

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 04/17/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to properly discharge and include all other necessary information, including a copy of the resident's discharge summary, and any other documentation, to ensure a safe and effective transition of care for 1 of 7 residents (Resident #1) reviewed for transfer and discharge requirements.</p> <p>1.</p> <p>The facility failed to provide all necessary information and/or documentation for a safe and effective transition to the resident, responsible party (RP), and ombudsman for Resident #1.</p> <p>2.</p> <p>The facility failed to document a discharge summary or plan for a safe discharge for Resident #1.</p> <p>This failure could place residents at risk of not receiving the necessary care and services when discharged to meet their physical and psychological needs.</p> <p>Findings include:</p> <p>Review of Resident #1's face sheet dated 04/17/25 revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included vascular dementia (dementia caused by damage to brain tissue resulting in changes to memory, thinking, and behavior) with mood disturbance, major depressive disorder (mental disorder characterized by a persistent low mood, loss of interest or pleasure in activities), type 2 diabetes mellitus (chronic condition characterized by insulin resistance and elevated blood sugar) with diabetic neuropathy (nerve damage), need for assistance with personal care, acquired absence of right leg below knee, and acquired absence of left leg below knee. Resident #1's face sheet also reflected he was not his own RP.</p> <p>Review of Resident #1's comprehensive MDS assessment dated [DATE] revealed a BIMS score of 12 indicating moderate cognitive impairment . Section GG for Functional Abilities revealed Resident #1 required partial/moderate assistance with transfers (chair, bed, toilet, and tub/shower); Resident #1 also required partial/moderate assistance with toileting hygiene and dressing, and supervision or touch assistance with oral hygiene and showers/baths.</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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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's additional BIMS assessment dated [DATE] reflected a BIMS score of 6 indicating severe cognitive impairment.</p> <p>Review of Resident #1's care plan last revised 02/09/25 reflected Resident #1 has impaired cognitive function and impaired thought process related to dementia with interventions that include engage the resident in simple structured activities that avoid overly demanding tasks and needs supervision/assistance with all decision making. Care plan also reflected non-compliance with care and behavioral problems identified, Resident #1 refuses blood sugar checks most of the time, Resident #1 is non-compliant with diet which could prevent wound healing, Resident #1 resists ADL/incontinent care at times, and Resident #1 has a behavior problem related to throwing call light on the floor. Care plan also identified Resident #1 receives antidepressant medication.</p> <p>Review of Resident #1's nursing progress notes from dates 04/01/25-04/17/25 did not reveal any notes from facility in discharge planning or discussion of discharge. It did not reflect notes on notification to Resident #1, Resident #1's RP, or Ombudsman of discharge.</p> <p>Review of Resident #1's Notification of Discharge dated 04/15/25 revealed a discharge with an effective date of 05/15/25 for failure to pay for provided services. The address of discharge reflected, resident choice.</p> <p>In an interview on 04/17/25 at 01:17 PM, Resident #1 stated he was issued a discharge notice for non-payment but was supposed to be getting help with a Medicaid application. He stated he believed he was not getting sufficient help in the process and that he relied on skilled nursing services because he was not able to do some things on his own. Resident #1 stated he believed he would be able to go back to his old home if he was discharged .</p> <p>In an interview on 04/17/25 at 2:32 PM, the ADM stated Resident #1 was issued a discharge notice for non-payment and was not compliant with assisting the facility with his Medicaid application by providing bank statements. He stated Resident #1 was told by the facility that they would take him to the bank but that Resident #1 put it off. The ADM stated they have not taken the resident to the bank and have not been able to get him to provide bank statements. The ADM stated the Ombudsman was at the facility 04/15/25 and she was made aware of the discharge. He stated they are still working on a discharge plan and they would see if he was able to go back home, or find another SNF that would accept Resident #1 therefore there is no discharge summary or documentation other than the discharge notice.</p> <p>In an interview on 04/17/25 at 03:10 PM, the DON stated Resident #1 is in skilled nursing because he needs assistance with his care. She stated the resident had Dementia and that he had family that is RP. The DON stated that to her knowledge the son did not have control of the finances for Resident #1 and was not able to assist.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/17/25 at 03:34 PM, with the Ombudsman stated she was at the facility on 04/15/25 and asked the facility if Resident #1 was issued a discharge notice to which the facility said no. She stated she was told by the facility they would not be discharging the resident and that they would instead work on a payment plan and trying to get his Medicaid pending application completed. The Ombudsman stated that not having an address on the discharge notice is not appropriate and not considered an appropriate or safe discharge. She stated that it is everyone's right to a safe discharge, she said she would be returning to the facility to make an appeal to ensure they find appropriate placement for Resident #1 and have a plan in place.</p> <p>In an interview on 04/17/25 at 3:43 PM, the SW stated she had spoken to Resident #1's RP and she was advised Resident #1 did not have a livable home to go to. The SW stated that the house Resident #1 speaks of has broken windows, no running water, and is not habitable. The SW stated Resident #1 was not cognitively intact and difficult to believe what he says because Resident #1 fabricates a lot of stories. The SW stated Resident #1's RP had attempted to get statements for Medicaid pending application but said it was difficult as Resident #1 is non-compliant. The SW stated that at this moment they were not sure where the resident would go and they were still trying to find placement.</p> <p>In an interview on 04/17/25 at 04:41 PM, Resident #1's RP stated Resident #1 was not cognitively well and unable to make decisions for himself. The RP stated he had tried to assist Resident #1 in getting bank statements, but Resident #1 made it difficult for him even with having POA over him. The RP stated he lives out of the country and that it is difficult to assist with any care Resident #1 needs. The RP stated that at times Resident #1 has verbalized he does not care if he ends up at a homeless shelter and was not sure where the resident could safely be discharged to. The RP stated he did not want to have anything else to do with Resident #1's care and that Resident #1's family is not willing to help him. He stated Resident #1 lived with him before the SNF but that it was no longer an option. The RP stated Resident #1 had psych issues, and that he needs help with decision making and help with getting financial records and hopes the state or another government agency would take over his care. The RP stated he would like Resident #1 to have a safe discharge but is not sure where he would go and had not been advised what the facilities plan is.</p> <p>Review of the facility Discharge or Transfer to Another Facility policy last revised 04/10/24 revealed:</p> <p>Facility Initiated Discharge</p> <p>The facility will permit each resident to remain in the facility, and not transfer or discharge the resident from the facility. In the following limited circumstances, this facility may initiate transfers or discharges:</p> <p>A.</p> <p>The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>B.</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>C.</p> <p>The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>D.</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>E.</p> <p>The resident has failed, after reasonable and appropriate notice to pay, or have paid under Medicare or Medicaid, for his or her stay at the facility.</p> <p>F.</p> <p>The facility ceases to operate.</p> <p>Documentation</p> <p>To demonstrate that any of the circumstances permissible for a facility to initiate a transfer or discharge as specified in A-F on the previous page have occurred, the medical record will show documentation of the basis for transfer or discharge. This documentation must be made before, or as close as possible to the actual time of transfer or discharge.</p>		