

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 11/18/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interviews and record review, the facility failed to ensure that medical records were accurately documented for three (Resident #1, Resident #2, and Resident #3) of five residents reviewed for accurate medical records.</p> <p>The facility failed to ensure Residents #1 and #2's facility self-reported incidents were documented in their EMRs and Resident #3's vitals were accurately documented.</p> <p>This deficient practice could result in errors in care and treatment.</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including depression, anxiety disorder, epilepsy (seizures), and Alzheimer's disease (a chronic neurodegenerative disease that destroys brain cells).</p> <p>Review of Resident #1's quarterly MDS assessment, dated 11/11/24, reflected a BIMS score of 9, indicating she was moderately cognitively impaired.</p> <p>Review of Resident #1's quarterly care plan, revised 11/18/24, reflected she had impaired cognitive function with an intervention of monitoring/documenting/reporting PRN any changes in cognitive function.</p> <p>Review of facility reported incident, dated 10/18/24, reflected the following:</p> <p>It was reported to the Administrator at approx. 4:15pm by the hospice social worker, that [Resident #1] reported that 2 black females pulled her hair and hit her head on the wall .</p> <p>Review of Resident #1's progress notes for 10/18/24 reflected no entry for the allegation made or plan of action going forward.</p> <p>Review of Resident #2's Face sheet, undated, reflected a [AGE] year-old female with a diagnosis of dementia admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses that included dementia and, mood disturbance with anxiety.</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
---	-------	-----------

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 11/18/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's quarterly MDS assessment, dated 09/05/24, reflected a BIMS of score 8, moderate cognitive impairment.</p> <p>Review of Resident #2's care plan focus dated 09/24/28 and revised on 03/21/22 for ADL self-care performance deficit related to cognitive deficit, debility and required assist from staff for ADL care, mobility and was apt to refuse care from staff.</p> <p>Review of facility reported incident dated 11/14/24 reflected, The resident was noted in hallway seated in wheelchair. As Administrator approached, the resident pointed to a staff member and said, This is the one that beat me. Upon assessment, some discoloration and slight swelling was noted to the tip of the 5th digit of the resident's right hand. The area was tender to touch. The resident denied pain, other than when the area was touched, and the resident was able to actively move the digit. No open areas, bleeding, or other signs of injury were noted. When asked, upon interview, how the injury occurred, the resident offered various conflicting statements including:</p> <p>It was an accident. I don't know how it happened.</p> <p>I had a confrontation in the shower last night with B-E-A-R. When she washed my hair, my finger got in the way somehow.</p> <p>I don't know how this happened to my finger. I could have caught it in my wheelchair (demonstrating placing her hands on the outer rings of the wheels of her wheelchair and self-propelling).</p> <p>Review of Resident #2's progress notes for 11/14/24 reflected no entry for the self-reported injury of an unknown origin.</p> <p>Review of Resident #3's Face sheet, undated, reflected a [AGE] year-old female admitted on [DATE] and readmitted on [DATE] with a diagnosis of arteriosclerotic heart disease (a condition where plaque buildup in the arteries of the heart) and muscle wasting.</p> <p>Review of Resident #3's quarterly MDS assessment, dated 10/11/24, reflected a BIMS score of 15, no cognitive impairment.</p> <p>Review of Resident #3's care plan focus dated 10/27/15 and revision on 10/03/22 reflected Resident #3 was at risk for decreased cardiac tissue perfusion relate history of CAD (coronary artery disease), hypertension (high blood pressure), and hyperlipidemia (abnormally high levels of lipids of fats in the blood). Goal dated 11/26/21, revision, 01/17/24 monitor blood pressure and heart rate as ordered/indicated, notify medical doctor of abnormal findings.</p> <p>Review of #3's order summary, undated, document all vital signs (measures of a person's basic bodily functions, typically including body temperate, pulse rate, respiratory rate (breathing) and blood pressure) complete every shift.</p> <p>Review of Resident #3's treatment administration record for 10/30/24 and 10/31/24 for the first nursing shift reflected blood pressure, temperature, pulse, and respiratory rate N/A (not applicable).</p> <p>(continued on next page)</p>		

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 11/18/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/18/24 at 12:55 PM, the SW stated documentation in general was important to get a clear picture and anyone should be able to go into a resident's chart and see what was going on with them. The ADM stated she expected nurses to document changes in condition, incidents, complains, voiced pain, and unwitnessed injuries. She stated it was the nurses responsibility to ensure incidents were documented in resident charts. The ADM stated a negative outcome of documentation not being thorough could be the failure for communication to get passed on or the staff could fail to assess or follow the resident .</p> <p>During an interview on 11/18/24 at 1:46 PM, the LVN TN confirmed Resident #3's medical administration record reflected N/A (not applicable) for 10/30/24 and 10/31/24 for Resident #3's blood pressure, temperature, pulse, and respiratory rate. She stated if blood pressure readings were not recorded accurately, residents' blood pressure readings could be high, the resident might be agitated, and there might be a non-addressed reason for resident hospitalization .</p> <p>During an interview on 11/14/24 at 2:59 PM, the Corporate RN stated Resident #2's incident of an injury of unknown cause on 11/14/24 should have been entered in a progress note because if things were not documented there could be a lack of follow up care. He stated he did believe that there was follow up care even though the event from 11/14/24 was not documented in Resident #2's progress notes.</p> <p>Review of the facility's undated Charting and Documentation Policy reflected the following:</p> <p>All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical chart. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p> <p>.</p> <p>2. The following information is to be documented in the resident medical record:</p> <p>a. Objective observations;</p> <p>b. Medications administered;</p> <p>c. Treatments or services performed;</p> <p>d. Changes in the resident's condition;</p> <p>e. Events, incidents, or accidents involving the resident</p>		