of actions taken. Record review of the facility's policy, revised 12/2025, Grievances Policy, reflected . The Administrator designates a Grievance Official who is responsible for: receiving and tracking grievances, conducting investigations, maintaining documentation, ensuring written responses.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on record review and interview the facility failed to ensure the services of a Registered Nurse (RN) for at least 8 consecutive hours a day, 7 days a week, for 1 of 1 facility reviewed for RN coverage in March 2026. The facility failed to have the services of an RN on 03/01/2026, 03/05/2026, 03/28/2026, and 03/29/2026. This failure placed the residents at risk for altered physical, mental, and psychological well-being due to decisions that would have required an RN to make in the management of the residents' healthcare needs and in managing and monitoring the direct care staff. The findings included:Record review of the facility's resident roster, dated 04/01/2026, revealed a census of 74 residents. Record review of Raw Punch Report dated 03/01/2024 to 04/01/2024, reflected there was no RN working on 03/01/2026, 03/05/2026, 03/28/2026, and 03/29/2026. During an interview on 04/01/2026 at 05:19PM, HR revealed she was a part of a group to include the staffing coordinator, ADM, and DON that had staffing meetings to ensure there was an RN working 8 hours a day. She was not aware that the facility was not staffed with an RN working 8 hours on 03/01/2026, 03/05/2026, 03/28/2026, and 03/29/2026. She revealed it was important to have an RN staffed for 8 hours a day every day to ensure quality assurance. She revealed they were actively trying to hire RNs to include an RN weekend supervisor and have not been able to hire more RNs. She further revealed the DON was on call 24 hours a day, so the DON came to the facility when needed. During an interview on 04/01/2026 at 05:35 PM, the DON revealed it was important for the facility to staff an RN for 8 hours a day. She revealed she was available 24/7 if they needed an RN. She revealed it was important to have an RN working 8 hours a day because it was a state requirement. She revealed there had been nothing that affected business operations, resident care, or any psychological changes from residents. During an interview on 04/03/2026 at 02:37 PM, the ADM and Director of Special Projects revealed the expectation for the facility was to have an RN 8 hours a day. It was important to have leadership, and RNs were able to do things LVNs cannot. They revealed they were in the process of finding more RNs to work for the facility. Record review of facility's policy Nursing Services Policy, revised 01/2026, reflected . 1. Staffing Requirements. A Registered Nurse (RN) will be on duty at least 8 consecutive hours per day, 7 days per week.</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on interview and record review, the facility with more than 120 beds failed to employ a qualified social worker on a full-time basis, for 1 of 1 social services staff reviewed for qualifications of Social Worker. The facility failed to employ a full-time social worker from January 2026 to April 2026, the facility was licensed for 157 beds. This failure could place residents at risk of social service and psychosocial needs not being met. The findings included: Record review of the Facility Summary Report, effective 07/31/2016, reflected the facility had a total licensed capacity of 157 beds. Record review of the facility's staff roster, undated, reflected there was no social worker employed at the facility. During an interview on 04/03/2026 at 02:12 PM, the Quality Assurance Director said she believed the social worker left in November 2025 and she had been doing the social services for the residents. She revealed if someone was doing social services and not calling themselves a SW then it met the regulation for a facility having a social worker, as long as they had a degree that was similar to social work and she was filling this need. During an interview on 04/03/2026 at 02:37 PM, the ADM and Director of Special Projects revealed they needed a social worker for the number of beds in the facility. They revealed it was important to have a social worker to meet the needs of the residents, to include providing podiatry, dental, or vision. They revealed there was no negative effect on resident care because the Quality Assurance Director was performing the duties of a social worker after the social worker left in the end of 2025 (they could not recall the specific date). They further revealed they were actively seeking to hire a social worker. Called the former Social Worker on 04/03/2026 at 12:43 PM and texted him on 04/03/2026 at 12:44 PM, with no response back while at the facility. Email communication on 04/06/2026 at 03:30 PM with Director of Special Projects revealed the facility did not have a policy for a social worker but it was a general requirement to have a social worker.</p>		