

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/01/2024
NAME OF PROVIDER OR SUPPLIER  Pflugerville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  521 S Heatherwilde Blvd Pflugerville, TX 78660	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49065</p> <p>Based on observation, interview, and record review the facility failed to ensure that Preadmission Screening and Resident Review (PASARR) federal requirements were met for 1 of 1 resident reviewed for delinquent PASARR processes.</p> <p>The facility failed to ensure Resident #1 received the services recommended by the PASARR department when they failed to order her wheelchair by the required deadline. This failure caused a delay in her Medicaid Entitled Service.</p> <p>This failure placed Resident #1 at risk of not achieving or maintaining her highest practicable level of physical functioning and could potentially result in increased disability.</p> <p>Findings include:</p> <p>Record Review on 3/01/24 at 12:37 PM of Resident #1's undated face sheet reflected she is a [AGE] year-old female that was admitted to the facility on [DATE]. Her diagnoses include Mild Cognitive Impairment, Intellectual Disability, Abdominal Mass, Atrial Fibrillation (irregular heart rate), Peripheral Vascular Disease (poor circulation to limbs), and Unspecified Speech Disturbances.</p> <p>Record review on 3/01/24 at 12:37 pm of Resident# 1's Occupational Therapy Recertification for 2/18/24-4/17/24 reflected additional diagnoses of Muscle Wasting and Atrophy, Lack of Coordination, and Unspecified Abnormalities of Gait and Mobility. The record plan of treatment included Self Care Management Training and Wheelchair Management Training.</p> <p>Record review of 2/26/24 email correspondence between PSR-RN (Quality Monitoring Program-PASRR Team) and the facility RG-RN (Regional nurse) reflected that the Customized Manual Wheelchair (CMWC) was approved on 2/15/24 and per the Texas Administrative Code the facility had 5 business days to order the chair (2/22/24 deadline). The CMWC was not ordered by the deadline. Correspondence indicates chair was ordered on 2/26/24 after receiving an email from PSR-RN.</p> <p>During an observation on 3/1/24 at 10:45 am, Resident #1 was lying in bed and writing in a notebook.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 03/01/24 at 10:45 am Resident #1 stated we ordered a wheelchair and then I will get up. She did not remember how long it had taken to get the wheelchair. Resident #1 stated that Physical Therapy has ordered it.</p> <p>In an interview with the ADM on 3/1/24 at 10:21 am he stated he had just worked on a PASARR problem that the state had called him about. He stated the facility corrected it the same day they were called (2/26/24). They have no Minimum Data Set (MDS) nurse now, but the Regional RN was helping with the MDS needs. He identified Resident #1 had a problem and he would present the documentation. He stated, The other State Department had notified him she had a problem.</p> <p>In an interview on 3/1/24 at 4:10 pm the ADM stated PASARR gives residents who need them an extra benefit. He stated he was aware of a late PASARR process that was delaying a supply and he immediately talked to the MDS Nurse and got it submitted. The ADM stated the potential outcome if PASARR processes were not done timely were that a resident could miss Occupational Therapy, Physical Therapy, and a resident could fail to get up and be more mobile.</p>		