

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020 Based on observation, interview and record review the facility failed to ensure residents received services in the facility with reasonable accommodation of resident needs for 1 of 8 residents (Resident #207) who were observed for call light placement. The facility failed to ensure the call light was within reach for Resident #207. This deficient practice could place residents at risk of keeping them from calling for help as needed. The findings were: Record review of Resident #207's face sheet, dated 02/12/2025, revealed she was admitted to the facility on [DATE] with diagnoses which included: fracture of other parts of pelvis, subsequent encounter for fracture with routine healing, wedge compression fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing, muscle weakness (generalized), unspecified abnormalities of gait and mobility, and age-related osteoporosis without current pathological fracture. Record review of Resident #207's Admission MDS assessment, dated 02/02/2025, revealed the resident's BIMS score was 12, which indicated moderate cognitive impairment. The Admission MDS assessment further revealed Resident #207 required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear, sit to lying, lying to sitting on the side of bed, sit to stand, chair/bed to chair-to-chair transfer, toilet transfer, and tub/shower transfer. Record review of Resident #207's care plan, initiated date of 01/31/2025, revealed Resident #207 had a problem of The resident has an alteration in musculoskeletal status r/t pubic fx & thoracic compression fx. and interventions revealed Anticipate and meet needs. Be sure call light is within reach and respond promptly to all requests for assistance. (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: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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	Observation and Interview on 02/09/2025 at 10:54 a.m. revealed Resident #207 in bed with her call light lying across the arm of her on the recliner side with the recliner in the standing position approximately 3 feet from Resident #207. Resident #207 stated she did not know where her call light was as she felt around on the bed. Resident #207 further stated she usually had it. When informed it was on the recliner, she stated that was of course where she last had it, and she was not able to reach it while in her bed. During an interview on 02/09/2025 at 11:07 a.m. CNA D stated during her round she forgot to put it back on Resident #207. CNA D further stated Resident #207 would not have been able to reach it where it laid on the recliner. CNA D stated Resident #207 did typically use the call light. CNA D stated the use of the call light was in case they were having an emergency. The CNA further stated a resident could fall or something worse could happen if they did not have their call light. During an interview on 02/11/2025 at 3:59 p.m. the DON stated call lights were supposed to be placed right next to the resident or within reach so they could use. The DON stated Resident #207 did use her call light. The DON further stated call lights were so any resident needing assistance would have assistance from or CNAs or nursing staff. The DON stated by not having their call lights they could potentially try to get up by themselves or they could search for it, and it could cause them to potentially tumble out of bed looking for it. Record review of facility's Call lights: Accessibility and Timely Response policy, implemented date 07/2022, read Policy: The purpose of this policy is to assure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Policy Explanation and Compliance Guidelines: 5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations with the resident's room.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020 Based on record review and interview, the facility failed to ensure residents have the right to formulate an advance directive and determine the choice to receive or not receive CPR (cardiopulmonary resuscitation) for 1 of 8 residents (Resident #46) whose records were reviewed for code status. The facility failed to obtain a DNR order and complete a care plan for Resident #46 after the completion of the Texas OOHDNR dated [DATE]. This deficient practice could affect any resident who requested a DNR code status and could result in staff providing CPR for a resident who did not wish to be resuscitated. The findings were: Record review of Resident #46's face sheet, dated [DATE], revealed she was admitted on [DATE] with diagnoses which included: hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side, nontraumatic acute subdural hemorrhage, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, hyperlipidemia and essential (primary) hypertension. Record review of resident #46's Admission MDS assessment, dated [DATE], revealed the resident's BIMS score was not obtained due to resident not being able to complete the Brief Interview for Mental Status. Record review of Resident #46's care plan, initiated date of [DATE], revealed Resident #46 had a focus of Full Code and interventions revealed Continue CPR until resident responds or until EMS arrives to take over the code. Record review of Resident #46's physician order summary report, dated [DATE], revealed a physician order reading, **Code Status***FULL CODE***. Record review of Resident #46's Texas OOHDNR (out of hospital do not resuscitate) dated [DATE], completed by Resident #46's Medical Power of Attorney, revealed Based on the known desires of the person, or a determination of the best interest of the person, I direct that none of the following resuscitation measures be initiated or continue for the person: cardiopulmonary resuscitation (CPR) . During an interview on [DATE] at 5:17 family member/MPOA of Resident #46 stated Resident #46 did not wish to receive CPR. The family member further stated Resident #46 had an OOHDNR from California and she had to do it over when she moved to Texas. Family member stated the Texas OOHDNR was completed when Resident #46 after she admitted to the facility. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 10:43 a.m. LVN C the MDS Coordinator stated change orders at that time would have gone through the social worker and further stated the social worker would have been responsible for revising the care plan with the correct code status. LVN C stated those changes were important due to it putting resident at risk of being resuscitated against what she wanted. LVN C stated the social worker before would monitor the code status and would update everything, making sure all the forms were in place. During an interview on [DATE] at 11:48 a.m. the DON with the Administrator present reviewed Resident #46's code status and stated the OOH DNR was completed on [DATE]. The DON further stated Resident #46's orders read full code and the care plan read Resident #46 was a full code. She further stated the social worker was responsible at the time to let people know so they could put it in the order. The DON stated the MDS coordinator (LVN C) would have been responsible for updating the care plan had she been aware. The DON stated by this not having been communicated it would cause CPR to be performed on a DNR patient especially if it was not the wishes of the resident which could be bad. The DON further stated this could cause mental suffering. The Administrator interjected it could extend life of the resident if they did not want it. During an interview on [DATE] at 3:46 p.m. LVN A stated a resident's code status was in the computer and they popped up on the MARs. She stated they were all over the place and on the crash cart itself they had a list of resident's code status. LVN A stated the communications were usually by a copy of the OOH DNR being provided or emailed to them with a message asking them to change the order. During an interview on [DATE] at 3:54 p.m., regarding a resident's code status, LVN B stated they checked on the computer for sure, and she would take her computer with her when she was working. LVN B stated would know a resident's code status through PCC. (Point Click Care). LVN B further stated they were informed many times of code status change through the 24-hour report. LVN B stated they needed to be informed immediately so an order could be obtained. Record review of facility's Communication of Code Status policy, implemented ,d+[DATE], read Policy: It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. Policy Explanation and Compliance Guidelines: 1. The facility will follow facility policy regarding a resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an Advance Directive. 4. The resident's code status should be entered into the resident physician order in the EMR.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47564 Based on interview, and record review, the facility failed to ensure that all allegations involving abuse, neglect, and misappropriation were reported immediately, but no later than 2 hours after the allegation was made to the State Survey Agency for 1 of 8 residents (Resident #2) reviewed for abuse and neglect. The facility did not report to the State Survey Agency (HHSC) an incident in which Resident #2 alleged that CNA J told her that her butt was too big. This failure could place residents at risk for abuse/neglect and could lead to a diminished quality of life and psychosocial harm. The findings included: Record review of Resident #2's Face Sheet, dated 2/12/2025, reflected a [AGE] year-old female resident with an initial admitted [DATE], with diagnoses including Multiple Sclerosis (A disease in which the immune system eats away at the protective covering of nerves), and major depressive disorder. Record review of Resident #2's Quarterly MDS Assessment, dated 11/27/2024, reflected the resident had a BIMS score of 14, reflecting the resident had intact cognition. Record review of facility complaint/grievance report, dated 1/23/2025, reflected that a staff member had told Resident #2 That her butt is too big and to get bigger clothes that fit. Further review reflected that the grievance was investigated by the DON. Investigation included, Spoke to staff member. States she told resident that her clothes were too small. Denies stating that her 'butt is too big'. Interview on 2/11/2025 at 2:11 PM, Resident #2 stated that CNA J had told Resident #2 that her daughter needed to buy new clothes for her because her butt was too big while CNA J was assisting Resident #2 with ADLs. Resident #2 stated that CNA J said so many mean things to her and this one was the thing that made her want to write a grievance, as she had had enough. Resident #2 stated that CNA J saying that frustrated her and upset her at the time, but that CNA J had said so many things to her that she just tried to ignore it. Resident #2 stated she had not heard anything to follow up on her grievance complaint against CNA J. Interview on 2/11/2025 at 3:11 PM, CNA K stated that while helping Resident #2 transfer, Resident #2 made a comment calling herself fat. CNA K stated she asked Resident #2 why she would say that, and Resident #2 responded that CNA J had told her that her butt was too big. CNA K stated she told the Administrator and DON about the incident. