

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 11/26/2025
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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. (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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident had the right to reside and receive services in the facility with reasonable accommodations of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 7 residents (Resident #1) reviewed for resident rights. The facility failed to ensure Resident #1 call light was within reach on 11/12/2025. This failure could place residents at risk of their needs not being met. Findings include: Record review of Resident #1's admission record, dated 11/12/2025, reflected an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included: Alzheimer's disease (progressive brain disorder that slowly destroys memory and thinking skills), chronic obstructive pulmonary disease (lung disease that makes it hard to breathe due to airflow obstruction and lung damage), lack of coordination (inability to perform smooth, controlled movements), and muscle weakness (loss of strength in muscles making it difficult to move or perform physical task). Record review of Resident #1's Quarterly MDS assessment, dated 09/24/2025, reflected Resident #1 had a BIMS score of 08, which indicated moderate cognitive impairment. Resident #1 required partial/moderate assistance in the areas of toileting hygiene, shower/bathe self, upper body dressing, and putting on/taking off footwear. Resident #1 required substantial/maximal assistance in the area of lower body dressing. Record review of Resident #1's care plan, dated 11/12/2025, reflected Resident #1 was care planned for ADL self-care performance deficit r/t Alzheimer's disease, COPD, failure to thrive, HTH, malnutrition, osteoarthritis (when the smooth, protective cartilage in your joints were down overtime, causing bones to rub against each other, leading to pain and stiffness), and reduce mobility and had an intervention of tub/shower transfer: partial/moderate assistance. Resident #1 is care planned for falls and had an intervention of maintain call light within reach resident uses a touch pad call light. During an interview and observation on 11/12/2025 at 9:06 AM., Resident #1 was observed laying in bed while her call light pad was on the dresser approximately 1 foot away from her. Resident #1 stated that that the CNA must have moved her call pad during care and didn't put it back. Resident #1 stated she could not reach her call light if she needed it. Further observations on 11/12/2025 from 9:06 AM to 11:05 AM revealed Resident #1's call light pad remained out of reach of Resident #1. During an interview on 11/12/2025 at 1:35 PM, CNA A stated that she was not aware that the resident's call light was not within reach from 9:06am - 11:05 AM. CNA A stated that during the CNAs round they should ensure a resident is comfortable and ensure the call light is within reach. CNA A stated it was everyone's responsibility to ensure call lights were always within reach. CNA A stated if a resident's call light was not within reach, then the resident would not be able to call for assistance. During an interview with the ADON on 11/12/2025 at 3:10 PM, the ADON stated all residents call lights should be always within reach. The DON stated it was everyone's responsibility to ensure residents call lights were always within reach. The ADON stated if a resident's call light was not within reach, the resident would not be able to call for assistance. During an interview with the ADM on 11/12/2025 at 3:30 PM, the ADM stated call lights should always be within reach. The ADM stated it was everyone's responsibility to ensure the call lights were within reach. The ADM stated if a resident's call light was not within reach, then the resident would not be able to express their needs nor have their needs met. The ADM stated his expectation was for staff members to ensure call lights were within reach prior to exiting the resident's rooms. A record review of the facility's Resident Call System policy, dated October 2022, reflected Resident are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. Policy Interpretation and Implementation1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bath facilities and from the floor 4. If the resident has a disability that prevent him/her from making use of the calls system, an alternative means of communication that unable for the resident is provided and documented in the care plan</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure residents were provided care and services to carry out activities of daily living to maintain personal hygiene for 1 of 7 residents (Resident #2) reviewed for quality of life. The facility failed to provide showers to Resident #2 in compliance with her shower schedule. This deficient practice could place residents at risk of decline in overall health. Findings included: Record review of Resident #2's admission record, dated 11/12/2025, reflected an [AGE] year-old female who was re-admitted to the facility on [DATE]. Resident #2 had diagnoses which included: unspecified dementia (memory loss and problems with thinking and reasoning), generalized anxiety disorder (mental health condition characterized by excessive and uncontrollable worry about everyday things), and major depressive disorder (persistent feeling of sadness and loss of interest, making it hard to function in daily life). Record review of Resident #2's Quarterly MDS assessment, dated 09/17/2025, reflected Resident #2 had a BIMS score of 07, which indicated severe cognitive impairment. Resident #2 required substantial/maximal assistance in the areas of toileting hygiene, upper body dressing, lower body dressing, and putting on/taking off footwear. Resident #2 was dependent in the area of shower/bathe self. Record review of Resident #2's care plan, dated 11/12/2025, reflected Resident #2 was care planned for ADL self-care performance deficit r/t limited mobility and had an intervention of shower/bathe self: dependent. Review of Resident #2's EMR task Shower/Bathe self Prefers: Specify T-TH-Sat evenings dated 11/12/2025, reflected no documentation that Resident #2 received a shower /bath on the following dates: 10/30/2025, 11/01/2025, 11/04/2025, or 11/06/2025. During an interview on 11/12/2025 at 09:06 AM, Resident #2 stated she has not received a bath in a while but could not provide dates. During an interview on 11/12/2025 at 2:30 PM, CNA A stated she was not aware that Resident #2 did receive a shower/bath on the following dates: 10/30/2025, 11/01/2025, 11/04/2025, or 11/06/2025. CNA A stated that resident's bath/shower schedule was located on the POC in EMR. CNA A stated she was not assigned to Resident #2 on the following dates: 10/30/2025, 11/01/2025, 11/04/2025, or 11/06/2025. CNA A stated that if a resident did not receive scheduled a bath/shower they would smell bad or could have skin breakdown. During an interview with the ADON on 11/12/2025 at 3:10 PM, the ADON stated CNAs were responsible for giving the residents a bath/shower. The ADON stated if a resident did not receive their scheduled bath/shower they could develop an odor or a skin issue. The ADON stated she expected for all residents to receive a bath/shower as scheduled. During an interview with the ADM on 11/12/2025 at 3:30 PM, the ADM stated the CNAs were responsible for giving the residents a bath/shower. The ADM stated that residents would develop an odor if they were not receiving a bath/shower per the residents' bath/shower schedule. The ADM stated that he expected for all residents to receive a bath/shower as scheduled. A record review of the facility's ADL Care & Personal Hygiene policy, dated 12/2020, reflected staff provides assistance to residents who need assistance with personal hygiene to prevent an odor problem and to prevent skin breakdown. Procedure All residents are encouraged and responsible for their personal hygiene. Personal hygiene tasks include: washing up, bathing, dressing, mouth care, shaving, and hair care. The amount of hygiene assistance provided to a resident will be discussed with the resident and indicated in his/her Person-Centered Service Plan (PSCP). The PCSP and amount of hygiene assistance given will be reviewed at regular intervals and appropriate changes made on an as needed basis. Independence will be encouraged and supported. If more help is needed than can be provided, alternatives will be explored (e.g. family, home health agency, etc.) .</p>		