

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  02/16/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317</b></p> <p>Based on interviews and record reviews, the facility failed to ensure individuals with mental health disorders were provided an accurate Preadmission Screening and Resident Review (PASRR) Level 1 Screening for 1 of 4 residents reviewed for PASRR (Resident #94).</p> <p>The facility failed to ensure Resident #94 had an accurate PASRR Level 1 Screening indicating a diagnosis of mental illness on 02/26/23.</p> <p>This failure could place residents at risk of not receiving needed individualized care, and specialized services to meet their needs.\</p> <p>Findings included:</p> <p>Review of Resident #94's face sheet printed on 02/15/24 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included bipolar disorder (a mental illness that causes extreme mood swings), type 2 diabetes mellitus (a condition that affects the way the body processes blood sugar), hypertension (high blood pressure), and Bell's Palsy (a condition that causes temporary weakness or paralysis of the muscles in the face).</p> <p>Review of Resident #94's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 14 indicating intact cognition. Section I (Active Diagnoses) reflected bipolar disorder and post-traumatic stress disorder.</p> <p>Review of Resident #94's comprehensive care plan, revised 09/25/23, reflected the resident had a mood problem related to adjustment disorder and bipolar disorder. The interventions included behavioral health consults as needed (psycho-geriatric team, psychiatrist, etc.). The interventions did not include a PASRR screening.</p> <p>Review of Resident #94's consultation notes from the acute care hospital stay 02/19/23 through 02/26/23 reflected a current diagnosis of bipolar disorder.</p> <p>Review of Resident #94's PASRR Level 1 Screening dated 02/26/23, section C0100. Mental Illness reflected there was no evidence or an indicator this was an individual that had a mental illness.</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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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/15/24 at 3:00 PM with LVN D, she stated the PASRR screenings were usually done prior to admission. If they found out the screening was not accurate or a mental illness diagnosis was later added, they entered an edit in the computer system for PASRRs.</p> <p>During an interview on 02/15/24 at 3:04 PM with LVN E, she verified Resident #94 had no mental illness on her PASRR Level 1 Screening. She verified Resident #94 had a diagnosis of bipolar disorder . She stated that bipolar disorder is considered a mental illness diagnosis. She stated she was responsible for the PASRRs on the long-term residents. When asked if she had edited the screening to reflect the mental illness diagnosis, she stated the resident did not qualify . She stated the resident had not had an inpatient psychiatric or rehabilitation stay so she did not qualify. She stated they follow the THHS guidelines for completing the form.</p> <p>During an interview on 02/16/24 at 12:57 PM the DON stated the MDS nurses were responsible for the PASRRs. She stated she expected them to reach out to whoever could update the PASRR if there was an error a new diagnosis . The DON stated residents may not get the services needed if the screenings were not accurate.</p> <p>During an interview on 02/16/24 at 1:54 PM, the Administrator stated the MDS nurses were responsible for completing and monitoring the PASRRs. He stated he expected the PASRRs were completed accurately and timely. He stated the MDS nurses and rehab oversaw the PASRR process but as the administrator, he was ultimately responsible for monitoring the process.</p> <p>Review of THHS Detailed Item by Item Guide for Referring Entities to Complete the PASRR Level 1 Screening Form dated June 2023, reflected in part, . C0100. Mental Illness - Is there evidence or an indicator this is an individual that has a Mental Illness? 0. No 1. Yes. Examples of MI diagnoses are Schizophrenia, Mood Disorder (Bipolar Disorder, Major Depressive Disorder, or other mood disorder) . Post-Traumatic Stress Syndrome .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45830</b></p> <p>Based on observation, interview and record review, the facility failed to ensure all resident who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for 3 of 8 (Resident #210, Resident #213, and Resident #10) residents reviewed for activities of daily living.</p> <ol style="list-style-type: none"> <li>The facility failed to ensure Resident #210 and Resident #213 received nail care.</li> <li>The facility failed to ensure Resident #10 received help with eating.</li> </ol> <p>These failures placed residents at risk of poor hand hygiene, skin tears, infection, poor nutrition, and weight loss.</p> <p>Findings included:</p> <p>1. A record review of Resident #210's undated face sheet reflected a [AGE] year-old male admitted on [DATE] with diagnoses of hypertension (high blood pressure), dysphagia (difficulty swallowing), atherosclerotic heart disease of native coronary artery (narrowing of arteries), need for assistance with personal care, type 2 diabetes (uncontrolled blood sugar), end stage renal disease (kidney disease), stage 2 pressure ulcer of right and left buttock (bed sores), and dependence on renal dialysis (artificial kidney filtration of the blood).</p> <p>A record review of Resident #210's admissions MDS assessment dated [DATE] reflected a BIMS score of 6, which indicated moderately impaired cognition. Section GG (Functional Abilities and Goals) was incomplete and did not reflect Resident #210's required assistance with ADLs.</p> <p>A record review of Resident #210's care plan last revised on 2/06/2024 reflected he had impaired skin integrity and interventions reflected keep fingernails short. Resident #210's care plan also reflected he had ADL self-care deficit related to weakness and was able to complete personal hygiene tasks with set up assistance.</p> <p>A record review of Resident #213's undated face sheet reflected a [AGE] year-old female admitted on [DATE] with diagnoses of extradural and subdural abscess (intracranial infection), muscle weakness, need for assistance with personal care, type 2 diabetes (uncontrolled blood sugar), hyperlipidemia (high cholesterol), and muscle wasting and atrophy (muscle loss).</p> <p>A record review of Resident #213's discharge with return expected MDS assessment dated [DATE] did not reflect a BIMS score, which was a test to measure cognition. A record review of section GG (Functional Goals and Abilities) reflected Resident #213's MDS was coded as independent for most ADLs.