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/11/2025 at 4:00 PM, the DON stated that the incident was brought to her attention by CNA K when the grievance was written. The DON stated she talked to CNA J and that CNA J denied telling Resident #2 that her butt was too big, and that she only said her pants were tight, and that when she spoke to Resident #2 she, did not use that phrasing. The DON stated that the incident would only be reportable if it was true. When asked how she would know if it was true, the DON stated, you gotta know your staff members, you gotta know your residents and [Resident #2] never said the phrase your butt is too big when I asked her about it. The DON stated she oversaw teaching the Abuse and Neglect in-services. The DON stated the risk to residents was that if it was true, it could be construed as verbal abuse. The DON stated that Resident #2 told her that she felt fine and was not upset about the incident. The DON further stated that the investigation on the grievance document was the only investigation that was completed. Interview on 2/11/2025 at 5:20 PM, the ADM stated that his expectation was for grievances to be responded to by appropriate parties and for them to bring them to him if they were allegations of abuse, neglect, exploitation, or misappropriation. The ADM stated that he would report the incident to the state survey agency. The ADM stated he was not aware of this incident and assumed the DON would appropriately report and investigate grievances related to nursing staff. Record review of TULIP did not reflect a facility reported incident that corresponded to the allegations in the incident described above. Record review of facility policy titled, Abuse, Neglect, and Exploitation, dated 7/2022, reflected, Reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies (e.g. law enforcement when applicable) within specified timeframes.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47564 Based on interview, and record review, the facility failed to ensure that all allegations involving abuse, neglect, and misappropriation were investigated for 1 of 8 residents (Resident #2) reviewed for abuse and neglect. The facility did not report to the State Survey Agency (HHSC) an incident in which Resident #2 alleged that CNA J told her that her behind was too large. This failure could place residents at risk for abuse/neglect and could lead to a diminished quality of life and psychosocial harm. The findings included: Record review of Resident #2's Face Sheet, dated 2/12/2025, reflected a [AGE] year-old female resident with an initial admitted [DATE], with diagnoses including Multiple Sclerosis (A disease in which the immune system eats away at the protective covering of nerves), and major depressive disorder. Record review of Resident #2's Quarterly MDS Assessment, dated 11/27/2024, reflected the resident had a BIMS of 14, reflecting the resident had intact cognition. Record review of facility complaint/grievance report, dated 1/23/2025, reflected that a staff member had told her That her butt is too big and to get bigger clothes that fit. Further review reflected that the grievance was investigated by the DON. Investigation included, Spoke to staff member. States she told resident that her clothes were too small. Denies stating that her 'butt is too big'. Interview on 2/11/2025 at 2:11 PM, Resident #2 stated that CNA J had told Resident #2 that her daughter needed to buy new clothes for her because her butt was too big while CNA J was assisting Resident #2 with ADLs. Resident #2 stated that CNA J said so many mean things to her and this one was the thing that made her want to write a grievance, as she had had enough. Resident #2 stated that CNA J saying that frustrated her and upset her at the time, but that CNA J had said so many things to her that she just tried to ignore it. Resident #2 stated she had not heard anything to follow up on her grievance complaint against CNA J. Interview on 2/11/2025 at 3:11 PM, CNA K stated that while helping Resident #2 transfer, Resident #2 made a comment about herself, calling herself fat. CNA K stated she asked Resident #2 why she would say that, and Resident #2 responded that CNA J had told her that her butt was too big. CNA K stated she told the Administrator and DON about the incident. