

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Querencia at Barton Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 Barton Creek Blvd Austin, TX 78735	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 4 of 8 residents (Resident #11, Resident #13, Resident #19, and Resident #36) reviewed for infection control. 1. MA A did not conduct hand hygiene after preparing medications and prior to administering the medications for Resident #11, Resident #13, Resident #19, and Resident #36. 2. MA A did not sanitize the blood pressure cuff before or after assessing the blood pressure for Resident #11, Resident #13, Resident #19 and Resident #36 during medication pass. These failures could place residents at risk for healthcare associated cross-contamination and infections. Findings included: 1. Review of Resident #11's admission record, dated 12/18/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic systolic heart failure (other conditions that affect the heart muscle and its ability to pump blood), atherosclerotic heart disease (arteries become narrowed and hardened due to buildup of plaque), type 2 diabetes mellitus with hyperglycemia (a condition that affects the way the body processes blood sugar causing high blood sugar levels), and constipation (the inability to have a bowel movement for a prolonged period of time). Review of Resident #11's Quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated he was cognitively intact. Review of Resident #11's care plan, dated 10/08/2025, reflected no care plans related to blood pressure or infection. Review of Resident #11's order summary, dated 12/18/2025, reflected the following orders: Losartan Potassium Oral Tablet 25 MG (Losartan Potassium) Give 0.5 tablet by mouth in the morning for Hypertension [high blood pressure] Give half tab to = 12.5 mg. Hold for SBP <110. Metoprolol Succinate ER Tablet Extended Release 24 Hour 25 MG Give 1 tablet by mouth one time a day. During an observation on 12/17/2025 at 09:07 AM, MA A grabbed a wrist blood pressure cuff from the top drawer of the medication cart, then approached Resident #11's room. She knocked on the door, then proceeded to enter the room, without performing hand hygiene. Resident #11 consented to having his blood pressure assessed. MA A applied the blood pressure cuff to Resident #11's right wrist, without sanitizing the blood pressure cuff prior to use, and assessed his blood pressure. MA A returned to the medication cart, placed the blood pressure cuff in the top drawer of the medication cart without sanitizing it. She proceeded to prepare medication for administration to Resident #11, without performing hand hygiene. She gathered all medications for Resident #11 and returned to his room, without performing hand hygiene. MA A administered Resident #11's scheduled medications, then went to Resident #11's bathroom and washed her hands. 2. Review of Resident #19's admission record, dated 12/18/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including essential hypertension (high blood pressure), acute kidney failure (the kidneys suddenly stop functioning leading to a build-up of waste products in the blood), and benign prostatic hyperplasia with lower urinary tract symptoms (an enlarged prostate that causes urinary symptoms such as frequency with urination). Review of Resident #19's admission MDS, dated [DATE], reflected a BIMS score of 15, which indicated he was cognitively intact. Review of Resident #19's care plan, (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676198	Facility ID: 676198 If continuation sheet Page 1 of 7

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dated 12/15/2025, reflected Urinary Tract Infection (UTI) with interventions that included Monitor/document vital signs as ordered per protocol. Notify Physician of significant abnormalities. Review of Resident #19's order summary, dated 12/18/2025, reflected the following orders: amlodipine Besylate Oral Tablet 10 MG (Amlodipine Besylate) Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION Bisoprolol Fumarate Oral Tablet 5 MG (Bisoprolol Fumarate) Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION. During an observation on 12/17/2025 at 09:21 AM, MA A retrieved the wrist blood pressure cuff from the top drawer, without sanitizing it, and walked to Resident #19's room and knocked on the door. MA A obtained permission to assess Resident #19's blood pressure and applied the wrist blood pressure cuff to Resident #19's right wrist. MA A told Resident #19 that the reading was low and asked to place the wrist blood pressure cuff to Resident #19's left wrist. MA A stated that doesn't seem right after the second blood pressure was obtained. She then went to the hallway to retrieve a large blood pressure machine on wheels and sanitized her hand when she left the room. MA A returned to the room and applied the new blood pressure cuff to Resident #19's left upper arm, without sanitizing it. MA A returned to the medication cart with the blood pressure machine on wheels and placed the wrist blood pressure cuff in the top drawer of the cart without sanitizing either machine or performing hand hygiene. She prepared Resident #19's medications and returned to his room without performing hand hygiene and administered medications to Resident #19. MA A then went to Resident #19's bathroom and washed her hands. 