STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0550 Level of Harm - Actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317 Based on observations, interviews, and record reviews, the facility failed to ensure the residents had the right to be free of discrimination from the facility in exercising his or her rights and to be supported by the facility to exercise his or her rights for 1 of 15 residents (Resident #3) reviewed for resident rights. The facility failed to ensure Resident #3 had a place to have private telephone conversations when she did not consent to her roommate having electronic monitoring that included audio monitoring. The facility failed to ensure Resident #3 gave permission before her property was searched by staff. These failures could place residents at risk of loss of privacy and loss of the ability to communicate privately which could result in a decline in their psychosocial well-being and quality of life. Findings included: Review of Resident #3's quarterly MDS assessment dated [DATE], Section A (Identification Information) reflected a [AGE] year-old female originally admitted to the facility on [DATE] and recently readmitted on [DATE]. Section C (Cognitive Patterns) reflected a BIMS score of 14 indicating intact cognition. Section GG (Functional Abilities) reflected she was dependent on staff for all ADL care including bed mobility and transfers. Section I (Active Diagnoses) reflected, hypertension (high blood pressure), renal insufficiency (kidneys not working right), neurogenic bladder (lack of bladder control due to a nerve problem), quadriplegia (paralysis of all four limbs), anxiety disorder (intense and excessive worry and fear), depression (a mood disorder with persistent feeling of sadness and loss of interest), malnutrition, and osteomyelitis of vertebra (infection of the bone in the spine). Review of Resident #3's electronic medical record reflected no CONSENT BY ROOMMATE FOR AUTHORIZED ELECTRONIC MONITORING. Review of Resident #3's census information in the medical record reflected, she moved into the room with Resident #4 on 12/26/23. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0550 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #4's quarterly MDS assessment dated [DATE], A (Identification Information) reflected a [AGE] year-old female admitted [DATE]. Section C (Cognitive Patterns) reflected the resident was unable to participate in a BIMS assessment. The section reflected impaired long- and short-term memory problems. Section GG (Functional Abilities) reflected the resident required substantial/maximal assistance with all ADL care including bed mobility and transfers. Section I (Active Diagnoses) reflected anemia (lack of red blood cells in the blood), heart failure, hypertension (high blood pressure), neurogenic bladder (lack of bladder control due to a nerve problem), Alzheimer's disease (dementia that damages the brain), anxiety (intense and excessive worry and fear), and depression (a mood disorder with persistent feeling of sadness and loss of interest). Review of Resident#4's electronic medical record reflected an Information Regarding Authorized Electronic Monitoring form and a Request for Electronic Monitoring form dated 02/03/21. There was no CONSENT BY ROOMMATE FOR AUTHORIZED ELECTRONIC MONITORING in the record. Review of Resident #4's census information in the medical record reflected, except for 21 days, the resident had been in the same room since 02/03/21. An observation on 04/03/24 at 9:42 AM revealed a sign outside of the room shared by Resident #3 and Residents #4 that reflected, Security camera in use. During an observation and attempted interview on 04/03/24 at 9:41 AM, Resident #4 was lying in bed with her breakfast tray in front of her. Resident smiled but did not give any verbal response to questions asked. During an observation and interview on 04/03/24 at 9:43 AM, Resident #3 was lying in bed in her room. She stated she woke up the other day to find RN H going through one of the drawers next to her bed. Resident #3 stated RN H said she was looking for the vape pens so she could put them in the medication room. Resident #3 stated she told RN H she had not given her permission to go through her things. Resident #3 stated it made her feel Pissed off and she felt like she had no privacy. Resident #3 then stated the camera that her roommate's family put in the room also picks up audio. She stated she became aware of the audio feature after the roommate's family called the facility and reported something that she had said during what she thought was a private conversation. She stated it made her feel horrible and now she is afraid to talk with anyone because her medical information or other private information may be overheard. She stated she had started asking the staff to unplug the camera when the roommate is out of the room so she can have private phone conversations. She stated she talked with the DON on 04/01/24 about the lack of privacy. She stated she had never given consent nor had she been asked to consent to be in the room with the electronic monitoring and she did not and does not consent to audio monitoring. The resident stated the DON offered to move her to another room but the room change did not happen. Resident #3 stated she told the DON she wanted to move to another facility but in the meantime, the problem needed to be taken care of. During an interview on 04/04/24 at 10:54 AM, the ADON stated she expected there to be proper documentation and consent for Authorized Electronic Monitoring. She stated a sign was supposed to be posted outside of the room so everyone would know the room was monitored. She stated the camera needed to be focused on the resident being monitored. She stated the ADM had the forms but she was not sure who was responsible for completing the forms. The ADON stated a lack of privacy would be a negative outcome for a resident if they had not consented to monitoring. She stated she would not have unplugged a camera to provide privacy but said there could have been a room change made. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0550 Level of Harm - Actual harm Residents Affected - Few	During an interview on 4/04/24 at 11:21 AM, the DON stated it was her expectation that cameras for electronic monitoring were on or near the wall of the resident being monitored and aimed at the resident being monitored. She stated a sign was to be posted outside the room to notify everyone that monitoring was taking place. She stated the person who obtained the consent for the monitoring was the one responsible to place the sign outside the room. She stated roommates should have been notified and asked to sign a consent. If the roommate did not consent, they would have gone to another room. The DON stated she did have a conversation with Resident #3 on 04/01/24 about not consenting to audio monitoring in the room. She stated she did not move Resident #3 to another room because Resident #3 stated she wanted to move to another facility within 30 days. She stated at some point, she became aware that Resident #3 had asked staff to unplug the camera. The DON stated it was a privacy issue if consent had not been obtained. She stated, They may not have wanted all their business out there. The DON stated Residents had the right to make private phone calls. She stated there could have been HIPAA issues if privacy was not maintained. During an interview on 04/04/24 at 11:50 AM, the ADM stated she encouraged electronic monitoring as it was the resident's right. She stated all the paperwork had to be in place. She stated she would help set it up as needed but the resident or family was responsible for the purchase of the device. She stated staff were not supposed to touch the cameras. She stated the process included a review of the forms with the resident or family. Then they obtained the request from the family and consent from the roommate. Next a sign was posted near the door to the room, then the device was installed. She stated the social worker, nursing or administration could post the sign. The ADM stated roommates had the right to refuse consent or change their mind. She stated both residents had the right to stay in the room, and neither Resident #3 nor Resident #4 wanted to change rooms. She stated when she asked Resident #3 about a room change, Resident #3 stated she did not want to move rooms but wanted to transfer to another facility. The ADM stated Resident #3 wanted privacy for calls and she found out last week that Resident #3 was asking staff to unplug the monitoring device. She stated she did not know if she could restrict the audio on the device. She stated by not having privacy for phone calls, HIPAA information could get out or get compromised. She stated residents could get embarrassed, angry or anxious if their privacy was violated. The ADM stated staff are not allowed to search resident property without consent. She stated if there was something visible that posed a danger, staff could take that item for safekeeping. She stated it would be a violation of the resident's privacy. Review of the policy titled, Resident Rights, revised February 2021, reflected in part, Employees shall treat all residents with kindness, respect, and dignity. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity; e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights: t. privacy and confidentiality; cc. access to a telephone, mail, and email; dd. Communicate in person and by mail, email and telephone with privacy . 3. The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0550 Level of Harm - Actual harm Residents Affected - Few	Review of the policy titled, Personal Property Policy, reviewed January 2023, reflected in part, Residents are permitted to retain and use personal possessions, including furniture and clothing, as space permits, unless doing so would infringe on the rights or health and safety of other residents. 2. Resident belongings are treated with respect by facility staff, regardless of perceived value. 8. If items or illegal substances that belong to the resident are in plain view, and these pose a risk to the residents' health and safety, the items may be confiscated by facility staff. The circumstances, description of the item(s), and rationale for confiscating are documented in the resident's records. 9 Facility staff does not conduct searches of a resident or their personal belongings, unless the resident or representative agrees to the search and understands the reason for the search. 