</p> <p>A record review of Resident #213's BIMS assessment dated [DATE] reflected a BIMS score of 7, which indicated moderately impaired cognition.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #213's care plan last revised on 2/14/2024 reflected she had potential/actual impairment to skin integrity and interventions were to keep fingernails short. Resident #213's care plan reflected she had ADL self-care performance deficit related to recent hospitalization with weakness, debility, poor balance, and unsteady gait. Resident #213's care plan reflected she required limited assistance by 1 staff with personal hygiene.</p> <p>During an observation and interview on 2/13/2024 at 9:26 a.m., Resident #213 was observed sitting in a wheelchair in her room. Resident #213's fingernails were observed to be long (whites of nails showing) and with a dark unidentifiable substance underneath. The interview was translated from Spanish to English using HHSC's translating services. Resident #213 stated her nails were dirty because she had been scratching herself. Resident #213 stated she preferred her fingernails to be short rather than long and said no one had offered to cut her fingernails. Resident #213 stated it had been a month since her nails were trimmed.</p> <p>During an observation and interview on 2/14/2024 at 3:12 p.m., Resident #210 was observed lying in bed in his room with long (whites of nails showing) fingernails with a dark, unidentifiable substance underneath. Resident #210 stated What do you think? when asked if he thought his nails were dirty. Resident #210 stated oh yeah it bothered him to have long and dirty nails. Resident #210 stated a staff member told him that morning that his nails needed to be done, but he could not remember their name.</p> <p>During an observation and interview on 2/14/2024 at 3:22 p.m., Resident #213 was observed in her wheelchair in the 400-hall. Resident #213 was being wheeled down the hall by her family member. Resident #213's fingernails were observed to be long with a dark unidentifiable substance underneath them. Resident #213's family member stated yes her nails were long and dirty.</p> <p>During an observation and interview on 2/15/2024 at 9:01 a.m., CNA K stated CNAs provided nail care on shower days three times a week. CNA K stated she did not know the last time Resident #210 received nail care but said she would do Resident #210's nails that day. CNA K entered Resident #210's room, observed his nails and said she saw some dirt. Resident #210's nails were observed to be long and still with dark unidentifiable substance underneath, however CNA K stated the length was a good size.</p> <p>During an observation and interview on 2/15/2024 at 9:27 a.m., CNA K was observed entering Resident #213's room. Observed Resident #213's nails to still be long with a dark unidentifiable substance underneath. During an interview translated by an HHSC surveyor, Resident #213 stated yes she wanted her fingernails trimmed. CNA K stated Resident #213's nails looked good but they needed to be cleaned.</p> <p>During an observation and interview on 2/15/2024 at 9:28 a.m., CNA J was observed entering Resident #213's room. CNA J stated a couple of Resident #213's nails needed trimmed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/16/2024 at 12:30 p.m., the DON stated CNAs, activities and nurses provided nail care at least three times a week and as needed. The DON stated she would look to see how CNAs were trained on providing nail care, said it was part of their CNA training manual, and said she had not done any training on nail care. The DON then said she had done demonstrative training with CNAs on nail care and stated she had done in-services. The DON stated she worked with Resident #210 on Monday 2/12/2024 but had not noticed his nails. The DON stated she had not seen Resident #213's nails either. The DON stated charge nurses and herself monitored CNAs to ensure nail care was being done and her expectation was that residents received nail care during showers. The DON stated if residents had long, dirty fingernails, they could scratch themselves, their skin could open, and they could get an infection.</p> <p>During an interview on 2/16/2024 at 1:55 p.m., the Administrator stated residents received nail care during activities and from CNA. The Administrator stated once it's identified it should be done-in regard to nail care. The Administrator stated if residents with long fingernails did not receive nail care, they could cut themselves.</p> <p>A record review of the facility's in-services dated December 2022-February 2024 reflected no in-service training on nail care.</p> <p>2.</p> <p>Record review of Resident #10's face sheet dated 02/15/24 revealed an [AGE] year-old female admitted [DATE] with a diagnoses of unspecified dementia-unspecified severity-without behavioral disturbance-psychotic disturbance-mood disturbance- and anxiety (group of symptoms that affects memory, thinking, and interferes with daily life), hyperlipidemia (abnormally high levels of any or all lipids or lipoprotein in the blood), acute kidney failure, age-related physical debility, hypothyroidism (underactive thyroid, when the thyroid fails to produce sufficient thyroid hormones), acute on chronic systolic (congestive) heart failure (long term condition that happens when the heart cant pump blood well enough to give the body a normal supply), and anxiety disorder (fear characterized by behavioral disturbances). The face sheet also revealed Resident #10 resided in the secure unit and was in hospice care.</p> <p>Record review of most recent quarterly MDS dated [DATE] revealed Resident# 10 BIMS assessment score was a 5 suggesting severe cognitive impairment. Resident# 10's functional abilities for eating was coded at a 5 meaning setup or cleanup assistance required. The MDS reflected Resident# 10 was in hospice care with a prognosis of a condition/chronic disease that may result in a life expectancy of less than 6 months.</p> <p>Record review of hospice care plan dated 2/06/24 revealed Resident# 10 required maximum assist/extensive assistance in ADL's for feeding.</p> <p>During an observation on 2/14/24 at 8:00 a.m. during breakfast in the secure unit, Resident# 10 was observed having difficulty eating breakfast. Resident# 10 was observed pouring a full glass of cranberry juice on her plate and then mixing it with a spoon in a confused manner and then attempting to eat it. When a CNA noticed what the resident was doing the CNA removed the plate of food floating in cranberry juice away from the resident and a new meal was not provided.