

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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not provide pharmaceutical services to meet the needs of each resident for seven (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, and Resident #7) of 10 residents reviewed for pharmaceutical services.</p> <p>1.</p> <p>The facility failed to ensure Resident #1 , Resident #2, Resident #3, Resident #4, Resident #5, Resident #6 and Resident #7 received their medications scheduled at 5:00 pm on 05/25/25.</p> <p>Findings included:</p> <p>1. Review of Resident #1's face sheet dated 06/02/25 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including gastro-esophageal reflux disease, retention of urine, anxiety disorder, age-related physical debility, cognitive communication deficit, hypertensive heart disease and muscle weakness.</p> <p>Review of Resident #1's quarterly MDS assessment dated [DATE] reflected a BIMS score of 15, indicating her cognition was intact.</p> <p>Review of Resident #1's care plan, dated 05/15/25 reflected Resident #1 was at risk for stomach discomfort related to s/s of GERD, chronic pain r/t osteoarthritis(degenerative joint disease) and spinal stenosis(spinal canal narrows) and decreased cardiac tissue perfusion related to history of CAD and HTN. The relevant intervention was administering medications as ordered by MD.</p> <p>Review of Resident #1's physician's order reflected:</p> <p>1.</p> <p>Pepcid Oral Tablet 20 MG (Famotidine) :Give 1 tablet by mouth two times a day related to gastro esophageal reflux disease.</p> <p>2.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Artificial Tears Solution 1.4 % (Polyvinyl Alcohol): Instill 1 drop in both eyes two times a day for Dry Eyes</p> <p>3.</p> <p>Gabapentin Oral Capsule 100 MG: Give 1 capsule by mouth two times a day for Neuropathy.</p> <p>4.</p> <p>Carvedilol Oral Tablet 12.5 MG (Carvedilol): Give 1 tablet by mouth two times a day for HTN . Hold if SBP less than 100 or HR less than 60.</p> <p>Review of Resident #1's MAR reflected on 05/08/25 Resident #1 had not received Carvedilol Oral Tablet 12.5 MG , Gabapentin Oral Capsule 100 MG, Artificial Tears Solution, and Pepcid Oral Tablet 20 MG scheduled at 5:00pm.</p> <p>During an observation and interview on 06/02/25 at 10:10 am, Resident #1 stated she remembered she had not received her 5:00 pm medications on 05/08/25. She stated she reminded the staff she had not received her 5:00 pm medication and the staff responded to her that it was past 6:00 pm, and she would not be able to provide those medications as the medication administration window time was passed. Resident #1 stated this was not fair as she had crucial medications for her condition, and it was the responsibility of the staff to administer medications on time.</p> <p>During a telephone interview on 06/02/25 at 1:15pm, the FM of Resident #1 stated there were numerous occasions of evening medications that were not provided as reported by Resident #1. He stated providing medications on time was the responsibility of the facility and they were supposed to do this without the reminders by the residents. He stated he had to believe that there was no monitoring system to ensure the nurses were providing medications to residents on time, as scheduled, without any excuses.</p> <p>2. Review of Resident #2's face sheet dated 06/02/25 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus , hypertensive heart disease without heart failure, morbid obesity , depression, muscle weakness, unsteadiness on feet, lack of coordination and cognitive communication deficit.</p> <p>Review of Resident #2's quarterly MDS assessment, dated 02/14/25, reflected a BIMS score of 12, indicating his cognition was moderately impaired.</p> <p>Review of Resident #2's care plan, dated 05/15/25 reflected he had bladder incontinence, at risk for skin breakdown and infection and nutritional imbalance . The relevant interventions were monitor/document for s/sx UTI and monitor and dietary/nutritional intake. Encourage adequate food/fluid intake.</p> <p>Review of Resident #2's physician's order reflected:</p> <p>1.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Cipro Oral Tablet 250 MG (Ciprofloxacin HCl): Give 1 tablet by mouth two times a day for UTI for 7 Days.</p> <p>-Start Date-05/22/2025.</p> <p>2.</p> <p>Ferrous Sulfate Oral Tablet 325 (65 Fe): MG (Ferrous Sulfate): Give 1 tablet by mouth two times a day for Iron deficiency anemia. Monitor for constipation.</p> <p>-Start Date-05/22/2025.</p> <p>3.</p> <p>Vitamin C Oral Tablet 500 MG(Ascorbic Acid): Give 1 tablet by mouth two times a day for Wound Healing.</p> <p>-Start Date-12/24/2024.</p> <p>4.