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	08/22/2025

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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F 0656 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 develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs for one (Resident #1) of five residents reviewed for care plans, in that: The facility failed to care plan Resident #1's history of refusal of Nystatin Powder medication from 06/13/25 to 08/12/25. This failure placed residents at risk of not receiving goals and interventions for the residents' individual needs for person-centered care.Findings included:Review of Resident #1's face sheet dated 08/22/25 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction (paralysis (hemiplegia) or weakness (hemiparesis) of one side of the body, resulting from the damage to the brain by a lack of blood flow), mood disorder due to known physiological condition with depressive features (mood disorder due to a known physiological condition with depressive features), type 2 diabetes mellitus with diabetic neuropathy (a complication where high blood sugar from poorly managed T2DM (type 2 diabetes mellitus) damages nerves. Review of Resident #1's quarterly MDS assessment, dated 08/06/25, reflected a BIMS score of 15, indicating no cognitive impairment.Review of Resident #1's care plan reflected no identified focus, goals, or interventions/tasks for her history of refusal of any medications.Record review of Resident #1's order for Nystatin Powder (a prescription antifungal antibiotic used for topical treatment of fungal skin infections) apply to affected area/breast topically two times a day for skin integrity/fungal order date 05/30/2025 D/C Date 08/10/2025.Record review of Resident #1's order for Nystatin Powder (a prescription antifungal antibiotic used for topical treatment of fungal skin infections) apply to affected area/breast topically two times a day for skin integrity/ fungal order date 08/10/2025 no D/C date.Review of Resident #1's June 2025 eMAR reflected LVN A attempted to administer to Resident #1, on 06/13/25 at 6:00 am and 6:00 pm, and 06/14/25 at 6:00 pm Resident #1's Nystatin Powder. The eMAR reflected Resident #2 refused the medication.Review of Resident #1's July 2025 eMAR reflected LVN A attempted to administer to Resident #1, on 07/15/25, 07/29/25, and 07/30/25 at 6:00 am, Resident #1's Nystatin Powder. The eMAR reflected Resident #2 refused the medication.Review of Resident #1's August 2025 eMAR reflected LVN B attempted to administer to Resident #1, on 08/08/25 and 08/09/25 at 6:00 pm, Resident #1's Nystatin Powder. The eMAR reflected Resident #2 refused the medication. Review of Resident #1's August 2025 eMAR reflected LVN C attempted to administer to Resident #1, on 08/12/25 at 6:00 am, Resident #1's Nystatin Powder. The eMAR reflected Resident #2 refused the medication. Interview on 08/22/25 at 2:13 pm with the ADON reflected Resident #1 was prescribed Nystatin Powder and refused to have it administered to her. The ADON said a care plan tells the facility staff what was needed for the resident how you take care of resident. The said the refusal of Nystatin Power should have been care planned. She said the refusal of medication in a resident's eMAR should correlate to a refusal of the medication in the care plan. The possible negative effect of not care planning for medication refusals was that the resident was not provided the proper care. She said the person ultimately responsible for care plans was the MDS coordinator and the nurse who signed the care plan and approved it. She said she did not have any additional information to add regarding the necessity to care plan resident medication refusal. Interview on 08/22/25 at 2:43 pm with LVN C reflected she was a wound care nurse. She said Resident #1 had redness on her groin area and she had had it for a long time. LVN C said Resident #1 refused the application of Nystatin Power to her groin area a lot. She said Resident #1 would say she knew she had a rash in her groin area, and she was fine, and it did not look bad then later tell staff the redness looked bad. LVN C said it would be important for Resident #1's refusals of the application of her Nystatin Powder to be in Resident #1's care plan. She said if the refusal for the powder was care planned, they might figure out another way to encourage Resident #1 to accept the application of the power. A care plan was in place for the proper care plan of a resident. She said nurses were able to add and subtract and improve care plans but there was an actual MDS nurse who did care plans. LVN C said care plans should be person centered and if resident's refusals to take medication was not care planned it would not be a person centered care plan. She said it was important to care plan refusals to get an overall picture of the resident. LVN C said it would be important that Resident #1's Nystatin Powder refusal be care planned because there was a potential for Resident #1 having a rash and getting redness in her groin area. She said she had told the MDS nurse that Resident #1 had refused her treatments of Nystatin Powder.Interview on 08/22/25 at