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 2/16/24 at 12:10 p.m. the DON stated that Resident# 10's condition had recently declined where she now required more assistance with meals. The DON said that the facility was supposed to work with hospice and update their care plan when it was identified that a resident's condition had changed, and they now required more assistance with ADL's. She stated it was the responsibility of the CNAs to assist residents that require feeding assistance. She stated that it is her expectation that residents who are identified that require feeding assistance get the help they need during meals.</p> <p>During an interview on 2/16/24 at 01:50 p.m. with the Administrator, he stated that the CNAs were responsible for assisting residents that require feeding assistance. He stated that a negative outcome to not getting the help that they need would be potential weight loss. The Administrator said that after a change was identified where a resident requires maximum assistance in ADLs, it was expectation that the resident begins receiving that level of assistance immediately.</p> <p>A record review of the facility's policy titled Activities of Daily Living (ADLs) dated 5/26/2023 reflected the following:</p> <p>Policy:</p> <p>The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>Care and services will be provided for the following activities of daily living:</p> <ol style="list-style-type: none"> <li>1. Bathing, dressing, grooming and oral care;</li> <li>4. Eating to include meals and snacks;</li> </ol> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</li> </ol>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45830</p> <p>Based on observation, interview and record review, the facility failed to ensure all residents were provided foot care and treatment, in accordance with professional standards of practice, for 2 of 8 (Resident #72 and Resident #82) residents reviewed for podiatry care.</p> <p>The facility failed to ensure Resident #72 and Resident #82 received podiatry care.</p> <p>This failure placed residents at risk of untreated podiatry issues, long nails, skin tears, and infection.</p> <p>Findings included:</p> <p>A record review of Resident #72 face sheet dated 2/14/2024 reflected a [AGE] year-old male admitted on [DATE] with diagnoses of unspecified dementia, age-related physical debility (weakness), phantom limb syndrome (the ability to feel sensations and even pain in a limb or limbs that no longer exist), and gastro-esophageal reflux disease (acid reflux).</p> <p>A record review of Resident #72's quarterly MDS assessment dated [DATE] reflected a BIMS score of 12, which indicated minimally impaired cognition.</p> <p>A record review of Resident #72's care plan last revised on 12/13/2023 reflected he was at risk for impaired skin integrity related to impaired circulation and required podiatry consults if clinically indicated.</p> <p>A record review of the facility's document titled Attending Physician Request for Services/Consultation dated 10/14/2021 reflected the Medical Director recommended podiatry services for Resident #72 due to thickened, dystrophic, and/or painful nails with increased risk of infection.</p> <p>A record review of the facility's signed consent for podiatry services dated 10/26/2021 reflected Resident #72 was referred for podiatry services.</p> <p>A record review of the facility's document titled Patients with 'Do Not Treat' status dated 12/14/20-12/18/23 reflected Resident #72 was on the do not treat list with comments that reflected he requests removal from podiatric services.</p> <p>A record review of the facility's document titled Quality Assurance for podiatry dated 1/01/2022-12/17/2023 reflected Resident #72 had received podiatry services on the following dates without any refusals documented on the following dates: 1/06/2023, 4/07/2023, 6/08/2023, 8/15/2023, and 10/20/2023.</p> <p>A record review of Resident #72's progress notes dated 10/14/2023-2/14/2024 reflected no documented refusals of podiatry or foot care.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #82's face sheet dated 2/14/2024 reflected an [AGE] year-old male admitted on [DATE] with diagnoses of cellulitis of right lower limb (infection), type 2 diabetes (uncontrolled blood sugar) with unspecified complications, morbid (severe) obesity (overweight), peripheral vascular disease (poor blood circulation) and hypertension (high blood pressure).</p> <p>A record review of Resident #82's 5-day admissions MDS assessment dated [DATE] reflected a BIMS of 15, which indicated no cognitive impairment.</p> <p>A record review of Resident #82's care plan last revised on 2/13/2024 reflected he had ADL self-care performance deficit, required extensive-total assistance by 1 staff with personal hygiene, and was at risk for impaired skin integrity due to immobility and incontinence.</p> <p>A record review of Resident #82's progress note dated 12/20/2023 authored by the Treatment Nurse reflected Resident #82 had just been admitted to the facility and had long toenails.</p> <p>A record review of Resident #82's progress notes dated 12/15/2023-2/15/2024 reflected no documented refusals of podiatry or foot care.</p> <p>A record review of Resident #82's undated admissions packet reflected he had requested podiatry care upon admission.</p> <p>A record review of the facility's document titled Podiatry Group Schedule dated 1/24/2024 reflected Resident #72 and Resident #82 had not been seen during the Podiatrist's last visit to the facility.</p> <p>A record review of the facility's document titled Podiatry Group Schedule dated 2/16/2024 reflected Resident #72 and Resident #82 were not on the list of residents scheduled to be seen at the next visit.</p> <p>During an observation and interview on 2/13/2024 at 12:10 p.m., Resident #82 was observed sitting in his wheelchair in his room. Resident #82 stated he had not seen a podiatrist since he was admitted to the facility and said he used to receive podiatry care once or twice a month.</p> <p>During an interview on 2/14/2024 at 3:51 p.m., the SW stated in regard to the facility's policy on obtaining podiatry care for residents, that family would let her know if residents needed services, she would ask families during care plans, nursing would let her know or she would ask interviewable residents if they wanted services. The SW stated yes she was responsible for initiating that process. The SW stated Resident #82 was at the facility for skilled rehab and those residents did not receive services. The SW stated she had not asked Resident #82 if he needed podiatry services because he had been seen by wound care and they managed his feet. The SW then stated no wound care did not include podiatry care. The SW stated she typically did not ask residents who were on skilled services if they needed podiatry care because they were discharged by the time the podiatrist came. The SW stated Resident #82 had not requested podiatry services. The SW stated the Podiatrist came to the facility on ce or twice a month. The SW stated residents could be on skilled services for up to 100 days, and if residents were there long-term, she would ask them if they wanted podiatry services during their care plan meetings. The SW stated she was unaware of Resident #82 needing podiatry services and he had not been seen by the Podiatrist.