11. The facility promptly investigates any complaints of misappropriation or mistreatment of resident property. A policy regarding Authorized Electronic Monitoring was requested on 04/03/24 at 1:10 PM and again at 3:54 PM. No policy was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49048 Based on observation, interview and record review, the facility failed to ensure all residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal and oral hygiene for 1 of 5 (Resident #1) residents reviewed for ADL's. The facility failed to ensure Resident #1 received regular showers. These failures placed resident at risk of poor personal hygiene. Findings included: Record review of the face sheet for Resident #1 dated 4/4/2024 reflected a [AGE] year-old male admitted on [DATE] with diagnoses of Legal Blindness, as defined by USA, Essential (Primary) Hypertension, Unspecified Systolic (Congestive) Heart Failure, Pain in Unspecified Joint, Morbid (Severe) Obesity, Unspecified Osteoarthritis, Unspecified, Obstructive Sleep Apnea, Chronic Obstructive Pulmonary Disease, Mixed Hyperlipidemia, Gastro-Esophageal Reflux Disease, Cardiomyopathy, Unspecified, Paroxysmal Atrial Fibrillation, Weakness, Muscle Weakness Generalized, Unspecified lack of coordination. Record review of Resident #1's MDS assessment dated [DATE] reflected a BIMS score of 10, which indicated moderately impaired cognition. Section GG (Functional Abilities and Goals) reflected Resident #1 requires partial/moderate assistance with personal hygiene. Record review of Resident #1's care plan last revised on 1/9/2024 reflected it does not address activities of daily living, specifically showers. Record review of Resident #1's shower sheet for March 2024, printed from the previous EMR reflects Resident #1 received bath/shower services on the following days: 3/1/2024 one bath or shower, 3/2/2024 one bath or shower, 3/4/2024 two baths or showers, 3/6/2024 one bath or shower, 3/7/2024 one bath or shower, 3/11/2024 one bath or shower, 3/12/2024 two baths or showers,3/13/2024 one bath or shower, 3/15/2024 one bath or shower, 3/17/2024 one bath or shower, 3/22/2024 one bath or shower, and on 3/27/2024 one bath or shower. There were fifteen additional bath/showers recorded on the shower sheet; however, a handwritten line was marked through them. Record review of Resident #1's shower sheet in PCC (electronic medical record) for March 2024, reveals Resident #1 received a bath or shower on 3/23/2024, 3/28/2024 and on 4/2/2024. On 4/2/2024 at 12:15pm during an observation and interview, Resident #1 was observed lying in bed watching television. Resident #1 stated, When I showered this morning, it felt good. Only the 3rd time I've had a shower since I've been here. They think only the guys can get me up, but the women do a better job with showers. On 4/3/2024 at 2:41pm during an observation and interview, Resident #1 was observed lying in bed after physical therapy. Resident #1 stated, I've never had two baths in one day and I've never had a bath two days in a row. I told you; I've only had 3 showers since I've been here and one of those was yesterday. A couple of times they've washed my back and legs, but I had to ask them to do that. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/4/2024 at 10:30am during an interview with the ADON, she stated, All residents have a shower schedule. They also have the in-betweens or PRN showers. Sometimes they might refuse though, and it's documented on the shower sheets. The CNAs complete their shower sheets. When asked how she would define a bath or shower, she stated, A bed bath is with a bucket, water, soap and a cloth. A shower is when the water is hitting you. When asked if wiping a residents' back and legs is considered a bath, she replied, No, because there isn't water involved. That's a wipe down. She said, There shouldn't be any barriers unless the water is cut off across town. On 4/4/2024 at 10:45am during an interview with the DON, she stated residents should be bathed and/or showed at least three times each week. She stated the psychological importance of regular baths/showers would be self-esteem, because they know they wouldn't stink, it makes them feel good (especially when shaved), and it prevents infections. She defined a bath/shower as, Shower is when they put them in the shower chair, a bed bath is with a tub of water and soap and the entire body is washed, head to toe. She said, wiping a residents' back and legs is not considered a bath/shower; that's cleaning and freshening them up. A record review of the facility's policy titled Activities of Daily Living (ADL), revised in March 2018 reflected the following: Policy Statement - Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently, will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Policy Interpretation and Implementation. 2. Appropriate care and services will e provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming and oral care) 5. A resident's ability to perform ADLs will be measured using clinical tools, including the MDS. Functional decline or improvement will be evaluated in reference to the assessment reference date (ARD) and the following MDS definitions. c. Limited Assistance - Resident highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight bearing assistance 3 or more times during the last 7 days .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49048 Based on observation, interview, and record review the facility failed to ensure that the residents' environment remained as free of accident hazards as was possible in 2 of 6 resident hallways (Hall 1 and secured hall 6). The facility failed to keep the linen carts free of items that could be dangerous to residents. This failure could result in residents experiencing accidents, injuries, loss of dignity , and diminished quality of life. Findings included: On 4/3/2024 at 10:40am during walk through observation of secured Hall 6, the linen cart contained a non-aerosol MedLine odor eliminator spray, a tube of MedLine Remedy Antifungal Ointment, a tube of Coloplast Hydrophilic Wound Dressing, a bottle of MedLine Remedy Cleansing Foam, a tube of MedLine Soothe and Cool Barrier ointment, and an opened package of disposable razors. On 04/03/2024 at 10:55am, during interview with