STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675118	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brush Country Nursing and Rehabilitation	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 4 residents (Resident #1) reviewed for pharmacy services. The facility failed to administer Resident #1's Biofreeze medication, per the physician's ordered times, and no greater than one hour after the scheduled administration time in March 2026, April 2026, and May 2026. This failure could have placed residents at risk for receiving less than therapeutic benefits from medications and increased pain. Findings included: Record review of Resident #1's face sheet, dated 05/15/2026, reflected Resident #1 was admitted to the facility on [DATE] and readmitted on [DATE]. She was a [AGE] year-old female diagnosed with generalized osteoarthritis (condition that affects the joints characterized by inflammation, pain, and stiffness), age-related osteoporosis (bone disease characterized by loss of bone density and strength), hypertensive heart disease (high blood pressure), spinal stenosis, cervical region (narrowing of spaces within the neck), and anxiety. Record review of Resident #1's quarterly MDS dated [DATE] reflected a BIMS score of 13 indicating her cognition was intact. Record review of Resident #1's care plan revised on 11/04/2025 reflected that she had potential pain related to neuropathy (nerve damage), arthritis, and generalized discomfort. The intervention indicated administering Biofreeze External Cream 10% to neck and shoulders topically twice a day and monitor, record, report to nurse complaints of pain or requests for pain treatment. Record review of Resident #1's physician's orders dated 01/13/2025 reflected her medication scheduled at 8:00 a.m. and 16:30 (4:30 p.m.) was Biofreeze External Cream 10% (Menthol Topical Analgesic). Record review of Resident #1's March 2026 MAR reflected Resident#1's Biofreeze medication was administered as follows: Scheduled time 8:00 a.m. and was administered at 10:07 a.m. on 03/01/2026Scheduled time 20:00 (8:00 p.m.) and was administered at 21:07 (9:07 p.m.) on 03/01/2026Scheduled time 8:00 a.m. and was administered at 11:13 a.m. on 03/02/2026Scheduled time 8:00 a.m. and was administered at 13:12 (1:12 p.m.) on 03/03/2026Scheduled time 8:00 a.m. and was administered at 9:35 a.m. on 03/05/2026Scheduled time 8:00 a.m. and was administered at 9:21 a.m. on 03/09/2026Scheduled time 20:00 (8:00 p.m.) and was administered at 21:43 (9:43 p.m.) on 03/09/2026Scheduled time 20:00 (8:00 p.m.) and was administered at 22:02 (10:02 p.m.) on 03/10/2026Scheduled time 20:00 (8:00 p.m.) and was administered at 23:03 (11:03 p.m.) on 03/11/2026Scheduled time 20:00 (8:00 p.m.) and was administered at 21:38 (9:38 p.m.) on 03/12/2026Scheduled time 8:00 a.m. and was administered at 10:43 a.m. on 03/13/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:39 (5:38 p.m.) on 03/19/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:36 (5:36 p.m.) on 03/24/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 18:42 (6:43 p.m.) on 03/27/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 21:32 (9:32 p.m.) on 03/30/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 20:42 (8:42 p.m.) on 03/31/2026 Record review of Resident #1's April 2026 MAR reflected that on 04/15/26 Resident#1's Biofreeze medication was: Scheduled time 16:30 (4:30 p.m.) and was administered at 19:17 (7:17 p.m.) on (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

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(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 - Some	04/02/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:39 (5:39 p.m.) on 04/03/2026Scheduled time 8:00 a.m. and was administered at 11:54 a.m. on 04/05/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 20:08 (8:08 p.m.) on 04/05/2026Scheduled time 8:00 a.m. and was administered at 9:04 a.m. on 04/06/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 22:29 (10:29 p.m.) on 04/06/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:35 (5:35 p.m.) on 04/07/2026Scheduled time 8:00 a.m. and was administered at 9:12 a.m. on 04/09/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 19:22 (7:22 p.m.) on 04/09/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 18:22 (6:22 p.m.) on 04/10/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:59 (5:59 p.m.) on 04/12/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 19:08 (7:08 p.m.) on 04/14/2026Scheduled time 8:00 a.m. and was administered at 9:18 a.m. on 04/16/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 18:49 (6:49 p.m.) on 04/18/2026Scheduled time 8:00 a.m. and was administered at 9:40 a.m. on 04/22/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 21:32 (9:32 p.m.) on 04/22/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 18:47 (6:47 p.m.) on 04/26/2026Scheduled time 8:00 a.m. and was administered at 9:32 a.m. on 04/29/2026 Record review of Resident #1's May 2026 MAR reflected that on 04/15/26 Resident#1's Biofreeze medication was: Scheduled time 8:00 a.m. and was administered at 9:07 a.m. on 05/01/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:36 (5:36 p.m.) on 05/04/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 17:46 (5:46 p.m.) on 05/08/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 21:24 (9:24 p.m.) on 05/12/2026Scheduled time 8:00 a.m. and was administered at 11:19 a.m. on 05/13/2026Scheduled time 16:30 (4:30 p.m.) and was administered at 3:31 a.m. on 05/13/2026Scheduled time 8:00 a.m. and was administered at 9:52 a.m. on 05/14/2026 During an interview on 05/14/2026 at 9:17 a.m., MA E stated there were three different times for passing medications, including 6 a.m. to 10 a.m., 12 noon, and 4 p.m. to 7 p.m., after which the nurse took over. MA E stated administering medications after those timeframes would be considered late. MA E stated it was important to pass medications timely because certain medications were time-sensitive, such as medications for Parkinson's Disease (progressive neurological disorder). During an interview on 05/14/2026 at 9:22 a.m. and 05/15/2026 at 1:25 p.m., Resident #1 said her Biofreeze was administered late in April because the medication aide used to do it and now it was the nurse's responsibility, but now the problem had been resolved. Resident #1 expected her medications to be administered timely because that was what she was used to, but the delay did not cause her increased pain. During an interview on 05/14/2026 at 