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 2/14/2024 at 4:15 p.m., Resident #82 was observed in his room. Resident #82 stated he had not mentioned to staff that he needed to see a podiatrist and he used to go twice a month. Resident #82 stated the wound care doctor did not do anything with his toenails, just his wounds. Resident #82's right big toenail was observed to be yellow, lifted from the nail bed, and with a dark unidentifiable substance underneath the nail. There were no odors and Resident #82 denied pain in his toes.</p> <p>During an interview on 2/14/2024 at 4:31 p.m., the Treatment Nurse stated Resident #82 was on the list to be seen by the Podiatrist. The Treatment Nurse stated she had told the SW about a week or two ago that Resident #82 needed to be seen by the Podiatrist. The Treatment Nurse stated she had seen Resident #82's toenails, they needed to be trimmed down, and some looked like they might be ready to fall off. The Treatment Nurse stated when Resident #82 was first admitted, he had dead skin around his toes and after a couple of weeks of being at the facility and after having received showers, she noticed his toenails needed attention. The Treatment Nurse stated she believed the dark unidentifiable substance underneath his nails was dried, dead skin or dirt. The Treatment Nurse stated her request for Resident #82 to receive podiatry services was verbal and not documented. The Treatment Nurses stated I don't know when asked if it had fallen through the cracks. The Treatment Nurses stated she did not know if there was a reason why residents on skilled services would not receive podiatry care but no there was no reason why skilled residents would not receive the same care as long-term residents. The Treatment Nurse stated no one was denied podiatry care and if it were not covered, a resident would be seen by a podiatrist outside the facility.</p> <p>During an interview on 2/15/2024 at 9:01 a.m., the Administrator stated the facility did not have a policy on podiatry or foot care.</p> <p>During an observation interview on 2/15/2024 at 11:58 a.m., the SW stated let me see if Resident #72 received podiatry services. The SW then stated Resident #72 had originally been on services but had declined. The SW stated she did not know why Resident #72 had declined or when. The SW pulled up podiatry notes on her computer and referenced an entry dated April 2022 notating Resident #72 had declined to be seen on one day of that month. The SW stated, [Resident #72] most of the time refuses. The SW stated if residents refused multiple times, the Podiatrist placed them on the do not treat list. The SW stated she referred Resident #72 for podiatry services in 2021 and he's been refusing since he was referred. When asked where that was documented, the SW began looking through paperwork and did not answer.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Pflugerville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  104 Rex Kerwin Court Pflugerville, TX 78660	
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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/15/2-24 at 12:49 p.m., the Podiatrist stated she had worked at the facility for five years. When asked why Resident #72 was on the do not treat list, the Podiatrist stated she was not the one who placed him on that list, it was the podiatry group, and usually it was due to an insurance issue. The Podiatrist stated if the resident changed to an HMO type of insurance, she would not see them due to her not being an available provider through that plan. The Podiatrist stated the SW could call the podiatry group to find out about whether there was an insurance issue for Resident #72. The Podiatrist stated Resident #72 probably still needs to have his toenails trimmed. The Podiatrist stated Resident #82 did not have a signed consent for podiatry services in her system and was probably not receiving podiatry services. The Podiatrist stated she had no notes on Resident #82 and it appeared he had never been seen. The Podiatrist stated if skilled residents did not have Medicare part B or a secondary insurance plan that covered doctor's visits, she would not be paid for the services. The Podiatrist stated if a resident did not have a secondary insurance, the facility could ask the resident or family if they wanted to pay out of pocket for podiatry services. The Podiatrist stated the SW could better explain the options for skilled residents to receive podiatry care. The Podiatrist stated she worked with residents on skilled services and I know there is a way for it to happen. The Podiatrist stated if residents who required podiatry care did not receive services, the way it could affect them depended. She stated if a toenail had mycosis (fungus) residents could get a secondary bacterial infection and sometimes if the nail grew thick and tall, it could get caught on a sock or could get pulled off. The Podiatrist stated if nails were curly and long, they would dig into residents' skin, which could cause a laceration, pain, and infection.</p> <p>During an observation and interview on 2/15/2024 at 5:18 p.m., Resident #72 was observed in his room. Resident #72's right fourth metatarsal (toe next to pinky toe) nail was observed to be overgrown and resting against the skin of the adjacent toe. Resident #72 stated the Podiatrist came the day prior (2/14/2024), saw his roommate, but the Podiatrist did not meet with Resident #72. Resident #72 stated yes he still wanted podiatry services and no he had not requested services be discontinued. Resident #72 stated it had been a couple months since he was last seen by the Podiatrist, but he could not remember exactly how long it had been.