CNA, she stated the cart should only be stocked with linens and briefs. She said wipes, creams and razors should not be on the linen cart and it is the CNA's responsibility to check the cart when they start their shift. She identified potential harm as residents getting into it and as a huge infection control issue. On 04/03/2024 at 11:01am, during interview with RN, she said the cart should only be stocked with linens, briefs and gloves and the CNAs are responsible for maintaining the linen cart, with the RN being ultimately responsible. She identified potential harm as residents could have been allergic or poisoned, they could cut themselves or others, spray into others' eyes or smear it all over themselves. On 4/3/2024 at 2:30pm, the Sharps and Linen Cart policies were requested. The facility provided a Sharps Disposal Policy , revised in January 2012, which did not address the storage and safety of personal use razors. There was no initiation date for this policy. The facility does not have a Linen Cart policy. On 4/4/2024 at 8:22am during walk through observation of Hall 1, the linen cart contained wipes, a tube of MedLine Remedy Antifungal Ointment, a tube of MedLine Soothe and Cool Barrier ointment, and an opened package of disposable razors. There were no facility staff visible on Hall 1. On 04/04/2024 at 10:30am during interview with ADON, she stated, razors and external use only creams cannot be on the cart. She said the CNA s are responsible for the items on the cart, followed by the charge nurses and then the ADON and DON. She identified resident harm as, someone could get cut. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/04/2024 at 10:45am during interview with DON, she stated that her expectation is for the carts to be clean and contain linens only. She said she has done in-services and that razors and external use only creams are not allowed on the cart. She said she, the ADON and the charge nurses are responsible for monitoring the linen carts. She identified resident harm as, A resident could cut themselves.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317 Based on observations, interviews, and record reviews, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls and permit only authorized personnel to have access to the keys for 2 (500 hall cart and 100 hall cart) of 4 medication carts, 1 (500 hall linen cart) of 3 linen carts, and 2 (Resident #5 and Resident #6) of 5 residents reviewed for medication storage. 1) The facility failed to ensure a medication cup, with 3 types of unidentified cream, was not left unattended on a linen cart . 2) The facility failed to ensure a bottle of medicated shampoo and two tubes of a wound care cream were stored in a secure place. 3) The facility failed to ensure a medication cup, with 3 types of unidentified cream, was not left unattended at Resident #5's bedside. 4) The facility failed to ensure eyedrops were not left at Resident # 6's bedside. These failures could place residents at risk for misappropriation of medications, misuse of medications, and potential side effects or adverse reactions. Findings included: 1) An observation on 04/02/24 at 12:12 PM revealed a medication cup with 3 types of cream, unattended, sitting on a clean linen cart on the 500-hall. During an interview on 04/03/24 at 8:23 AM, MA I stated medication carts were to be locked at all times when not in use. She stated it was not okay to leave medications on linen carts. She stated medications were supposed to be kept secure. She stated anyone could have taken unsecured medications and if allergic, they may have a reaction. 2) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 04/03/24 at 8:17 AM revealed a bottle of medicated shampoo sitting on top of the 500-hall medication cart and two tubes of a medicated wound cream on top of the 100-hall medication cart. Both medication carts were parked by the central nursing station. Observations on 04/03/24 from 8:17 AM through 8:51 AM revealed multiple licensed and unlicensed staff walk past the unsecured medications that were sitting on top of the medication carts. Multiple residents passed by the unattended medications. 3) Review of Resident #5's quarterly MDS assessment dated [DATE], Section A (Identification Information) reflected a [AGE] year-old male admitted on [DATE]. Section C (Cognitive Patterns) reflected a BIMS score of 12 indicating moderately impaired cognition. Section GG (Functional Abilities) reflected he required substantial/maximal assistance with most ADLs. Section I (Active Diagnoses) reflected cancer, heart failure, hypertension (high blood pressure), aphasia (difficulty communicating), cerebrovascular accident (stroke), depression, and respiratory failure. Review of Resident #5's physician order dated 09/08/22 reflected, Barrier cream to peri area after every incontinent episode and prn to maintain skin integrity. Every shift. The orders did not reflect that the cream was kept at the bedside. Review of Resident #5's medication administration record for April 2024, reflected the barrier cream had been administered each shift through day shift on 04/04/24. An observation on 04/03/24 at 9:29 AM revealed Resident #5 asleep in bed. A medication cup with 3 types of cream , was observed sitting on the over-the-bed table. One cream was translucent, one cream was white, and one cream had a pink tinge. During an interview on 04/03/24 at 10:50 AM, the Corp RN stated residents were allowed to have creams at the bedside as long as they were in the original container. She stated residents were not allowed to have medicine cups with creams left at the bedside. 