3. Review of Resident #36's admission record, dated 12/18/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including heart failure (the heart is no longer capable of pumping an adequate supply of blood to the body), chronic kidney disease, stage 3 unspecified (moderate kidney damage where the kidneys are not able to filter toxins appropriately), and benign prostatic hyperplasia without lower urinary tract symptoms (an enlarged prostate). Review of Resident #36's Quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated he was cognitively intact. Review of Resident #36's care plan, dated 8/18/2025, reflected no care plan related to infection or blood pressure. Review of Resident #36's order summary, dated 12/18/2025, reflected the following orders: Carvedilol Tablet 3.125 MG Give 1 tablet by mouth two times a day for Hypertension/CHF Hold for SBP<110 or HR <55 Sacubitril-Valsartan Oral Tablet 24-26 MG (Sacubitril-Valsartan) Give 0.5 tablet by mouth two times a day for Hypertension Give 0.5 tablet. Hold for SBP <110. During an observation on 12/17/2025 at 09:37 AM, MA A pulled the blood pressure machine on wheels to Resident #36's room without sanitizing it or her hands and obtained permission to assess Resident #36's blood pressure. MA A applied the blood pressure cuff to Resident #36's left upper arm. After obtaining Resident #36's blood pressure, MA A returned to the medication cart, put on gloves, grabbed Resident #36's nasal spray and approached Resident #36 and administered his nasal spray. She took off her gloves and sanitized her hands. MA A returned to the medication cart, replaced nasal spray into the cart, and prepared Resident #36's oral medications. She returned to Resident #36's room without performing hand hygiene and administered the medications to Resident #36. MA A went to Resident #36's bathroom and washed her hands. 4. Review of Resident #13's admission record, dated 12/18/2025, reflected a [AGE] year-old female who was admitted to the facility on [DATE] and last readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (chronic lung disease that limits airflow and causes ongoing respiratory symptoms), hypertensive heart disease with heart failure (the heart's inability to work properly due to high blood pressure for a prolonged period of time), and atherosclerotic heart disease of native coronary artery without angina pectoris (a condition that occurs when plaque builds up in the arteries, hardening them and limiting blood flow to the heart without chest pain). Review of Resident #13's Quarterly MDS, dated [DATE], reflected a BIMS score of 03, which indicated severe cognitive impairment. Review of Resident #13's care plan, dated 12/11/2025, reflected The resident has Congestive Heart Failure with interventions Give cardiac medications as ordered. Review of Resident #13's order summary, dated 12/18/2025, reflected (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Metoprolol Tartrate Tablet 25 MG Give 1 tablet by mouth two time a day for HTN HOLD IF SBP <110, HR <60. During an observation on 12/17/2025 at 09:52 AM, MA A pulled the blood pressure machine on wheels to Resident #13's room, without sanitizing it or her hands, and obtained permission to assess Resident #13's blood pressure. MA A applied the blood pressure cuff to Resident #13's right upper arm. MA A sanitized her hands and returned to the medication cart with the blood pressure machine. Without sanitizing the blood pressure machine, MA A prepared medications for Resident #13. She put on gloves to open capsules then took the gloves off. She crushed all tablets. MA A then mixed all medications in some pudding. MA A returned to Resident #13 without performing hand hygiene and administered Resident #13's medications to her with a spoon. After administering all medications to Resident #13, MA A went into the bathroom to wash her hands. During an interview on 12/17/2025 at 10:04 AM, MA A stated she had worked at the facility for 10 years. She stated she had been trained on infection prevention and control. She stated she received her most recent in-service related to infection control a few days prior. MA A stated she was trained to wash her hands every two residents and to sanitize her hands between every resident. She stated she was not trained to perform hand hygiene after touching the medication cart and prior to administering the medication. She stated she was trained to sanitize the blood pressure cuff after use on each resident. MA A stated she thought about it at that moment but forgot to sanitize the blood pressure cuff. MA A stated sanitized shared equipment and hand hygiene are important because germs can be spread from one resident to another and they can get sick. During an interview on 12/18/2025 at 11:55 AM with the IPCP, she stated she had worked at the facility for 14 years and in the current position for the last 3 years. She stated she completed the infection prevention and control training provided by The Centers for Disease Control and Prevention. She stated she was responsible for training and monitoring infection control practices. She stated she did so by performing periodic audits on hand hygiene practices. She stated if staff do not pass the audit, then she provides more training. The IPCP stated she expected staff to perform hand hygiene at least 2-3 times for each resident during medication administration, prior to gathering medications, prior to administering medications and after administering medications. The IPCP stated the expectations were to sanitize the blood pressure cuff prior to each use, but sanitizing the blood pressure cuff after each use was also acceptable. The IPCP stated it was a standard of practice to perform hand hygiene and sanitize the blood pressure cuff between use because it could potentially introduce bacteria to the residents. She stated if staff did not touch the medication, then not sanitizing their hands should not be a problem. During an interview on 12/18/2025 at 01:11 PM with MA B, she stated she had worked at the facility for the past 6 months. She stated she was trained to administer medications. MA B stated she was trained to perform hand hygiene prior to preparing the medications and after administering medications to the resident. She stated she was trained to sanitize the blood pressure cuff with sanitizing wipe after each use. MA B stated not performing hand hygiene at appropriate times or not sanitizing the blood pressure cuff could expose residents to germs and spread infection. She stated she was unsure if anyone monitored these infection control practices. During an interview on 12/18/2025 at 01:23 PM with LVN C, she stated she was trained to perform hand hygiene before preparing medications, before administering medication, and after administering medications to the residents. She stated she had to do a skills lab once every 4 months to show competency. She stated she was trained to sanitize the blood pressure cuff immediately after each use. LVN C stated not performing hand hygiene at the appropriate times or not sanitizing the blood pressure cuff could spread germs and cause infection. During an interview on 12/18/2025 at 01:58 PM with the DON, she stated she had worked at the facility in her current position for the last 3 years. She stated she expected staff to perform hand hygiene before and after coming in direct contact with a resident. She stated if the staff member was only handling the medication cup and not touching the medication or the resident, then not performing hand hygiene prior to administering medication was appropriate. She stated nurse management monitor hand hygiene by performing annual and as needed audits. The DON stated if hand hygiene was (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	not performed at the appropriate times, then germs could be passed from one resident to another. She stated she expected staff to disinfect the blood pressure cuff either before or after each use. The DON stated this was monitored by annual competency evaluations and as needed. She stated if the blood pressure cuff was not sanitized appropriately then there would be concerns for infection control measure and what that may present. During an interview on 12/18/2025 at 02:20 PM with the ADM, she stated she had worked at the facility for the past 10 years. She stated she was trained on infection control. When questioned about expectations for staff when it comes to hand hygiene and sanitizing the blood pressure cuff during medication administration, the ADM stated she expected the staff to follow policy. The ADM stated she was not a clinician and didn't know what specifically was going on with the residents or what could happen to them if policy was not followed. Review of facility policy titled Administering Medications, dated 2001 and revised April 2019, reflected Policy Statement Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation.25. Staff follows established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable. Review of facility policy titled Hand Hygiene, dated 10/15/2017 and revised 06/05/2022, reflected PurposeHand hygiene is the most effective measure for preventing the spread of infection.ProceduresHand hygiene will be practiced by all team members working in a licensed health care entity or health center as indicated:Indications for hand hygiene: Before and after contact with a resident's intact skin;. After contact with environmental surfaces in the immediate vicinity of infected residents;. Anytime a team member touches contaminated resident-care equipment;.During orientation and on an annual basis thereafter, all team members working in a licensed health care entity or health center must complete a hand hygiene training module.