</p> <p>During an interview on 2/16/2024 at 12:30 p.m., the DON stated the policy on providing podiatry care, that's [the] SW and she does everything with podiatry, dental and optometry. The DON stated the SW monitored to ensure residents received those services. The DON stated residents who required services were identified through nursing and family requests. The DON stated she was not sure how the SW was trained to identify residents who needed services and initiating those services. The DON stated she had seen Resident #82 upon admission, but he had a surgical boot, so his toenails were not visible. The DON stated skilled and non-skilled residents should receive the same care. The DON stated yes definitely she would expect to see more than one refusal documented prior to placing a resident on the do not treat list. The DON stated she had not seen Resident #72's toes recently. The DON stated Resident #72 family member had stated that Resident #72 refused everything. The DON stated she did not know the SW's process for preventing lapses in podiatry care. The DON observed a picture of Resident #82's toenails taken on 2/14/2024 at 4:20 p.m. and stated the dark unidentifiable substance underneath his toes looked like dried blood. The DON observed a picture of Resident #72's toenails taken on 2/14/2024 at 5:19 p.m. and stated the fourth metatarsal toenail looked long to her. The DON stated she did not know who placed Resident #72 on the do not treat list or for what reason. She stated, that would be [the SW]. The DON stated the corporate social worker and the Administrator monitored to ensure residents received podiatry services. The DON stated if a resident did not receive podiatry care, especially in diabetes, toes can cut into skin, causing harm to skin, and possible infection.</p> <p>(continued on next page)</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/16/2024 at 1:55 p.m., the Administrator stated if residents needed podiatry care, they should get the care. The Administrator stated resident who needed care were identified through their admissions paperwork, through resident requests and through staff observations of residents that needed services. The Administrator stated Resident #72 refused podiatry care but was not sure if it was documented. The Administrator stated if residents refused podiatry care, they were put on the do not treat list and Resident #72 denied treatment at some point. The Administrator stated he thought the SW meant to say that skilled residents were not in the facility long enough to be determined to have that service. The Administrator stated medically, he could not say exactly what could happen to residents if they did not receive proper foot care.</p> <p>A record review of the facility's in-services dated December 2022-February 2024 reflected no in-service training on nail care, podiatry care, or foot care.</p> <p>A record review of the facility's policy titled Activities of Daily Living (ADLs) dated 5/26/2023 reflected the following:</p> <p>Policy:</p> <p>The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices ensure a resident's abilities, in ADLs do not deteriorate unless deterioration is unavoidable.</p> <p>Care and services will be provided for the following activities of daily living:</p> <p>1. Bathing, dressing, grooming and oral care;</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45830</p> <p>Based on observations, interviews, and record review the facility failed to ensure that the resident environment remains as free of accident hazards as is possible or prevent accidents for 2 of 2 residents (Resident #12 and #77) reviewed for accidents and hazards in that:</p> <p>The facility failed to ensure Resident #12 and Resident #77 had fall mats in place in accordance with physician's orders and care plans.</p> <p>This failure could place residents at risk for injury.</p> <p>The findings included:</p> <p>Record review of Resident #12's face sheet dated 02/15/24 revealed an [AGE] year old female admitted [DATE] with a diagnoses of unspecified dementia-moderate-with anxiety (group of symptoms that affects memory, thinking, and interferes with daily life), atherosclerotic heart disease of native coronary artery without angina pectoris (narrowing or blocked arteries), mixed hyperlipidemia (abnormally high levels of any or all lipids or lipoprotein in the blood), essential (primary) hypertension, repeated falls, age related physical debility, dysphagia, cognitive communication deficit, unsteadiness on feet, lack of coordination, and type 2 diabetes mellitus with unspecified complications (metabolic disorder in which the body has high sugar levels for prolonged periods of time). The face sheet also reflected Resident #12 resided in the secure unit.</p> <p>Record review of Resident #12's MDS dated [DATE] revealed BIMS score of 03 suggesting severe cognitive impairment.</p> <p>Record review of Resident #12's care plan last revised 11/07/23 revealed resident has had an actual fall with serious injury poor balance, poor communication/ comprehension, unsteady gait. with an intervention initiated on 10/21/23 of floormat next to bed.</p> <p>Record review of Resident #77's face sheet dated 02/15/24 revealed an [AGE] year-old female admitted on [DATE] with a diagnoses of unspecified dementia-unspecified severity-with other behavioral disturbance (group of symptoms that affects memory, thinking, and interferes with daily life), hypothyroidism unspecified (condition resulting from a decreased production on thyroid hormones), depression unspecified, traumatic subdural hemorrhage without loss of consciousness-sequela ( a type of bleeding inside the head, blood collecting under the dura mater) and age-related debility. The face sheet also revealed Resident #77 resided in the secure unit and was under hospice care.</p> <p>Record review of Resident #77's MDS dated [DATE] revealed a BIMS score of 03 suggesting severe cognitive impairment. The MDS revealed history of falls.</p> <p>Record review of Resident #77's care plan last revised on 01/02/24 revealed resident was high risk of falls related to ambulating unsafely, weakness, and debility with interventions of following facility fall protocol.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #77's fall risk evaluation dated 02/13/24 revealed a score of 19 suggesting high risk for falls.</p> <p>Record Review of Resident #77's physician's orders reflected an order dated 12/21/23 for low bed, wheelchair, and fall mat.</p> <p>Record review of Resident #77's facility and hospice delineation of duties signed 12/21/23 by hospice representative and facility representative revealed Durable medical equipment required/provided was marked yes with low bed, wheelchair, and fall mat.</p> <p>During an observation on 02/14/24 at 05:25 PM of Resident #12 and Resident #77's shared room revealed Resident# 12 did not have a floormat at bedside. A floormat was observed next to Resident #77's bed only.</p> <p>During an interview on 02/14/24 at 12:02 PM with Resident #12's family member, she stated she had concerns over Resident# 12 being a high fall risk with a history of falls with fractures and was concerned because Resident #12 would never have a fall mat at bedside when the family member came to visit. Resident #12's family stated she had requested a fall mat from the facility during a previous visit and the facility told her one would be provided. Resident #12's family stated she has visited since the request was made and had still not seen a fall mat in place.