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/11/2025 at 4:00 PM, the DON stated that the incident was brought to her attention by CNA K. The DON stated she talked to CNA J and that CNA J denied telling Resident #2 that her butt was too big, and that she only said her pants were tight, and that when she spoke to Resident #2 she, did not use that phrasing. The DON stated that the incident would only be reportable if it was true. When asked how she would know if it was true, the DON stated, you gotta know your staff members, you gotta know your residents and [Resident #2] never said the phrase your butt is too big when I asked her about it. The DON stated she oversees teaching the Abuse and Neglect in-services. The DON stated the risk to residents was that if it was true it could be construed as verbal abuse. The DON stated that Resident #2 told her that she felt fine and was not upset about the incident. The DON further stated that the investigation on the grievance document is the only investigation that was completed. Interview on 2/11/2025 at 5:20 PM, the ADM stated that his expectation was for grievances to be responded to by appropriate parties and for them to bring them to him if they are allegations of abuse, neglect, exploitation, or misappropriation. The ADM stated that he would report the incident to the state survey agency. The ADM also stated that the expectation for investigating the incident was to investigate further than interviewing the alleged perpetrator and the victim. Record review of facility policy titled, Abuse, Neglect, and Exploitation, dated 7/2022, reflected, An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect, or exploitation occur. The policy then goes on to describe the steps of investigation.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47564 Based on interview and record review, the facility failed to conduct an accurate comprehensive assessment of each resident's functional capacity including the resident's needs, strengths, goals, life history and preferences for 1 of 8 Residents (Resident #44) reviewed for assessments. Resident #44's Quarterly MDS Assessment did not reflect his diagnosis of depression. This failure could place residents at risk for not receiving the care and services as needed. The findings included: Record review of Resident #44's face sheet, dated 02/12/2025, reflected a [AGE] year-old male resident admitted on [DATE] with diagnosis of type 2 diabetes mellitus, and anxiety disorder. Depression was not listed as a diagnosis on Resident #44's face sheet. Record review of Resident #44's Quarterly MDS assessment dated [DATE], reflected under Section I - Active Diagnosis, subsection Psychiatric/Mood Disorder reflected that Resident #44 only had anxiety disorder and did not include depression. Record review of Resident #44's Care Plan, dated 02/12/2025, reflected that the resident used antidepressant medication and interventions that include monitoring for effectiveness. Record review of physician evaluation note, dated 10/25/2024, reflected that Resident #44 had a diagnosis of Depression, unspecified, and was taking an antidepressant medication. Interview on 02/12/2025 at 10:43 AM, the LVN C stated that she was unsure why the MDS did not have Resident #44's depression of diagnosis. The MDS LVN stated that she completed the MDS's and care plans, and that it was likely just overlooked. Interview on 2/12/2025 at 10:14 AM, the DON stated that she oversaw ensuring the accuracy of MDS Assessments before they were submitted. The DON also stated that she was unsure why Resident #44's depression diagnosis was not included in his MDS Assessment. The DON stated the risk to residents for their MDS Assessments not including all of the residents diagnosis could include confusion from the physician.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020 Based on interviews and record review, the facility failed to develop and implement a baseline care plan for each resident that included the instructions needed to provide effective and person-centered care of the resident that met professional standards of quality care within 48 hours of a resident's admission, including initial goals based on admission orders, physician orders, dietary orders, and social services for 3 of 8 (Resident #21, Resident #51 and Resident #207) reviewed for baseline care plans. The facility failed to ensure a baseline care plan was completed within 48 hours from admission for Resident #21, Resident #51 and Resident #207. These failures could place residents at risk of not receiving care and services to meet their needs. The findings were: Record review of Resident #21's face sheet, dated 02/10/2025, revealed Resident #21 was admitted on [DATE], with diagnoses which included: chronic obstructive pulmonary disease, type 2 diabetes mellitus without complications, unspecified cirrhosis of liver, chronic viral hepatitis C, essential (primary) hypertension, heart failure, ischemic cardiomyopathy, and cognitive communication deficit. Record review of Resident #21's Admission MDS assessment, dated 01/13/205, revealed Resident #21's BIMS score was 00 indicating severe cognitive impairment. Record review of Resident #21's electronic medical record revealed Resident #21 did not have a completed baseline care plan. Record review of Resident #51's face sheet, dated 02/09/2025, revealed Resident #51 was admitted on [DATE], with diagnoses which included: laceration without foreign body of right cheek and temporomandibular area, subsequent encounter, unspecified abnormalities of gait and mobility, unspecified fall, subsequent encounter, dysphagia, pharyngoesophageal phase, dysphagia, oropharyngeal phase, essential (primary) hypertension, and cognitive communication deficit. Record review of Resident #51's Admission MDS assessment, dated 01/27/2025, revealed Resident #51 was not able to complete the brief interview for mental status. Record review of Resident #51's electronic medical records revealed Resident #51 did not have a completed baseline care plan. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #207's face sheet, dated 02/12/2025, revealed Resident #51 was admitted on [DATE], with diagnoses which included: fracture of other parts of pelvis, subsequent encounter for fracture with routine healing, wedge compression fracture of unspecified thoracic vertebra subsequent encounter for fracture with routine healing, age-related osteoporosis without current pathological fracture, major depressive disorder, single episode, anxiety disorder, unspecified, peripheral vascular disease, unspecified, hypothyroidism, unspecified, and other specified polyneuropathies. Record review of Resident #207's Admission MDS assessment, dated 02/02/2025, revealed Resident #207's BIMS score was 12 indicating moderate cognitive impairment. Record review of Resident #207's electronic medical records revealed Resident #207 did not have a completed baseline care plan. During an interview on 02/11/2025 at 3:23 p.m. the DON stated baseline care plans were done by the charge nurses. She stated she would open them, and the charge nurse was to fill them out. The DON stated there was a link in PCC (Point Click Care) where she could see what was still outstanding and what still needed completing. During an interview on 02/12/2025 at 10:43 a.m. LVN C the MDS Coordinator stated baseline care plans were done by the admission nurses or the charge nurses. LVN C further stated the DON would check for the completion. LVN C stated the importance of the base line care plans were to set the standards for the resident's stay it was for time between when the comprehensive care plan was completed. During an interview and record review on 02/12/2025 at 11:48 a.m. the DON reviewed the baseline care plans of Residents #21, #51 and #207 with the Administrator present during the interview and review of records. The DON stated the three residents' baseline care plans had not been completed. The DON and Administrator stated resident's baseline care plans should be completed within 72 or 3 days from admission. The DON stated the importance was to identify and understand what the resident was like. During an interview on 02/12/2025 at 3:46 p.m. LVN A stated she used to write all the care plans and was the ADON at one time for the facility. LVN A stated baseline care plans are supposed to be done on day 3 after a resident was admitted . LVN A stated sometimes the nurses do them, but an RN had to open them first. LVN A stated the nurses had a check list that would tell them what they were supposed to do each day after admission. LVN A stated it got passed down from nurse to nurse. During an interview on 02/12/2025 at 3:54 p.m. LVN B stated she hadn't been told to do baseline care plans. LVN B further stated they wanted them to do the initial assessment when a resident came in, and the functional abilities, but she had never been told anything about the base line care plan. Record review of facility's policy titled Baseline Care Plan, revised 07/18/2024, read Policy: The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.', Policy Explanation and Compliance Guidelines: 1. The baseline care plan will: a. be developed within 48 hours of a resident's admission. b. be initiated/opened by the RN. c. May be completed by IDT staff. d. Include the minimum healthcare information necessary to properly care for a resident including, but not limited to: i. initial goals based on admission orders. ii. Physician orders. iii. Dietary orders .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020 Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental needs that are identified in the comprehensive assessment, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 2 of 8 residents (Resident #8 and #46) reviewed for care plans. 1. The facility failed to ensure Resident #46's care plan reflected that the resident was a DNR. 2. Resident #8 was prescribed a thoracic-lumbar-sacral orthoses (TLSO) back brace, to be worn daily and it was not reflected in the care plan. This deficient practice places residents at risk for not receiving proper care and services due to inaccurate care plans. The findings were: 1 Record review of Resident #46's face sheet, dated [DATE], revealed she was admitted on [DATE] with diagnoses which included: hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side, nontraumatic acute subdural hemorrhage, unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, hyperlipidemia and essential (primary) hypertension. Record review of resident #46's Admission MDS assessment, dated [DATE], revealed the resident's BIMS score was not obtained due to resident not being able to complete the Brief Interview for Mental Status. Record review of Resident #46's care plan, initiated date of [DATE], revealed Resident #46 had a focus of Full Code and interventions revealed Continue CPR until resident responds or until EMS arrives to take over the code. Record review of Resident #46's Texas OOHDNR (out of hospital do not resuscitate) dated [DATE], completed by Resident #46's Medical Power of Attorney, revealed Based on the known desires of the person, or a determination of the best interest of the person, I direct that none of the following resuscitation measures be initiated or continue for the person: cardiopulmonary resuscitation (CPR) . During an interview on [DATE] at 5:17 p.m. family member/MPOA of Resident #46 stated Resident #46 did not wish to receive CPR. The family member further stated Resident #46 had an OOHDNR from California and she had to do it over when she moved to Texas. Family member stated the Texas OOHDNR was completed when Resident #46 after she admitted to the facility. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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	During an interview on [DATE] at 10:43 a.m. LVN C the MDS Coordinator stated the social worker would have been responsible for revising the care plan with the correct code status. LVN C stated those changes were important due to it putting resident at risk of being resuscitated against what she wanted. LVN C stated the social worker before would monitor the code status and would update everything, making sure all the forms were in place. During an interview on [DATE] at 11:48 a.m. the DON with the Administrator present reviewed Resident #46's code status and stated the OOHNR was completed on [DATE]. The DON further stated the care plan read Resident #46 was a full code. The DON stated the MDS coordinator (LVN C) would have been responsible for updating the care plan had she been aware. The DON stated by this not having been communicated it would cause CPR to be performed on a DNR patient especially if not the wishes of the resident which could be bad. The DON further stated this could cause mental suffering. The Administrator interjected it could extend life of the resident if they did not want it. 2 A record review of Resident #8's admission record dated [DATE], revealed an admitted [DATE] with diagnoses which included wedge compression fracture of lumbar vertebra (a break in a vertebra (a bone in your spine)). A record review of Resident #8's quarterly MDS assessment dated [DATE] revealed Resident #8 was a [AGE] year-old female admitted for long term care and assessed with a BIMS score of 08 out of a possible 15 which indicated moderate cognitive impairment. Resident #8 was assessed with adequate hearing, could make herself understood and could understand others, and had adequate vision with her glasses. Resident #8 was assessed with partial moderate assistance - helper does less than half the effort. Helper lifts or holds trunk or limbs but provides less than half the effort for the ability to dress and undress above the waist. Resident #8 was assessed as substantial maximal assistance - helper does more than half the effort. Helps lift or hold trunk or limbs and provides more than half the effort for the ability to dress and undress below the waist. A record review of Resident #8's physician orders dated [DATE], revealed the physician prescribed Resident #8 a TSLO brace and instructed for Resident #8 to wear the brace, at all times unless the patient is in shower / refuses. A record review of Resident #8's care plan dated [DATE] revealed no evidence for Resident #8's TSLO brace. During an interview on [DATE] at 11:12 AM, CNA N stated Resident #8 had a back brace and she would wear the back brace some days. CNA N stated she received instructions about Resident #8's back brace verbally from the nurses. During an interview on [DATE] at 11:17 AM, LVN M stated she had reviewed Resident #8's care plan and had not discovered any focus, goal, and or intervention for Resident #8's TSLO brace. LVN M stated Resident was prescribed a brace on [DATE] and could wear the brace daily when Resident #8 would accept wearing the brace. LVN M stated Resident #8 would refuse the brace occasionally. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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	During an interview on [DATE] at 10:43 a.m., LVN C, the MDS Coordinator stated all new orders would be reviewed the next business day at the facility's interdisciplinary team (IDT) morning meetings. LVN C stated the orders, notes, and admissions would be reviewed and discussed by the IDT, and supported with care plan revisions as needed. LVN C stated she reviewed the care plan for Resident #8 and the care plan did not have interventions for her TSLO brace. LVN C stated the IDT should have developed and implemented interventions to support Resident #8's TSLO brace. LVN C stated any one of the IDT members could have done so, including herself, LVN C. LVN C stated the usual IDT members at the morning meeting were the Administrator, the DON, the SW, the Activities Director, and herself. LVN C stated the risk for harm for Resident #8 was a lack of support for her TSLO brace. During an interview on [DATE] at 11:48 a.m., the DON stated Resident #8 had an intervention for a TSLO brace which was added [DATE] after surveyor interventions. The DON stated the risk for harm for Resident #8 was minimal due to Resident #8 often refused to wear the brace. The DON stated she could not recall if she was in attendance for the morning meeting regarding Resident #8's TSLO brace. The DON stated she usually was in attendance for all morning meetings. The DON stated the person responsible for reviewing care plans for accuracy was the MDS nurse LVN C. During an interview on [DATE] at 7:00 PM, the Regional Corporation Nurse stated Resident #8 should have had a support for her TSLO brace to include a focus, goals, and interventions specific to Resident #8 developed, revised, and implemented by the IDT. Record review of facility's Comprehensive Care Plans policy, implemented date ,d+[DATE], read, Policy: It is policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: 1. The care planning process will include an assessment of the resident's strengths and needs and will incorporate the resident's personal and cultural preferences in developing goals of care. Services provided or arranged by the facility, as outlined the comprehensive care plan, shall be culturally competent and trauma-informed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41937 Based on observations, interviews, and record reviews, the facility failed to ensure residents were free from significant medication errors for 2 of 8 residents (Residents #2, and #6) reviewed for significant medication errors. 