

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2024
NAME OF PROVIDER OR SUPPLIER  Brush Country Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  6500 Brush Country Rd Austin, TX 78749	

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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45070</p> <p>Based on interview and record review, the facility failed to provide a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility to one (Resident#1) of 5 residents reviewed for planning care.</p> <p>As on 03/05/24, the facility failed to provide a copy of the results of the care plan meeting conducted on 01/25/24, as requested by Resident #1 and her representative initially on 02/04/24 and reminded again on 02/16/24.</p> <p>This failure could place the resident at risk for not being a part of the decision making related to their care resulting in decreased quality of care, loss of independence, and decreased psychosocial well-being.</p> <p>Findings include:</p> <p>Review of Resident # 1's Face Sheet on 03/05/24 revealed a [AGE] year-old female admitted to the facility on [DATE] with the diagnoses of Gastro-esophageal Reflux Disease (stomach acid repeatedly flows back into the tube connecting your mouth and stomach), Irritable Bowel Syndrome (cramping, abdominal pain, bloating, gas, and diarrhea or constipation), Retention of Urine, Spinal Stenosis (The narrowing of one or more spaces within your spinal canal), Atherosclerotic Heart Disease of native coronary artery (plaque buildup in the wall of the arteries that supply blood to the heart), History of falling, Anxiety disorder, Recurrent Depressive Disorders, Chronic Pain Syndrome, Cognitive Communication Deficit (difficulty with thinking and how someone uses language.), Hypertensive Heart Disease, Muscle Weakness ,Abnormalities of Gait and Mobility, and Unsteadiness on feet.</p> <p>Review of Resident #1's quarterly MDS assessment dated [DATE] reflected Resident #1 was assessed to have a BIMS score of 15 indicating she was cognitively intact.</p> <p>Review of Resident # 1's Face Sheet on 03/05/24 revealed, Resident #1's FM was the responsible party for Resident #1.</p> <p>Review of an the e mail on 03/05/23 from of the FM dated 02/16/24, provided by the SW on 03/05/23 reflected:</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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>. [Resident #1] nor I have received a copy of the written 01/25/24 careplan meeting results wherein DON via her 01/26/24 e mail indicated this and that. Are you able to convince DON to release and provide a copy of the 01/25/24 careplan meeting write up report which I on 02/04/24 requested via email from DON?</p> <p>During an interview on 03/05/24 at 11:50 AM with Resident #1, she stated her FM supports her with care plan meetings and he requested for the results of the care plan meeting conducted with her on 01/25/24 in her room by the SW and the DON. Resident #1 said the facility did not provide the outcome of the careplan as on 03/05/24.</p> <p>During a telephone interview on 03/05/24 at 1:15 PM with Resident #1's FM, he stated he was the responsible party for Resident #1. He stated there was a careplan meeting on 01/25/24. He said Resident #1, the SW and the DON participated in the meeting. The FM stated he supports Resident #1 with her plan of care as Resident #1 had difficulty to comprehend what was discussed in care plan meetings. The FM stated he sent an e mail on 02/04/24 to the SW requesting for the outcome of the meeting conducted on 01/25/24, to make sure that the MDT captured all the requests made by Resident #1 in the careplan meeting. He added, since the facility failed to provide the results, on 02/16/24 he sent another e mail as a reminder about his request for the care plan meeting results. The FM stated despite of all these, there were no action from the facility in this matter as on 03/05/24.</p> <p>During an interview on 03/05/24 at 12:00pm the DON stated she was not aware of the request. She said it was the rights of residents at the facility to know about the content of their careplan and was the responsibility of the facility to provide that information. The DON stated, at the facility, the SW had the responsibility to communicate with the family of residents regarding the care plans.</p> <p>During an interview on 03/05/24 at 1:00PM the SW stated she was the responsible person to communicate and address the requests of Resident #1 and her FM. She stated she received an e mail from Resident #1's FM requesting for the results of the monthly care plan meeting conducted on 01/25/24 with Resident #1. The SW explained that the facility agreed with Resident #1 and her FM to have a monthly careplan meeting in addition to the mandatory quarterly careplan meeting. The SW explained to the investigator that she could not furnish the careplan meeting outcome to Resident #1 as requested by Resident #1's FM due to many reasons. The SW stated the printer at the facility was not working in the last week of January 24 and 1st week of February, 24. She said after that she was on a vacation for a week and after return from the vacation, she was busy. The SW added, she caught up with other tasks at the facility so that she could not compile and transcribe the points noted down elsewhere, into the careplan conference summary form. The SW also stated, she was not sure if she could disclose the details of the careplan to FM due to HIPAA concerns as FM was not the responsible person for Resident #1. SW remained quiet when investigator pointed out that as per the FM was Resident #1's face sheet dated 03/05/24, FM was the responsible person.</p> <p>Review of the facility's undated policy Resident Rights reflected:</p> <p>Employees shall treat all residents with kindness, respect and dignity .</p> <p>.be informed of, and participates in, his or her care planning and treatment</p>		