</p> <p>During an interview and observation on 02/15/24 at 01:30 with the ADON, observed only one fall mat in Resident#12 and Resident #77's shared room. The ADON stated that Resident #12 was supposed to have a floormat and was observed taking the floormat from Resident #77's bedside and moving it to Resident #12's bedside. She stated that she believed Resident #77 did not need a fall mat and she believed someone kept going into the residents shared room and moving the fall mat from Resident# 12's bedside to Resident #77's bedside. After review of Residents #77's orders, the ADON stated that the order was put in by hospice for DME reflecting fall mat and said it was a suggestion.</p> <p>During an interview on 02/16/24 at 12:10 PM with the DON, she stated if a fall mat is in the care plan or in the physician's orders then it is not a suggestion and it is her expectation that the residents have a fall mat. She stated the only time it is used on an as needed basis is if the order was written PRN. The DON stated a potential negative outcome to not having a fall mat is the resident could get an injury from a fall.</p> <p>During an interview on 02/16/24 at 01:50 PM with the Administrator, he stated it is his expectation for a fall mat to be in place for a resident who requires one based on a need identified through the care plan and assessments or orders. He stated it is the responsibility of nursing staff to ensure that the fall mat is always in place. He said a negative outcome to not having a fall mat in place for a resident who required one would be the resident could have a fall with injury.</p> <p>Record review of facility policy titled Fall Prevention program with an implemented date of 08/15/22 reflected:</p> <p>Policy: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</p> <p>1. The facility utilizes a standardized risk assessment for determining a residents fall risk.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. The risk assessment categorizes residents according to low or high risk.</p> <p>b. For identification purposes the facility utilizes high risk and low risk using the scoring method designated on the risk assessment.</p> <p>2. Upon admission the nurse will complete a fall risk assessment along with the admission assessment to determine the resident's level of fall risk.</p> <p>3. The nurse will indicate the residents fall risk and initiate interventions on the resident's baseline care plan in accordance with the resident's level of risk.</p> <p>High risk protocols:</p> <p>1. Provide interventions that address unique risk factors measured by the risk assessment tool: medications, psychological, cognitive status, or recent change in functional status.</p> <p>2. Provide additional interventions as directed by the resident's assessment including but not limited to:</p> <p>a. Assistive devices.</p> <p>b. Increased frequency of rounds.</p> <p>c. Sitter, if indicated.</p> <p>d. Medication regimen review.</p> <p>e. Low bed.</p> <p>f. Alternate call system access if available.</p> <p>g. Scheduled ambulation or toileting assistance.</p> <p>h. Family/ caregiver education.</p> <p>i. Therapy services referral.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45830</p> <p>Based on observation, interviews, and record reviews the facility failed to ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care for 1 of 1 resident (Resident #212 ) reviewed for nursing services.</p> <p>The facility failed to ensure the DON was competent in policy and procedure in PICC line removal for Resident #212.</p> <p>These failures could result in residents receiving inadequate nursing care and decreased quality of life.</p> <p>Findings included:</p> <p>Record review of Resident #212's face sheet dated 02/15/24 revealed a [AGE] year-old female admitted [DATE] with a diagnoses of acute and subacute infective endocarditis (an infection of the endocardial surfaces of the heart, which includes one or more heart valves), essential (primary) hypertension (high blood pressure), chronic viral Hepatitis C (viral infection that causes inflammation of the liver), opioid abuse uncomplicated, anxiety disorder unspecified (fear characterized by behavioral disturbances), and polyneuropathy unspecified (damage to multiple peripheral nerves).</p> <p>Record review of Resident #212's BIMS assessment completed and signed on 02/07/24 revealed a score of 15 suggesting cognition is intact.</p> <p>Record review of Resident# 212's care plan revised 02/04/24 revealed the resident was on IV antibiotic therapy related to endocarditis (an infection of the endocardial surfaces of the heart, which includes one or more heart valves).</p> <p>Record review of Resident #212's physicians orders 02/14/24 at 11:00 AM revealed orders effective 02/01/24- 02/12/24 reflecting an order for Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT (Penicillin G Potassium) Use 18 million units intravenously one time a day for INFECTIVE ENDOCARDITIS CONTINUOUS INFUSION IN 1L NS. Review of the treatment record reflected treatment on 02/02/24 through 02/09/24 was administered at 10:00 PM, and 02/10/24 through 02/12/24 was administered at 02:00 PM route via IV left arm PICC line.</p> <p>Record review of Resident #212's nursing progress notes revealed a note on 02/12/24 at 11:14 AM entered by LVN M that reflected, Resident has order to remove the PICC line after the completion of the ongoing dose of antibiotic . The resident was made aware of the order to remove the line today. No documentation was available reflecting who removed the PICC line, physicians orders reflected PICC line to be removed 02/12/24.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #212's nursing progress notes reflected a late entry created 02/15/24 at 10:00 AM by the DON that reflected, PICC line removed from resident by this nurse. Sterile gauze placed on insertion site after removal and pressure dressing applied. Tip of PICC intact. Resident tolerated well.</p> <p>During an interview on 02/15/24 at 09:46 AM with LVN M via phone call, she stated that the DON was the one who removed the PICC line from Resident #212.</p> <p>During an interview on 12/15/24 at 09:50 AM with the DON, she stated she was the nurse who removed the PICC line from Resident #212. The DON stated PICC line removal was a sterile procedure. She said alcohol was used to remove the adhesive from the exterior around the IV site, she put gauze at the insertion site and pulled the catheter out and then checked to make sure the tip was intact. The DON then stated she applied pressure for 5 minutes, then instructed the resident to leave the kerlix (gauze bandage roll) applied after as a pressure dressing. The DON stated they did not measure the catheter after the removal because that was done at the hospital before the insertion of the catheter. The DON stated they used the [NAME] as their IV/ central line policy.</p> <p>During an interview on 02/16/24 at 09:29 AM with Resident #212, she stated she was sitting up when they pulled out her PICC line. She stated she does not remember being asked to hold her breath and stated, they just came in and did it. Resident #212 stated they put a square white bandage over the site with a little piece of gauze and was told to hold pressure on it until the bleeding stops. She said she removed her own bandage after the bleeding stopped.</p> <p>During an interview on 2/16/24 at 10:14 AM with HR, she said they have certification for IVs for nursing but not competency-based assessments, that the facility does not do competency-based trainings for IVs. HR then provided a certificate of nursing education with the DON's name titled, Introduction to IV Therapy dated September 6-7, 2022.</p> <p>During an interview with the DON on 02/16/24 at 12:10 PM she stated Resident# 212 was laying down in a supine position when the PICC line was removed. She stated when the catheter was out it appeared purple with little black dots, the tip was at the dot after 40 so the measurement would've been 40-41. The DON stated she did not have a measuring tape to measure the catheter after it was removed, so it was not measured. The DON stated she also did not have the original insertion length to compare the catheter after it was removed because that was done at the hospital, and they do not request those records. The DON stated she knows it must be measured based on her previous experience of removing PICC lines in a hospital setting. The DON stated she used sterile gauze that she taped with kerlix and held pressure for a few minutes. The DON said the removal of a PICC line should be documented the day it is removed, and she knows it was not documented when it should have been. She said the potential outcomes to not following the proper procedure for removal would be a potential risk for infection, air embolism, and bleeding .</p> <p>During an interview on 02/16/24 at 01:50 PM with the Administrator, he stated nursing staff should be documenting procedures such as removing a PICC line as soon as possible. He stated he does not have much knowledge on the actual PICC line process/ procedure, but it is his expectation that the documentation is happening right after the procedures.</p> <p>Record review of the facility IV/ Central line policy, the Lippincott Nursing Procedures Seventh Edition published 2015 revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Removing a PICC</p> <ol style="list-style-type: none"> <li>1. Verify the practitioners order to discontinue the catheter.</li> <li>2. Gather and prepare the necessary supplies.</li> <li>3. Perform hand hygiene.</li> <li>4. Confirm the patient identity using at least two patient identifiers.</li> <li>5. Explain the procedure to the patient to reduce anxiety and promote cooperation.</li> <li>6. Instruct the patient in how to perform the Valsalva maneuver (involves forceful exhalation and can test cardiac and autonomic nervous function) during removal to prevent air embolism if contraindicated have him exhale instead.</li> <li>7. Put on gloves and other personal protective equipment as indicated.</li> <li>8. Position the patient in the Trendelenburg position (flat on the back on a 15-30-degree incline with the feet elevated above the head), when possible, if not possible assist the patient to a recumbent position (lying horizontally, such as when sleeping) so that the insertion site is at or below heart level to reduce the risk of air embolism.</li> <li>9. Discontinue all infusions and document infused in the patient's intake and output record.</li> <li>10. Place a fluid in permeable pad under the patient's arm.</li> <li>11. Stabilize the catheter at the hub with one hand.</li> <li>12. Carefully remove the dressing beginning at the device hub and gently pulling the dressing perpendicular to the skin toward the insertion site to prevent skin tearing or stripping.</li> <li>13. If the catheter is secured with the secure device, remove the device, if the catheter secured with sutures carefully cut and remove them.</li> <li>14. Assess the site for signs of infection, including swelling, drainage, redness, and inflammation.</li> <li>15. Apply gauze to the insertion site; with your dominant hand, slowly withdraw the catheter using gentle, even pressure. Note that the catheter should come out easily if you feel resistance, stop, and notify practitioner.</li> <li>16. After successful removal of the catheter, apply manual pressure to the site with gauze pad until homeostasis is achieved. (1 to 5 minutes is recommended.)</li> <li>17. Cover the site with petroleum-based ointment, sterile, gauze pad, and a sterile, occlusive dressing to seal the skin to vein tract, and reduce the risk of air embolus.</li> </ol> <p>(continued on next page)</p>		

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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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>18. Assess the integrity of the removed catheter. Compare the length of the catheter with the original insertion length to ensure that the entire catheter has been removed. If you note any damage, notify the practitioner, and assess the patient for signs and symptoms of catheter embolism.</p> <p>19. **Note that a chest x-ray may be needed for further evaluation. **</p> <p>20. Instruct the patient to remain lying recumbent for 30 minutes after removal.</p> <p>21. Dispose of supplies in the appropriate receptacles.</p> <p>22. Remove and discard your gloves and any other personal protective equipment worn.</p> <p>23. Perform hand hygiene.</p> <p>Document the procedure</p> <p>1. Document the entire procedure, including site, preparation, infection, prevention, and safety precautions, taken; the date and time of insertion; the number and location of insertion attempts; functionality of the device; local anesthetic used; method of insertion; and any problems with catheter placement. Also document the gauge length and type of catheter as well as the insertion location. Record the external length of the catheter at the time of placement. Note the lot number and manufacturer. Document unexpected outcomes, and your interventions. Document that the anatomic location of the catheter tip was confirmed by x-ray before initial use. Complete the insertion checklist.</p> <p>2. Document the time, type, and amount of flush solution used as well as any resistance to flushing. Document whether the patient experienced any pain or discomfort during flushing.</p> <p>3. Document PICC removal interventions, and the condition, length, and site of the catheter.</p> <p>4. Document any teaching provided to the patient and his/her family and their understanding of the teaching.</p>		