</p> <p>Magnesium Oxide Oral Tablet 400 MG (Magnesium Oxide): Give 1 tablet by mouth two times a day for supp</p> <p>-Start Date-04/16/2025</p> <p>Review of Resident #2's MAR reflected, on 05/26/25 and 05/27/25 Resident #2 had not received Cipro Oral Tablet 250 MG, Magnesium Oxide Oral Tablet 400 MG, Vitamin C Oral Tablet 500 MG and Ferrous Sulfate Oral Tablet 325 MG, scheduled at 5:00pm</p> <p>3. Review of Resident #3's face sheet dated 06/02/25 reflected an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including dementia, psychotic disturbance, mood disturbance, anxiety, chronic obstructive pulmonary disease, type 2 diabetes mellitus, hypertensive heart disease, weakness and unsteadiness on feet</p> <p>Review of Resident #3's quarterly MDS assessment, dated 03/21/25, reflected a BIMS score of 7, indicating his cognition was moderately impaired.</p> <p>Review of Resident #3's care plan, dated 05/15/25 reflected Resident #3 used antidepressant medications to treat depression and anxiety . The relevant intervention was administering antidepressant medications as ordered by physician.</p> <p>Review of Resident #1's physician's order reflected:</p> <p>1.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Cymbalta Oral Capsule Delayed Release Particles30 MG (Duloxetine): Give 1 capsule by mouth two times a day for depression/neuropathy.</p> <p>-Start Date-05/09/2025.</p> <p>Review of Resident #3's MAR reflected on 05/12/25, 05/13/25 and 05/26/25 Resident #3 had not received Cymbalta Oral Capsule Delayed Release Particles 30 MG, scheduled at 5:00pm.</p> <p>4. Review of Resident #4's face sheet dated 06/02/25 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including hypertensive heart disease with heart failure, alcohol abuse, unspecified protein-calorie malnutrition, age-related physical debility, muscle weakness , unsteadiness on feet, cognitive communication deficit and depression.</p> <p>Review of Resident #4's quarterly MDS assessment, dated 04/17/25, reflected a BIMS score of 9, indicating his cognition was moderately impaired.</p> <p>Review of Resident #4's care plan, dated 05/15/25 reflected he had hypertension and at risk for hyper/hypotensive episodes. The relevant intervention was administering medication and ordered and monitoring blood pressure and notify MD if pressure is not WNL .</p> <p>Review of Resident #4's physician's order reflected:</p> <p>1.</p> <p>Coreg Oral Tablet3.125 MG(Carvedilol): Give 1 tablet by mouth two times a day for HTN. Hold for SBP &lt;110 or HR &lt;55.</p> <p>-Start Date-03/29/2025.</p> <p>Review of Resident #4's MAR reflected, on 05/12/25, 05/26/25 and 05/27/25 Resident #4 had not received Coreg Oral Tablet 3.125 MG and the blood pressure measurement, scheduled at 5:00pm .</p> <p>5. Review of Resident #5's face sheet dated 06/02/25 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including epilepsy(seizure), schizoaffective disorder (a type of mental illness) bipolar type, muscle weakness, lack of coordination, abnormalities of gait and chronic pain syndrome.</p> <p>Review of Resident #5's initial MDS assessment, dated 03/15/25, reflected a BIMS score of 09, indicating her cognition was moderately impaired.</p> <p>Review of Resident #5's care plan, dated 03/14/25 reflected she had seizure disorder. The relevant intervention was administering medications as ordered by physician and monitoring for side effects and effectiveness Q-shift.</p> <p>Review of Resident #1's physician's order reflected:</p> <p>1.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Divalproex Sodium Oral Tablet Delayed Release 500 MG(Divalproex Sodium): Give 500 mg by mouth two times a day for seizure.</p> <p>-Start Date-03/11/2025.</p> <p>2.</p> <p>Levetiracetam Oral Tablet 1000 MG(Levetiracetam): Give 1000 mg by mouth two times a day for seizure.</p> <p>-Start Date-03/11/2025.</p> <p>Review of Resident #5's MAR reflected, on 05/13/25 Resident #5 had not received Levetiracetam Oral Tablet 1000 MG and Divalproex Sodium Oral Tablet Delayed Release 500 MG, scheduled at 5:00pm.</p> <p>6. Review of Resident #6's face sheet dated 06/02/25 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including Wernicke's encephalopathy, chronic obstructive pulmonary disease(breathing difficulty) , heart disease, muscle weakness, cognitive communication deficit, unsteadiness on feet, chronic pain, and need for assistance with personal care.</p> <p>Review of Resident #6's quarterly MDS assessment, dated 03/10/25, reflected a BIMS score of 12, indicating his cognition was moderately impaired.</p> <p>Review of Resident #6's care plan, dated 03/20/25 reflected Resident #6 had Wernicke's encephalopathy (Type of brain disorder caused by vitamin B1 deficiency) . The relevant intervention was providing care as ordered to ensure resident's safety.</p> <p>Review of Resident #6's physician's order reflected:</p> <p>1.</p> <p>Lactulose Encephalopathy Oral Solution 10GM/15ML (Lactulose Encephalopathy):Give 30 ml by mouth one-time a day for elevated ammonia level.</p> <p>2.</p> <p>Buspirone HCl Oral Tablet 7.5 MG (Buspirone HCl): Give 1 tablet by mouth two times a day for anxiety.</p> <p>-Start Date- 05/10/2025.</p> <p>Review of Resident #6's MAR reflected, on 05/12/25, 05/26/25 and 05/27/25 Resident #6 had not received Lactulose Encephalopathy Oral Solution 10 GM/15ML and Buspirone HCl Oral Tablet 7.5 MG, scheduled at 5:00pm.