1. On 2/10/2025 at 1:37 PM, LVN O administered Resident #2's Baclofen late by 32 minutes. 2. On 2/10/2025 LVN O administered Resident #6's: a. Hydrocodone at 12:10 PM; late by 3 hours and 10 minutes. b. Cipro at 12:10 PM; late by 2 hours and 10 minutes. c. Hydrocodone at 2:10 PM; late by 1 hour and 25 minutes These deficient practices placed residents at risk for not receiving the therapeutic effects of their prescribed medications. The findings included: A record review of Resident #2's admission record revealed 9/22/2023 with diagnoses which included multiple sclerosis (a disease that causes breakdown of the protective covering of nerves. Multiple sclerosis can cause numbness, weakness, trouble walking, vision changes and other symptoms. It's also known as MS), stiffness of right, left knee, stiffness of right, left ankle. A record review of Resident #2's quarterly MDS assessment dated [DATE] revealed Resident #2 was a [AGE] year-old female admitted for long term care and assessed with a BIMS score of 14 out of a possible 15 which indicated intact cognition. Resident #2 was diagnosed with MS and used a wheelchair due to bilateral upper and lower impairments to her range of movement. A record review of Resident #2's care plan dated 2/12/2025 revealed, (Resident #2) Risk for Fall r/t MS decreased body/core strength & control Date Initiated: 01/29/2018 . Administer medications as ordered. Monitor/document for side effects and effectiveness. A record review of Resident #2's physicians orders dated 2/12/2025 revealed the physician ordered Resident #2 to receive Baclofen 10 mg (prescribed for muscle stiffness and tightness and muscle pain) three times a day at 6:00 AM, 11:45 PM, and at 7:00 PM. A record review of Resident #2's Medication Admin Audit Report dated 2/11/2025 revealed Resident #2 was administered the 11:45 AM dose of baclofen, late by 32 minutes, at 1:17 PM by LVN O. A record review of Resident #6's admission record dated 2/12/2025 revealed an admitted [DATE] with diagnoses which included chronic pain and altered mental status. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #6's quarterly MDS assessment dated [DATE] revealed Resident #6 was a [AGE] year-old female admitted for long term care and was assessed with a BIMS score of 6 out of a possible 15 which indicated severe cognition impairment. A record review of Resident #6's care plan dated 2/12/2025 revealed, The resident is on pain medication therapy Date Initiated: 02/13/2024 Revision on: 02/13/2024 The resident will be free of any discomfort or adverse side effects from pain medication through the review date. Date Initiated: 02/13/2024 Revision on: 01/02/2025 . Administer ANALGESIC medications as ordered by physician. Monitor/document side effects and effectiveness Q-SHIFT. The resident has incontinence r/t aging process Date Initiated: 01/22/2024 Revision on: 02/13/2024 The resident will remain free from infection and skin breakdown due to incontinence A record review of Resident #6's physicians orders dated 2/12/2025 revealed the physician prescribed for Resident #6 to receive hydrocodone - acetaminophen, a pain reliever, 10 mg - 325 mg three times a day at 6:00 AM, 11:45 AM, and again at 6:00 PM. Further review revealed Resident #6 was prescribed to receive ciprofloxacin 250mg, an antibiotic prescribed to treat a urinary tract infection, twice a day at 9:00 AM and again at 5:00 PM. A record review of Resident #6's Medication Admin Audit Report dated 2/11/2025 revealed Resident #6 was administered: a. the 6:00 AM dose of hydrocodone, late by 3 hours and 10 minutes, at 12:10 PM by LVN O. b. the 9:00 AM dose of cipro at 12:10 PM late by 2 hours and 10 minutes c. the 11:45 AM dose of hydrocodone, late by 1 hours and 25 minutes, at 2:10 PM by LVN O. During an observation and interview on 02/10/25 at 10:29 AM revealed LVN O administering medications from the medication aide medication cart. LVN O stated she was a nurse who worked in an as needed position and was called in to help today. LVN O stated she arrived for duty at 7 AM and was assigned to fill in as the facility's medication aide. LVN O stated she was running late in medication administration and had administered Resident #7's medications late. LVN O stated she was passing medications late and had reported the late medication administration to the DON. LVN O stated LVN P asked if I was ok and stated LVN P learned I was late for 200-hall and LVN P stated she would help. During an interview on 2/10/25 at 11:27 AM, LVN P stated LVN O was in reds and still had 200-hall to pass meds. LVN P stated she learned on her own and the DON had not reported the alert that LVN O was late in medication administration. During an interview on 2/12/2025 at 7:00 PM, the Regional Nurse stated the facility's policy and expectation was for nursing staff to administer residents' medications as prescribed by the physician to include the correct time, which could be considered on time if the medication was administered 1 hour earlier than the prescribed time and or 1 hour later than the prescribed time. the Regional Nurse stated the potential risk to residents was not receiving the therapeutic effects of their medications. A policy regarding medication administration was requested on 2/11/2025 at 10:23 AM via an email to the Administrator and as of 2/19/2025, it was not provided. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Institute for Safe Medication Practices website titled ISMP Acute Care Guidelines for Timely Administration of Scheduled Medication ismp-hosp-temp-MASTER.qxd accessed 2/4/2025 revealed, Medications administered more frequently than daily but not more frequently than every 4 hours (e.g., BID, TID, q4h, q6h) Administer these medications within 1 hour before or after the scheduled time.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41937 Based on observations, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, which must include, at a minimum, standard and transmission-based precautions to be followed to prevent spread of infections, for 1 of 2 residents reviewed (Residents #23) for infection control and prevention. On 2/12/2025, CNA L provided catheter care for Resident #23 without donning Enhanced Barrier Precautions Personal Protection Equipment (EBP PPE). This failure could place residents at risk for harm by cross-contamination. The findings included: A record review of Resident #23's admission record dated 2/12/2025 revealed an admitted [DATE] with diagnoses which included benign prostatic hyperplasia with lower urinary tract symptoms (non-cancer tumors of the urinary tract), retention of urine, and obstructive and reflux uropathy (blocked urinary tract). A record review of Resident #23's quarterly MDS assessment dated [DATE] revealed Resident #23 was a [AGE] year-old male admitted for long term care and assessed with a BIMS score of 2 out of a possible 15 which indicated a severely impaired cognition. Resident #23 was assessed as needing assistance with toileting hygiene, Dependent - helper does all of the effort to complete the activity. A record review of Resident #23's care plan dated 2/12/2025 revealed, EBP: Staff must use gown and gloves during high-contact resident care activities that could possibly result in transfer of MDROs to hands and clothing of staff. Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a MDRO as well as those who are not confirmed to have a MDRO (e.g., residents with wounds or indwelling medical devices). Date Initiated: 07/17/2024 Revision on: 07/22/2024 . Gowns will be available in room for staff to don when performing direct care with Resident . Date Initiated: 07/17/2024 Sign for EBP precautions will be outside residents' room, to alert staff of precautions with direct care procedures. A record review of Resident #23's physicians orders dated 2/12/2025 revealed the physician ordered for staff to follow EBP precautions for Resident #23, EBP: Staff must use gown and gloves during high-contact resident care activities that could possibly result in transfer of MDROs to hands and clothing of staff. Enhanced Barrier Precautions are recommended for residents known to be colonized or infected with a [NAME] as well as those who are not confirmed to have an MDRO (e.g., residents with wounds or indwelling medical devices). two times a day EBP precautions for suprapubic catheter. (name brand indwelling catheter) catheter care Q (every) shift and PRN (as needed) (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455941	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Enchanted Rock Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 210 West Windcrest St Fredericksburg, TX 78624	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 2/12/2025 at 3:31 PM revealed Resident #23's room presented with EBP precautions signage on the door and PPE at the doorway. The signage revealed, STOP ENHANCED BARRIER PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High - Contact Resident Care Activities. Dressing, bathing / showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, wound care: any skin opening requiring a dressing. Continued observation revealed CNA L entered Resident #23's room, greeted Resident #23, and asked for consent to provide catheter care for Resident #23's indwelling suprapubic catheter Observation revealed Resident #23 was laying in his bed and CNA L did not don a gown and wore gloves. CNA L provided catheter care to include removing linens, removing an adult brief, replacing the adult brief, and re-applying linens. CNA L changed gloves and performed hand hygiene during the care. CNA L completed the care doffed the gloves performed hand hygiene and exited the room with intentions to continue care for other residents. CNA L stated he was assigned the CNA duties for the 400-hall and was scheduled to work from 2 PM until 10 PM. CNA L stated he forgot to DON the gown as per the EBP protocol. CNA L stated he was aware of the signage and PPE equipment supply at the doorway. During an interview on 2/12/2025 at 7:00 PM, the Regional Nurse stated the expectation and EBP protocol was for all staff to don EBP PPE to include gloves and a gown for all residents assessed as needing EBP. The Regional Nurse stated the risk for not following EBP was potential cross contamination and infections. A record review of the facility's policy titled Enhanced Barrier Precautions: Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. Policy Explanation and Compliance Guidelines: .4. High-contact resident care activities include: . g. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes		