| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455889 | A. Building<br>B. Wing | 01/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lily Springs Rehabilitation and Healthcare Center | 901 Central Texas Expwy<br>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 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.<br><br>**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 a right to be treated with respect and dignity for 2 of 8 residents reviewed for dignity. The facility failed to ensure Residents #1 and 2 were spoken to with dignity by LVN A on 01/07/2026 during their smoke break. This failure placed residents at risk of anger and diminished quality of life. Findings included: Review of the undated face sheet for Resident #1 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included hypertension (high blood pressure), schizophrenia, and history of traumatic brain injury. Review of the admission MDS for Resident #1 dated 11/11/2025 reflected a BIMS score of 12, indicating only mildly impaired cognition. Review of the undated face sheet for Resident #2 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included anxiety disorder, vascular dementia, and depression. Review of the quarterly MDS for Resident #2 dated 11/04/2025 reflected a BIMS score of 6, indicating severely impaired cognition. Observation on 01/07/2026 at 01:04 PM revealed Residents #1 and 2, among four other residents, participating in smoke break. LVN A supervised the smoke break and had resident cigarettes and a lighter in her possession. When she arrived at Resident #1, she informed him that she did not have cigarettes for him as the staff had not been to the store. He was visibly upset by his pursed brown, frown, and looking away but did not speak. After less than one minute, Resident #2 was observed handing her cigarette to Resident #1 for him to partake in some of it. LVN A said, in a sharp and condescending tone audible to all residents and the surveyor, No! No! Yall can't be sharing. nuh-uh (meaning no), no ma'am! Resident #2 stated, When did they change that? and LVN A stated, It's just policy you cannot share. It's been a thing for a while. Resident #2 stated, Are you serious? and LVN A said, Uh huh (meaning yes) 100%. Resident #1 made an angry facial expression and left the smoking area. When Resident #2 stubbed out her cigarette before it was finished and attempted to pocket it in her hand, LVN A said No, ma'am, you cannot take that with you, and held an ashtray out in front of Resident #2. Resident #2 looked at LVN A for three seconds and then angrily threw her cigarette butt in the ashtray. She left the smoking area. During an interview on 01/07/2026 at 01:10 PM, Resident #1 stated he was angry about what had happened on the smoking porch. He stated that he felt as if he had been spoken to as a child and that made him feel shitty. He stated he was used to it, because that was how they spoke to him there. During an interview on 01/07/2026 at 01:20 PM, Resident #2 stated LVN A always spoke to them like that. She stated she had not reported it as a grievance, because she knew it would just make things worse. She stated she thought LVN A did not like black people, and that was why she spoke to Resident #1 and 2 that way. Resident #2 stated she always tried to treat everyone with respect, and she did not know of any reason why LVN A would not have spoken to her with respect just because she wanted to share with Resident #1. She stated she understood that sharing the same cigarette could be an infection control problem and make one or both of the resident's sick, but she was not<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455889 | A. Building<br>B. Wing | 01/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lily Springs Rehabilitation and Healthcare Center | 901 Central Texas Expwy<br>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 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | aware before today that it was against the rules. During an interview on 01/07/2026 at 01:23 PM, LVN A stated she had been told the residents were not allowed to share cigarettes and that it was a rule. She stated Resident #1 was known to accept cigarettes from other residents, and she was not sure why that was against the rules or who told her, but she knew they could not share the same cigarette due to infection control. She stated she tried to follow the rules. She stated she had received a ton of training, but she could not recall any training on dignity or on how to enforce facility rules while maintaining resident dignity. She stated she could not believe she had been interpreted to have been speaking to residents without maintaining their dignity, because she was the nicest person in the world. She stated she did not mean to talk to Residents #1 and 2 as if they were naughty children, but it was hard to figure out how to enforce the smoking rules. During an interview on 01/07/2026 at 04:00 PM, the ADM stated he had spoken to Residents #1 and 2 and both had denied being spoken to without respect or dignity. He stated he was responsible for ensuring residents were treated with dignity and respect. He stated he was the abuse coordinator and ensured compliance with the regulations about treating resident with dignity and respect through investigation, in-services, 1:1 counseling, and disciplinary action if necessary. He stated the potential negative effect of staff speaking to residents without respect was sadness, depression and anger along with lowered feelings of self-worth. Review of the facility's in-services from October 2025 through January 2026 reflected no in-service specific to treating residents with dignity and respect. An undated in-service titled Resident Rights was located between unrelated in-services dated 11/30/2025 and 12/17/2026. Review of the facility policy dated 07/21/2018 and titled Rights of the Elderly reflected the following: An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual; (1) has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services. |