

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 02/06/2026
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)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to ensure a comprehensive care plan was developed within 7 days after completion of the comprehensive assessment and reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments for 67 of 105 (1, 2, 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25, 26,27,28,29,30, 31, 32, 33, 34, 35, 36, 37, 38, 39,40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67) residents reviewed for IDT meetings/ care plans in that:The facility failed to complete a quarterly assessment for Residents 1, 2, 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25, 26,27,28,29,30, 31, 32, 33, 34, 35, 36, 37, 38, 39,40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67 very 3 months (08/01/2025 through 12/012025).This failure could lead to residents not receiving necessary, complete, or correct care due to lack of current information.Findings include:Record review of Residents 1, 2, 3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25, 26,27,28,29,30, 31, 32, 33, 34, 35, 36, 37, 38, 39,40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67 MDS dated [DATE] revealed that 67 residents have not had an updated quarterly care plan for longer than 3 months.During an interview with the DON on 02/06/2026 at 12:15 p.m., the DON stated that she expected the IDT to complete a new care plan for every newly admitted resident within 14 days of admission to the facility. The DON stated she expects staff to reassess each resident on a quarterly basis. The DON stated the Social Worker was responsible for coordinating the quarterly care plan meetings. She stated that the facility does not have a Social Worker at this time and Residents #'s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26,27,28,29,30, 31, 32, 33, 34, 35, 36, 37, 38, 39,40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67 quarterly care plans have not been updated Since 8/2025.During an interview with the MDS Case Manager on 02/06/2026 at 12:47 p.m., the Case Manager confirmed the IDT Team was expected to meet on a quarterly basis to initiate and complete quarterly Care Plans assessments for each resident. The MDS Case Manager stated it was the responsibility of the facility's Social Worker to coordinate the quarterly care plan meetings. She revealed the facility has not had a social worker for most of 2025 and that the facility has hired a new Social Worker and that position will be filled soon.During an interview with the ADM on 02/06/2026 at 3:25 p.m., the ADM stated he expects the IDT to follow the RAI manual regarding the frequency of the Care Plan meetings. He stated the care plan meetings should be held on a quarterly basis.Record review of the CMS RAI Version 3.0 Manual, 4.7 The RAI and Care Planning As required at 42CFR 483.21(b), the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the residents'</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676245	Facility ID: 676245 If continuation sheet Page 1 of 2

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care. Record review of CMS Appendix PP Issued: 11-22-17, Implementation: 11-28-17 Reveals: Note: The quarterly MDS does not require the completion of Care Area Assessments. However, the resident's care plan must be reviewed and revised by the interdisciplinary team after each assessment as required at 483.21(b)(2)(iii).		