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to ensure drugs and biologicals were stored in locked compartments secured by a key for 1 of 5 (south side hall) medication carts and 1 of 4 (Resident #11) residents reviewed for medication storage. 1. The facility failed to ensure the south side medication cart was secured with a lock and key while unattended by MA A on 12/17/2025.2. The facility failed to ensure Resident #11 consumed all his medication prior to MA A leaving the room while administering medication on 12/17/2025.This failure could place residents at risk of harm due to unauthorized access and potential ingestion of medications not intended for the residents.Findings included: Review of Resident #11's admission record, dated 12/18/2025, reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic systolic heart failure (other conditions that affect the heart muscle and its ability to pump blood), atherosclerotic heart disease (arteries become narrowed and hardened due to buildup of plaque), type 2 diabetes mellitus with hyperglycemia (a condition that affects the way the body processes blood sugar causing high blood sugar levels), and constipation (the inability to have a bowel movement for a prolonged period of time). Review of Resident #11's Quarterly MDS, dated [DATE], reflected a BIMS score of 15, which indicated he was cognitively intact. Review of Resident #11's care plan, dated 10/08/2025, reflected no care plans related to constipation or use of medications for constipation. Review of Resident #11's order summary, date 12/18/2025, reflected an order for Miralax Powder (Polyethylene Glycol 3350) Give 17 gram by mouth one time a day for Constipation *hold for loose stools/diarrhea. Administer with 4-8oz. fluid. Observation on 12/17/2025 at 09:07 AM, revealed MA A grabbed the blood pressure cuff out of the top drawer of the medication cart and shut the drawer. She appeared to have pressed the lock on the front of the medication cart. She approached Resident #11, in his room and out of sight from the medication cart and assessed his blood pressure. MA A then returned to the medication cart in the hallway and pulled the silver on the silver lock on the front of the cart (she did not use her keys) and opened the drawer to the medication cart. She gathered Resident #11's medications, which included mixing 17 g of Miralax powder in 8 ounces of water. She locked the medication cart and approached Resident #11. MA A administered all medications including Miralax mixed in 8 ounces of water to Resident #11. He consumed approximately 5 ounces of the medication mixed in water and MA A told Resident #11 she would leave the rest of the Miralax for him to finish. MA A then left the room to wash her hands. Resident #11 had approximately 3 ounces of medication mixed in water left in a cup on his over bed table when MA A was done washing her hands and left the room. Observation on 12/17/2025 at 09:21 AM, revealed MA A grabbed a blood pressure cuff from the top drawer of the south side hall medication cart and appear to push the lock in and walked into a resident's room. She then returned to the south side hall medication cart and pulled at the lock without using her keys, opened the top drawer and placed the blood pressure cuff back in the drawer. During an interview on 12/17/2025 at 10:04 AM, with MA A, she stated she had worked at the facility for 10 years. She stated she was trained to lock the medication cart anytime she walked away from it. She stated she did not secure the medication cart completely 2 times during the medication administration observation. MA A stated she just pushed the lock in part of the way. She stated she was not trained to lock the cart that way and it is not considered secured if the lock was not completely pushed in. She stated all staff monitor for unlocked medication carts when walking down the halls. She stated they would just lock the cart and let her know if she forgot to lock the medication cart. MA A stated if medication carts was not locked completely, then someone could get into the cart and take anything that is in there. She stated the medications could hurt a resident if they were not prescribed to them. MA A stated she was not (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	supposed to leave any medication at the bedside unless it was ordered that way. She stated she left the medication, Miralax, at the bedside for Resident #11 because he was alert. MA A stated leaving medication at the bedside could leave the medication available for anyone to enter the room and consume the medication that was not meant for them. During an interview on 12/18/2025 at 11:55 AM with the IPCP, she stated she had worked at the facility for 14 years and had been in the same role for the past 3-4 years. The IPCP stated she had observed the medication administration skills check off for MA A. She stated it was the policy to lock the medication cart when leaving the medication cart unsupervised. She stated it was not within