</p> <p>7. Review of Resident #7's face sheet dated 06/02/25 reflected an [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses including dementia behavioral disturbance, chronic kidney disease, pain in right hip, pain in right knee, muscle weakness, and anxiety.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #7's initial MDS assessment, dated 03/21/25, reflected a BIMS score of 10, indicating her cognition was moderately impaired.</p> <p>Review of Resident #7's care plan, dated 03/13/25 had not included pain management.</p> <p>Review of Resident #7's physician's order reflected:</p> <p>1. Tylenol Oral Tablet 325 MG (Acetaminophen) : Give 2 tablet by mouth two times a day for pain management.</p> <p>-Start Date-03/04/2025</p> <p>Review of Resident #7's MAR reflected, On 05/8/25, 05/26/25 and 05/27/25 Resident #7 had not received Tylenol Oral Tablet 325 MG and the pain level assessment, scheduled at 5:00pm.</p> <p>During an interview on 06/02/26 at 11:20 am, MA A stated she worked at the facility as an MA for few years and her working schedule was from 6:00 am to 2:00 pm shift, Monday to Friday. MA A stated she was diligent to make sure all the medications ordered were administered on time without fail. MA A stated she did not notice any omission of 5:00 pm medications as she worked only in the morning shifts. She added, MA s should be diligent to administer all the medications ordered within the time frame and any concerns related to medications should be reported to the nurse in charge as soon as possible.</p> <p>During an interview on 06/02/25 at 1:45pm MA B stated she was working at the facility in the morning shift as MA , that began at 6:00am and end at 2:00pm. She stated she started working at the facility from December 2024 and always worked in the morning shift (6am to 2pm) and occasionally did overtime hours as well. MA B stated she ensured that all the medications were administered on time during her shift. MA B stated she was not aware of any omissions, however at times, there was a possibility the MAs administered medications and forgot to document. MA B stated she always make it sure administering medications on time and document the medication administration on the MAR in a timely manner.</p> <p>During a phone interview on 06/02/25 at 2:10pm, the NP stated she visited the facility once a week. The NP stated she never received any communication regarding missed doses of medications scheduled at 5:00 pm on any day , from the facility. She added, as per protocol, any missed doses must be communicated with physicians so that compensatory interventions could be addressed, if necessary. The NP stated there were no residents at the facility who were in danger if they missed one or two doses of any of their medications, however, the seriousness of the consequences depended on many factors. The NP stated she was under the impression that the medications were administered promptly as nobody from the facility talked about missed doses even in meetings . She stated the administrative staff at the facility, including the DON, were new and hopefully they would fix the problem. The NP stated it was mandatory to administer medications exactly as ordered and any changes needed, were to be discussed with the NP or MD . She said any drug errors including omission of medication administration was to be reported in a timely manner.</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 06/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 06/02/25 at 2:35 pm, the DON stated she started working at the facility a month ago. She said she noticed there were many issues at the facility and was in the process of fixing them. The DON said she identified the staff who worked on Hall 500 on 05/08/25 in the evening shift (2pm to 10pm) , who was responsible for administering medications in the hall where Resident #1 resided. The DON added that specific MA was terminated from service recently due to her poor performance and other irregularities. When the investigator pointed out that there was a pattern of medication omission in all the halls specifically for the medications scheduled at 5:00 pm, the DON responded that the issue concerned her, and she wanted to find out the root cause. When the investigator asked how she ensured the medications ordered were administered appropriately by the MAs and Nurses, the DON stated she used to do daily MAR auditing in her previous jobs as DON and had the plan to introduce the same system at this facility.</p> <p>Record review of the facility's policy administering Medications revised in April 2019 reflected:</p> <p>Policy statement:</p> <p>Medications are administered in a safe and timely manner, and as prescribed</p> <p>Staffing schedules are arranged to ensure that medications are administered without unnecessary interruptions.</p> <p>3.</p> <p>Medications are administered in accordance with prescriber orders including any required time frame</p> <p>. 7.</p> <p>Medications are administered within one (1) hour of their prescribed time unless otherwise specified (for example, before and after meal orders)</p>		