10:51 a.m., MA D stated there were various medication administration windows from 6 a.m. to 11 a.m., 11 a.m. to 3 p.m., and 4 p.m. to 10 p.m. and he had one hour before and one hour after the window to administer the medication, otherwise it was considered late. MA D stated it was important to pass medications timely due to the health of the residents. During an interview on 05/14/2026 at 11:24 a.m., LVN A stated she was agency, but knew there were specific medication administration windows from 6 a.m. to 10 a.m., but some medications were scheduled for 6 a.m. or 8 a.m. LVN A stated that medication administered one hour after the scheduled time would be considered late. LVN A stated it was important to pass medications timely because some medications were time-sensitive such as blood pressure medication and other medications needed to be taken before the residents ate. LVN A denied passing medications late. LVN A stated giving Biofreeze late could affect a resident's ability to perform activities of daily living or result in increased pain. During an interview on 05/15/2026 at 2:38 p.m., LVN B stated she was agency. LVN B stated some medication orders were for scheduled times and administering medication one hour before or after the scheduled time would be considered late. LVN B stated that Biofreeze could have been administered late due to being kept in the bottom drawer in the medication cart and using a generic brand that looked different, both of which would make finding the medication harder and caused a delay. Also, LVN B stated that medication aides used to administer the medication and it slowed them down; now it was the nurses responsibility. LVN B (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	denied administering medication late and stated the ADON and DON were responsible for monitoring medication administration times. LVN B stated she thought administering Biofreeze late would have a minimal impact on residents because it was the lowest possible medication intervention for pain compared to narcotics. During an interview on 05/15/2026 at 2:38 p.m., LVN C stated that scheduled medications were for specific times and the facility policy was to give the medication one hour before or one after the scheduled time to be considered timely. LVN C stated the ADON and DON were responsible for monitoring medication administration times and denied administering medications late. LVN C stated she practiced patient center care and gave medication first, and then documented in the system late, which would not reflect the actual time given. LVN C stated that administering medications late could potentially impact residents by not controlling their pain. Attempts to interview the NP and MD via telephone on 05/15/2026 at 3:06 p.m. and 3:09 p.m. were unsuccessful. During an interview on 05/15/2026 at 3:19 p.m., the ADON stated residents had the right to get the correct medication at the correct time. The ADON stated the facility policy had block times for medication administration and scheduled times. The AODN said scheduled medications could be given one hour before and one hour after the scheduled time to be considered timely. The ADON said she and the DON were both responsible for monitoring medication administration times and gave those reports to the nurses. The ADON stated she did not believe medications were being administered late, but rather it was documented late in the system. The ADON stated that potential negative outcome for residents with late medication could be not controlling residents' pain. The ADON stated her expectations were that medication be administered timely and documentation in the chart matched the actual time given. During an interview on 05/15/2026 at 3:28 p.m., the DON stated some medications had scheduled times and administration one hour before or one hour after the scheduled time would be considered timely. The DON stated it was her and the ADON's responsibility to monitor medication administration times. The DON stated that Resident #1's orders for Biofreeze were to be administered at 8:00 a.m. and 16:30 (4:30 p.m.) and giving it more than 1 hour before/after would be late and would not meet her expectations. The DON stated she did not believe the medication was administered late, but rather it was documented in the chart late because nurses had a lot of tasks to do and got busy. The DON stated that Biofreeze was for comfort and pain control, and she did not think there would be any negative impact to Resident #1 if it was administered late. During an interview on 05/15/2026 at 3:43 p.m., the ADM stated she did not have a clinical background and relied on her nursing staff to follow polices for medication administration. The ADM stated they had block times for medications at 6 am to 10 a.m., 11 a.m. to 3 p.m., and scheduled medications could be given one hour before/after to be timely. The ADM stated it was the DON, the ADON, and the nurses responsibility to monitor medication administration times and ensure nursing staff were administering medications timely. Her expectation would be that medications were administered and documented timely. The ADM did not believe medications were administered late, but it was a documentation issue of being clicked off in the system late. The ADM stated she did not believe there would be any negative consequences for Resident #1's Biofreeze being administered late because the medication was for comfort and Resident #1 had other pain medications. Review of the facility policy titled Administering Medications revised in April 2019 reflected: Medications are administered in a safe and timely manner and as prescribed .Medications are administered in accordance with prescriber orders, including any required time frame.Medication administration times are determined by resident need and benefit. Factors that are considered include: Enhancing optimal therapeutic effect of medication.And Honoring resident choices and preferences, consistent with his or her care plan.Medications are administered within one hour of their prescribed time, unless otherwise specified (for example , before and after meal orders).The individual administering the medication electronically signs or signs with initials on the resident's MAR/EMAR after giving each medication and before administering the next ones.As required or indicated for a medication, the individual administering the medication records in the resident's medical record:The date and time the medication was administered.