

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675943	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER New Hope Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1623 W New Hope Dr Cedar Park, TX 78613	

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (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: 675943	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2025
NAME OF PROVIDER OR SUPPLIER New Hope Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1623 W New Hope Dr Cedar Park, TX 78613	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to incorporate recommendations from a PASRR evaluation report into a resident assessment, care planning, and transition of care for 1 (Resident #1) of 6 residents reviewed for PASRR services. The facility failed to submit a complete and accurate request for NFSS in the LTC online portal within 20 days after the IDT meeting. This failure could place residents who were PASRR positive at risk of not getting the PASRR services for a better quality of life and could lead to a decline in health. Findings included: Record review of Resident #1's face sheet, dated 08/13/2025, revealed a [AGE] year-old male, admitted to the facility on [DATE]. Resident #1's diagnoses included kidney failure, hypertension (high blood pressure), rash, cough, fever, lack of coordination, unsteadiness on feet, gastroesophageal reflux disease without esophagitis (heartburn), malaise (feeling of general discomfort), anxiety (feeling of uneasiness or worry), and unspecified intellectual disabilities (disorder characterized by less than average intelligence. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed Resident #1 had a BIMS of 9 indicating moderate impairment. The MDS also indicated the resident had medically complex conditions, Hypertension (high blood pressure), End-stage renal disease, history of falling, weakness, and lack of coordination. Record review of Resident #1's care plan, dated revision date 08/05/2025, revealed Resident #1 was receiving rehabilitation therapy from the services of: Physical Therapy through PASRR services. Resident will complete therapy and achieve the highest level of functioning. The care plan also stated resident requires follow up on the PASRR level 2 screening. History of unspecified intellectual disabilities. Resident screening will be completed according to PASRR guidelines. The Care plan also stated the IDT meeting was on 02/19/2025. Record review of Resident #1's Preadmission Screening and Resident Review, dated 2/18/2025, revealed Resident #1 had intellectual disability. The PASRR indicated Resident #1 needed speech therapy. Record review of verification of Request for PASRR NFSS dated 04/14/2025 revealed the facility did not submit the request in the correct time limit of 20 business days from the IDT meeting. The Request was supposed to be submitted by 03/19/2025. During an interview with the ADM on 08/13/2025 at 1:51pm revealed she had not been trained on PASRR. She said that a resident had a PASRR completed before they were admitted to the facility. She said the MDS nurse was responsible for submitting the correct forms to the state agencies. She said she thought the facility had thirty days after the IDT meeting. She said if those forms were not submitted on time the resident would not get the PASRR services. She said she overlooked the email from the PASRR person with the state. She said she was not intending to disregard the email. She also said that Resident #1 was not denied therapy services. An interview with Resident #1 on 08/13/2024 at 2:03pm was unsuccessful. Resident was lying in bed. Resident appeared to be clean. No equipment was noted. During an interview with the MDS Nurse on 08/13/2025 at 2:26pm, revealed that she was not trained on PASRR. She said the MDSCPC was the one who did PASRR. She said the only thing she knew about PASRR was that a resident had to have the PASRR before they were admitted and then yearly. She said she did not know what the policy was. She said the MDSCPC was responsible for PASRR. She said she did not know who monitored for compliance because she did not do the PASRR's. She said she did not know when the PASRR Request for Specialized Services was supposed to be submitted. She said if not submitted, the resident would not get the services to which they were entitled. She did not know why Resident #1's request was not submitted timely to the NFSS. During an interview with the MDSCPC on 08/13/2025 at 2:38pm, revealed that she had been trained on PASRR. She said the resident had to have a PASRR before being admitted and when they got a new MD or ID diagnosis. She said she was responsible for submitting the forms to the correct state agencies. She said for a new resident the doctor would assess the resident and then she would do the PASRR. She said the process for identifying residents with MD or ID was through initial assessments, then the doctor would review the resident's history and tell her if the resident had a qualifying diagnosis. She said she would submit to the correct authority and if it were positive the facility would do an IDT meeting. She said she thought the facility had 30 days to submit the request form to NFSS. She said she did not know why she submitted the request to NFSS was submitted on 04/14/2025 instead of 03/19/2025. She also said that Resident #1 was already getting therapy services through Medicare part B. During an interview with CRNC on 08/13/2025 at 2:58pm, revealed she had not been trained on PASRR. She said the facility obtains a copy of the PASRR screening upon admission if coming from the hospital and if coming from home the facility did their own PASRR</p>		