

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455889	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2025
NAME OF PROVIDER OR SUPPLIER Lily Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on interview and record review, the facility failed to immediately notify the resident's RP when there was a need to alter treatment significantly for 1 of 5 (Resident #1) reviewed for change in condition.</p> <p>The facility failed to ensure Resident #1's RP was notified when his medication Ativan (anxiety) was discontinued by the Doctor on 02/24/2025.</p> <p>This failure could place residents at risk of their responsible party not being involved in the communication of medication no longer being taken by the resident.</p> <p>Findings included:</p> <p>A record review of Resident #1's face sheet dated 04/11/2025 reflected a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1's diagnoses were anxiety disorder (feelings of worry and fear), major depressive disorder (sadness), and primary hypertension (abnormal high blood pressure).</p> <p>A record review of Resident #1's Quarterly MDS assessment, dated 03/11/2025, reflected the resident had a BIMS score of 7, which indicated severe cognitive impairment.</p> <p>A record review of Resident #1's physician order dated 02/24/2025, reflected Ativan was discontinued on 02/24/2025.</p> <p>A record review of Resident #1's progress note dated 02/24/2025 did not reflect documentation of call made to family to notify that Ativan had been discontinued by the Doctor.</p> <p>During an interview with Resident #1's RP on 04/12/2025 at 11:58 am, she stated that she was not contacted by the facility and not made aware that Resident # 1 was no longer taking Ativan as of 02/24/2025. Resident # 1's RP stated that she lived out of state and would like to have known when Resident # 1 was no longer taking Ativan.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with The ADON on 04/12/2025 at 12:30 pm, The ADON stated it was expected for her to have contacted Resident # 1's RP to notify that he was no longer taking Ativan as of 02/24/2025 due to GDR. The ADON stated she had confirmed the Ativan discontinued and made the mistake of not contacting Resident # 1's RP. The ADON stated when she did not contact Resident # 1's RP they did not know the medication was no longer being taken.</p> <p>During an interview with The DON on 04/12/2025 at 12:48 pm, The DON stated when medication orders were discontinued it was expected for The ADON to call Resident # 1's RP to let them know that Ativan was no longer being taken. The DON stated when Resident #1's RP was not notified they were not aware the Ativan was no longer being taken.</p> <p>During an interview with The ADM on 04/12/2025 at 1:10 pm, The ADM stated it was expected for The ADON to contact Resident #1's RP to let them know Resident #1 was no longer taking Ativan. The ADM stated if Resident #1's RP did not get notified, they would not know that Ativan had been discontinued.</p> <p>Review of facility's policy titled Change of Condition and Physician/Family Notification dated March 25, 2021 reflected To ensure that resident's family and/ or legal representative and physician are notified of resident changes that fall under the following categories. A significant change in the resident's physical, mental or psychosocial status. A need to significantly alter treatment.</p>		