

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Bastrop Lost Pines Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Old Austin Hwy Bastrop, TX 78602	

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. (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: 676222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Bastrop Lost Pines Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 430 Old Austin Hwy Bastrop, TX 78602	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 two residents (Resident #1 and Resident #2) of twelve residents observed for infection control practices. The facility failed to ensure a sanitary environment for Resident #1 and Resident #2. This failure could place residents that require assistance with personal care at risk for healthcare associated cross-contamination and infections. Findings included: Review of Resident #1's face sheet dated 12/10/2025 revealed Resident #1 was a [AGE] year-old female who was readmitted to the facility on [DATE]. She has diagnoses of right hip fracture, protein-calorie malnutrition, anxiety disorder, insomnia, chronic kidney disease, high blood pressure, past heart attack, dementia, high cholesterol, coronary artery disease with angina pectoris (cholesterol or fat narrows the heart arteries causing chest pain), obstructive and reflux uropathy (a blockage in the urinary tract with urine flowing backward), magnesium deficiency, vitamin D deficiency, iron deficiency and presence of a cardiac pacemaker (a device that regulates her heart beats). Review of Resident #1's Quarterly MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of a zero which indicated that her cognition was severely impaired. Review of Resident #1's Comprehensive Care Plan dated 12/1/2025 revealed the resident had a urinary catheter and was at risk for a urinary infection. An intervention with an initiation date of 11/10/2025 reflected that the staff should monitor, record and report to the physician any signs of a urinary tract infection including pain, burning, blood-tinged urine, foul-smelling urine, fever, chills, urinary frequency, altered mental status and changes in behavior. Resident #1 had the need for Enhanced Barrier Precautions (due to surgical incisions and foley) and was at increased risk for infection. An intervention with an initiation date of 11/13/2025 reflected that staff must assess the resident for risk factors or current injuries or treatments that could put the patient at risk for infection (wounds, central lines, drains, catheters and tracheostomy). Review of Resident #1's physician orders with a start date of 11/13/2025 reflected an order for Enhanced Barrier Precaution: Use gown and gloves for high contact resident care activities for those with known to be colonized or infected with a CDC targeted MDRO as well as those with increased risk of MDR (residents with wounds or indwelling medical devices). An order with a revision date of 11/24/2025 reflected please exchange the foley catheter under sterile technique. Obtain Sample for UA with reflex for culture from new foley. Then cleanse with Theraworx foam around foley. An order with a start date of 11/24/2025 reflected WOUND CARE DTI to left heel Cleanse with NS/WC. Pat dry with gauze. Apply skin prep and LOTA. An order for wound care with a start date of 12/1/2025 reflected Unstageable pressure wound to left gluteus Cleanse with Dakin's 1/4 strength. Pat dry with gauze. Apply calcium alginate to wound bed and cover with a dry dressing. Review of Resident #2's face sheet dated 12/10/2025 revealed Resident #2 was an [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnoses: Hyperlipidemia, Protein-calorie malnutrition, Type II Diabetes Mellitus, Dementia, Anemia, Thrombocytopenia (deficiency of platelets in the blood), Insomnia, Gastro-esophageal reflux disease, Malignant Neoplasm (tumor) of Colon, Essential Hypertension, Ischemic Cardiomyopathy (a serious heart condition where poor blood flow from Coronary Artery Disease weakens the heart muscle, reducing its ability to pump blood), Chronic Systolic Congestive Heart Failure (when the heart's main pumping chamber weakens and can't contract forcefully enough to pump blood out, leading to fluid backup in the lungs and body), fracture of right hip and fracture of right pubis (pair of bones forming the two sides of the pelvis). Review of Resident #2's admission MDS assessment dated [DATE] revealed Resident #2 had a BIMS score of 7 which indicated that his cognition was severely impaired. Review of Resident #2's Comprehensive Care Plan initiated on 11/3/2025 revealed that the resident is at risk for neuropathy, vision impairment, DKA, kidney disease, foot damage, skin damage/breakdown, hearing impairment, digestive impairment, problems with teeth and gums r/t to dx of Diabetes Mellitus with an intervention to monitor/document/report PRN any s/sx of infection to any open areas: Redness, Pain, Heat, swelling or pus formation. Another intervention for Resident #2 was if infection is present, consult doctor regarding any changes in diabetic medications. Another problem on the care plan revised on 11/24/2024 revealed that the resident has impaired cognitive function/impaired thought processes AEB Difficulty making decisions, Impaired decision-making secondary to Dementia. Is at risk for infection, falls, impaired verbal communication, loss of ability to do ADL's, inability</p>		