| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675649 | A. Building<br>B. Wing | 06/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stonebridge Health Rehab | 11127 Circle Dr<br>Austin, TX 78736 |

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 0774<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Help the resident with transportation to and from laboratory services outside of the facility.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to assist a resident in making transportation arrangements to an outside provider for one (Resident #1) of seven residents interviewed for transportation services.<br><br>The facility failed to ensure Resident #1 received transportation to his scheduled medical appointment after being provided with adequate notice.<br><br>This failure could lead to the worsening of acute or chronic health conditions and a decreased quality of life.<br><br>Findings included:<br><br>Resident #1 was a [AGE] year-old male admitted to the facility on [DATE], for rehabilitation services. Pertinent diagnoses include infection of internal joint prosthesis (infection of a joint replacement), chronic obstructive pulmonary disease (a condition in which the lungs are unable to exchange gases efficiently), and the presence of cardiac implants and grafts (including a pacemaker).<br><br>Review of the MDS admission assessment dated [DATE], reflected a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition.<br><br>Record Review of Resident #1's care plan dated May 1, 2025, reflected that he had skin integrity issues due to infections and surgical wounds. Interventions included, Administer treatment as ordered per physician.<br><br>A record titled [company] Dr. Instructions, uploaded on May 21, 2025, contained a typed note stating, Ok to use his hand, wrist, elbow for all activities of daily living (ADLs), including eating and drinking. Handwritten on the same document was the note, next appointment 05/21 at 10:45. Received 05/15/25 at 3:00 PM. This note was signed by [name], Advanced Practice Registered Nurse (APRN), and dated May 16, 2025.<br><br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675649 | A. Building<br>B. Wing | 06/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stonebridge Health Rehab | 11127 Circle Dr<br>Austin, TX 78736 |

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 0774<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview with Responsible Party (RP) for Resident #1 on June 17, 2025, at 9:45 AM revealed she had submitted a note and verbally reminded facility staff multiple times about the appointment. She was unable to recall which staff member received the note. She stated she reminded staff on May 20, 2025, that the appointment was the following day. The RP arrived at the facility at 9:30 AM on May 21, 2025, and found that transportation had not been arranged. The ADM informed her at that time that the SW was responsible for scheduling all transportation appointments. The RP stated she was not aware of this responsibility prior to that discussion. She expressed frustration regarding poor communication among facility staff. Although the appointment was rescheduled for the following day and Resident #1 was not harmed, she was concerned.<br><br>Interview with the MDS Nurse on June 17, 2025, at 11:51 AM revealed all documents placed into a resident's file had already been processed by nursing. The MDS Nurse stated the transportation information should have been relayed to the SW by the staff member who received the appointment document from the family.<br><br>Interview with the ADON on June 17, 2025, at 1:05 PM revealed she had never seen the document listing the follow-up appointment. She stated she had attempted to contact the doctor's office for clarification on Resident #1's weight-bearing status. She stated that, had she seen the document containing transportation information, she would have forwarded it to the SW. She stated there was no reason the resident should have missed his appointment if the document was indeed in the file and emphasized that it was a resident's right to have transportation to outside appointments.<br><br>Interview with the MR staff on June 17, 2025, at 1:40 PM revealed the document was uploaded on its effective date. MR stated she was the last person to act on and file paper documents in the facility. She explained nurses are expected to submit documents for physician review and signature before placing them in her box for scanning and upload. MR stated any necessary actions such as transportation arrangements should be handled by floor or charge nurses and communicated appropriately. She noted that to her knowledge, no other appointments had been missed and confirmed that Resident #1 typically had many outside appointments.<br><br>Interview with the SW on June 17, 2025, at 1:55 PM stated an outside transportation company was used and one to two days' notice was required for scheduling. The SW stated she had never seen the appointment document in the file and a nurse or certified nursing assistant (CNA) should have informed her earlier. She stated there was a breakdown in communication and explained the proper process to the RP on the day of the missed appointment. The SW was able to secure a new appointment and transportation for the next day. She stated the family was very upset initially but were satisfied once everything was rescheduled.<br><br>Interview with the DON on June 17, 2025, at 2:45 PM revealed awareness of the missed appointment and stated that the SW resolved the issue. The DON stated there was difficulty securing last-minute transportation and stated the facility had multiple backup companies available. The DON explained families are informed during initial care plan meetings that the facility does not provide onsite transportation, and that timely communication of appointments was critical. The DON stated the document should have triggered a physician order and processing through the system. She also confirmed that no in-services had been conducted on transportation procedures, as there had been no prior issues reported.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675649 | A. Building<br>B. Wing | 06/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Stonebridge Health Rehab | 11127 Circle Dr<br>Austin, TX 78736 |

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 0774<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview with the ADM on June 17, 2025, at 2:05 PM reflected the SW was proficient in managing transportation and that the facility had no ongoing issues in this area. The ADM stated outside appointments and associated transportation are routine for residents receiving skilled nursing care. She stated appointment-related communication responsibilities are explained to families during care plan meetings and stated that physician receipt of the document demonstrated that the facility had received notification. ADM stated the situation as a miscommunication was resolved.<br><br>Record review of in-service records from January 2025- June 2025 on June 17, 2025, revealed no staff education had been provided regarding transportation to outside appointments.<br><br>Requested transportation policy from administrator before exit on 06/17/25 and none was provided.<br><br>Record review of the admission agreement on June 17, 2025, reflected the following: For non-Medicaid residents: The resident or resident's representative is generally responsible for transporting residents to and from medical appointments. In the case of Medicaid residents, Medicaid will be billed for emergency ambulance services. The community will transport Medicaid patients. |