4) Review of Resident #6's quarterly MDS assessment dated [DATE], Section A (Identification Information) reflected an [AGE] year-old female admitted on [DATE]. Section C (Cognitive Patterns) reflected a BIMS score of 10 indicating moderately impaired cognition. Section GG (Functional Abilities) reflected she required setup or clean-up assistance for most ADLs. Section I (Active Diagnoses) reflected, hyperlipidemia (high cholesterol), malnutrition, anxiety (intense and excessive worry and fear), depression, heart disease, glaucoma (an eye disease that causes vision loss), and unspecified macular degeneration (an eye disease that affects central vision). Review of Resident #6's Order Summary Report printed 04/03/24 reflected the following orders: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Bimatoprost Ophthalmic Solution 0.03% 1 drop in both eyes at bedtime related to unspecified glaucoma ordered 01/05/24; Systane Daytime/Nighttime Ophthalmic Therapy 0.4-0.3% (polyethylene Glycol-Propylene Glycol) instill 1 drop in booth eyes at bedtime Per eyecare clinic ordered 01/05/24; Systane Hydration PF Ophthalmic Solution 0.4-0.3% polyethylene Glycol-Propylene Glycol) Instill 1 drop in both eyes every 4 hours as needed for dry eyes per eyecare clinic every 4 hours while awake (4-6 times daily PRN) ordered 11/29/23. The order summary revealed there was no order to store medications at the bedside. An observation and interview on 04/03/24 at 9:55 AM revealed Resident #6 lying in bed. There was a package of artificial tears and a package of Systane eye drops lying on her nightstand. Resident #6 stated the eyedrops were hers at home and she brought them here when she was admitted . She stated she does not administer her own eye drops, and the staff does that for her. She stated she did not know how long the medication had been on her nightstand. During an interview on 04/03/24 at 10:25 AM with LVN J, she stated no one on her halls (100 and 500) self-administers medications and no one stores medications at the bedside. She stated medications are stored in the medication room or in the medication carts which were locked unless in use. She stated it was not acceptable to store medications at the bedside as a resident could get the medications, have a reaction, and maybe even die. During an interview on 04/03/24 at 10:55 AM, the ADON stated no one in the facility self-administered medications and none of the residents stored medications at the bedside. She stated for self-administration, the resident first had to be assessed then if appropriate, the physician would write the order. The ADON stated if medications were found at the bedside, they would get the medication and notify the doctor. She stated medications were stored in the medication room or in the medication carts but not on top of the medication carts. She stated medications stored at the bedside or on top of medication carts could be taken by anyone. She stated the nurses or medication aides were responsible for properly storing medications. The ADON stated the pharmacist, the DON, and the ADON were responsible for monitoring medication storage and for providing medication education. During an interview on 04/03/24 at 11:21 AM, the DON stated medications needed to be locked in the medication cart or in the medication room. She stated the medication room needed to be locked at all times. She stated the nurses were responsible for medication storage. She stated it was her responsibility to oversee medication storage. She stated the DON and ADON were responsible for educating the staff. She stated it did not meet her expectations that there were eyedrops at the resident's bedside, sitting on top of medication carts, or on a linen cart. She stated someone could have come by and taken the medication, or the medications could have gotten mixed up by the nurse and given to the wrong resident. During an interview on 04/03/24 at 11:50 AM, The ADM stated it was her expectation that medications were stored in the right way, following the manufacturer's instructions, secured and available only to authorized individuals. She stated eye drops and creams should not have been stored at the bedside. She stated the cup of cream was supposed to be used immediately when dispensed then appropriately discarded. Medications were only to be accessed by licensed staff and medication aides. The ADM stated the DON or designee and ADON were responsible for monitoring medication storage and for providing education. She stated staff had online training and annual competencies. She stated improperly stored medications could get into the wrong hands and be misused. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455889	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lily Springs Rehabilitation and Healthcare Center	901 Central Texas Expwy Lampasas, TX 76550

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the policy titled, Storage of Medication, revised April 2019, reflected in part, The facility stores all drugs and biologicals in a safe, secure, and orderly manner. 2. Drugs and biologicals are stored in the packaging, containers or other dispensing systems in which they are received. Only the issuing pharmacy is authorized to transfer medications between containers. 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. The policy did not address medications stored at the bedside. Review of the policy titled, Administering Medications, revised April 2019 reflected in part, 19. No medications are kept on the top of the cart. The policy did not address medications stored at the bedside.