

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Pflugerville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 104 Rex Kerwin Court 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42949</p> <p>Based on interview and record review, the facility failed to ensure that residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices for one (Resident #1) of three residents reviewed for quality of care.</p> <p>The facility failed to check Resident #1's glucose level or A1C for five months after he was admitted to the facility with a diagnosis of type II diabetes and was recently discontinued from Metformin and Trulicity (medications utilized to manage high blood glucose levels with individuals with type II diabetes) at the hospital.</p> <p>These failures could place residents at risk of not receiving necessary medical care, harm, and hospitalization .</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses including type II diabetes, stroke, hypertension (high blood pressure), and vascular dementia (a type of dementia caused by brain damage from impaired blood flow to the brain).</p> <p>Review of Resident #1's quarterly MDS assessment, dated 06/28/24, reflected a BIMS of 7, indicating a severe cognitive impairment. Section I (Active Diagnoses) reflected he had a diagnosis of diabetes.</p> <p>Review of Resident #1's quarterly care plan, dated 08/29/24, reflected he had Diabetes Mellitus with an intervention of fasting serum blood sugars as ordered by the doctor.</p> <p>Review of Resident #1's hospital discharge paperwork, dated from 02/29/24 - 03/23/24, reflected to stop taking the following medications: Metformin - 1 tablet twice a day by mouth, dulaglutide (Trulicity pen) - 0.75 Milligrams every week. Takes on Fridays. Last dose on 02/23/24. During his stay his BS readings were ranging 84 - 123. A1C: 5.4 (normal is below 5.7).</p> <p>Review of Resident #1's BS readings in his EMR, on 09/17/24, reflected his glucose level was never checked for the duration of his stay at the facility.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's physician order, dated 04/08/24 and ordered by the MD, reflected the following:</p> <p>CBC w/Auto Diff Comprehensive Metabolic Panel - one time only related to . Type II Diabetes with Mellitus with Unspecified Complications.</p> <p>Review of Resident #1's lab results, dated 04/10/24, reflected a high glucose level of 318 (Reference Range: 82-115).</p> <p>Review of Resident #1's physician orders, on 09/17/24, reflected no further lab work was requested after 04/08/24.</p> <p>During a telephone interview on 09/17/24 at 10:52 AM, Resident #1's NP stated if a resident was a diabetic, it would depend on the individual of how often their glucose level (if they were not being administered insulin or diabetic medication) should be checked. She stated the resident's A1C should be checked every three months. She stated labs such as a CBC or CMP tested the glucose level. She stated if there were lab results that showed a blood sugar of 318, she would have expected to have been notified and it should have been addressed. She stated she would have ordered follow-up labs.</p> <p>During a telephone interview on 09/17/24 at 11:34 AM, Resident #1's MD stated if a resident's A1C was normal, regular glucose checks were not necessary. He stated he was notified of Resident #1's glucose of 318 reading in April 2024, but he could have eaten a hamburger or candy bar before the labs were drawn. He stated he could have ordered a fasting glucose check, but his A1C would not have changed since he had been in the hospital. He stated an A1C should be checked every three months unless it was consistently low, then it could be stretched out to every six months.</p> <p>During an interview on 09/17/24 at 11:48 AM, the DON stated if a resident was diabetic and not on diabetic medication, labs (including A1C) should be done every 3-4 months. She stated she was not notified of Resident #1's high glucose reading in April (2024). She stated the nurses should have checked his blood sugar after receiving the results and should have notified the NP. She stated a negative outcome of not drawing appropriate labs in a timely manner could be hyperglycemia or a resident's blood sugar dropping too high or too low. She stated they did not have a policy on lab work or caring for a diabetic resident.</p>		