policy to only push the lock in 1/2 way for the medication cart. The IPCP stated anyone could come by and take any of the medications out if the medication cart was left unsecured. The IPCP stated it was the policy to ensure the residents swallow all their medication before leaving the bedside. She stated she did know that some of the residents were insistent on leaving the medication at the bedside, but she stated the medication aide should come back later to administer the medication. The IPCP stated it was never appropriate to leave Miralax at the bedside for the residents to consume at their leisure without an order. She stated if the medication was left at the bedside, then the resident may not take the medication and then would not receive the intended benefit from the medication. She stated the resident may also have a visitor who may consume the medication. During an interview on 12/18/2025 at 01:11 PM with MA B, she stated she had worked at the facility for 6 months and was trained on medication administration. She stated she was trained that it was never appropriate to leave medication at the bedside because anyone could come in and take the medication that wasn't meant for them. She stated the DON monitored to ensure they were administering medications appropriately occasionally. She stated she was also trained to lock the medication cart prior to walking away from it. She stated locking the cart prevented residents from accessing medications that was not meant for them. During an interview on 12/18/2025 at 01:23 PM with LVN C, she stated she was trained that it was never appropriate to leave Miralax at the bedside for a resident. She stated leaving the medication at the bedside did not ensure that the resident was getting the medication as ordered or anyone else could come into the room and take the medication that was not intended for them. LVN C stated she was trained to push the lock in all the way on the medication carts to ensure the medications are secured. She stated it was not appropriate to leave the lock only halfway pushed in. She stated doing so could allow someone to get into the cart and take some of the medications out of the cart. During an interview on 12/18/2025 at 01:58 PM with the DON, she stated she had worked at the facility for the past 3 years in her current position. She stated all medications should be behind a lock if left unattended by staff. She stated nursing management monitored to ensure the medication carts were locked during their walking rounds. She stated if nursing management observed a medication cart unlocked, they addressed it immediately. The DON stated the medication aides also had annual skills check offs. She stated if a resident realized that a cart was only partially locked and knew how to pull the lock open then there might be a question for safety of the residents. She stated that the resident may be able to access all the medications in the medication cart. The DON stated that unless the IDT providers have met and deemed the resident appropriate to self-administer medications, then she expected the medication aide to remain with the resident until they took all their medication. She stated at the time of the observation, Resident #11 had not been approved for self-administration of Miralax, but he was later approved by the IDT providers. The DON stated leaving medication at the bedside for residents who had not been previously approved by the IDT provider could affect the residents as safety could be questioned. She stated that it all depended on the circumstances. During an interview on 12/18/2025 at 02:20 PM with the ADM, she stated she had worked at the facility for 10 years. She stated she expected nursing staff to follow the policy when questioned about storing medications. She stated she was unsure if the policy addressed only partially locking the cart. The ADM stated if a medication cart was partially unlocked then anyone would have access to its contents. The ADM stated she expected staff to follow policy when asked about leaving medications at bedside for the (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents to consume at their leisure. She stated she did not think leaving medication at the bedside would affect any residents since it's just sitting there. Review of facility policy titled, Administering Medications, dated 2001 and last revised April 2019, reflected Policy Statement Medications are administered in a safe and timely manner, and as prescribedPolicy interpretation and Implementation.19. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other side closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.27. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. Review of facility policy titled, Medication Labeling and Storage, dated 2001 and last revised February 2023, reflected Policy heading The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys.Policy Interpretation and ImplementationMedication Storage.4. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others.		