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  02/16/2024
NAME OF PROVIDER OR SUPPLIER  Pflugerville Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  104 Rex Kerwin Court Pflugerville, TX 78660	
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317</b></p> <p>Based on interview and record review, the facility failed to ensure all residents were free from unnecessary drugs for 1 (Residents #63) of 3 residents reviewed for unnecessary drugs.</p> <p>-The facility failed to implement or provide reasoning for not implementing the recommendation by the licensed pharmacist to update the diagnosis for Seroquel XR for resident #63.</p> <p>-The facility failed to develop policies and procedures to address the timeframes of the medication regimen review.</p> <p>This failure could place resident as risk of not having their pharmacy consultations reviewed or recommendations implemented.</p> <p>The findings included:</p> <p>Review of Resident #63's face sheet printed 02/16/24, reflected a [AGE] year-old female most recently admitted to the facility on [DATE]. Her diagnoses included Guillain-Barre syndrome (a disorder of the immune system that causes weakness and tingling in arms and legs), other chronic pain, major depressive disorder (a mood disorder with persistent feeling of sadness and loss of interest), post-traumatic stress disorder (a mental health condition that develops following a traumatic event), unspecified intellectual disabilities (a condition that affects the ability to learn, understand, and interact), insomnia (difficulty sleeping), morbid obesity, and generalized anxiety disorder (intense and excessive worry and fear).</p> <p>Review of Resident #63's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 15 indicating intact cognition. Section GG (Functional Abilities) reflected resident required setup or clean-up assistance for eating and oral hygiene but required maximum assistance for all other ADLs. Section I (Active Diagnoses) reflected anxiety disorder, depression, and Post-Traumatic Stress Disorder.</p> <p>Review of Resident #63's physician's order dated 11/20/23, reflected, Seroquel XR oral tablet Extended Release 24 Hour 300mg (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime related to GENERALIZED ANXIETY DISORDER. DO NOT CRUSH .</p> <p>Review of Resident #63's pharmacist Recommendations Pending Response dated 12/14/23, reflected, Please provide a CMS approved diagnosis for the following antipsychotic medication Seroquel XR - anxiety is not a CMS approved diagnosis. Please refer to the very short list of approved diagnosis provided by CMS. If the patient does not fit into one of the approved diagnosis, please consider changing to a more appropriate medication .</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/16/24 at 11:22 AM, the DON stated they did not have any written timeframes for following up on pharmacy recommendations. She stated after the paperwork was received from the pharmacist, usually within two to three days they gave the recommendations to the providers. She stated as soon as the providers responded, the facility implemented the changes. She stated one of the ADONs was responsible for the process. She stated she oversaw the process. She stated there was no formal monitoring or tracking. A policy regarding following up on pharmacy recommendations was requested.</p> <p>During an interview on 02/16/24 at 12:57 PM, the DON stated the provider had documented the previous dose reduction attempts and the necessity for the medication. She stated the provider must have overlooked the recommendation from 12/14/23 about an appropriate diagnosis.</p> <p>Review of the policy Medication Regimen Review implemented 11/28/22, reflected in part, . 7. Timelines and responsibilities for Medication Regimen Review: a. The consultant pharmacist shall schedule a least one monthly visit . b. The pharmacist shall communicate any recommendations and identified irregularities via written communication within 10 working days of the review F. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.</p> <p>45830</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45830</p> <p>Based on observation, interview and record review, the facility failed to ensure all residents who had not used psychotropic drugs were not given those drugs and that all residents on psychotropic drugs received a gradual dose reduction for 1 of 8 (Resident #31) residents reviewed for psychotropic drugs.</p> <p>The facility failed to ensure Resident #31 had a preexisting mental illness for which psychotropic drugs (Cymbalta and Zyprexa) would be warranted.</p> <p>The facility failed to ensure Resident #31 received a gradual dose reduction for Cymbalta (antidepressant) and Zyprexa (antipsychotic).</p> <p>These failures placed residents at risk of unnecessary psychotropic drug use.</p> <p>Findings included:</p> <p>A record review of Resident #31's face sheet dated 2/15/2024 reflected a [AGE] year-old female readmitted on [DATE] with diagnoses of neurocognitive disorder with Lewy bodies (type of dementia), type 2 diabetes (uncontrolled blood sugar), hypertension (high blood pressure), major depressive disorder (depression), vascular dementia with psychotic disturbance (type of dementia), Alzheimer's disease, mood disorder due to known physiological condition with depressive features, delusional disorders and insomnia.</p> <p>A record review of Resident #31's quarterly MDS assessment dated [DATE] reflected a BIMS score of 9, which indicated moderately impaired cognition.</p> <p>A record review of Resident #31's care plan last revised on 2/03/2024 reflected she had Lewy body dementia and used antipsychotic medication. The care plan did not reflect a diagnosis or delusional disorder, history of delusions, a diagnosis of mood disorder, or history of mood disorder.</p> <p>A record review of Resident #31's order history for Cymbalta reflected 30 mg daily was ordered on 5/12/2023 for mood disorder due to known physiological condition.</p> <p>A record review of Resident #31's order dated 11/21/2023 reflected an active order for Cymbalta 60 mg daily for mood disorder due to known physiological condition.</p> <p>A record review of Resident #31's order history for Zyprexa reflected 5 mg daily was ordered on 2/23/2023 for delusional disorder.</p> <p>A record review of Resident #31's order dated 8/05/2023 reflected an active order for Zyprexa 10 mg daily for delusional disorder.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #31's discontinued and completed orders reflected she was ordered Aricept on 6/03/2021 for dementia. An order with end date of 11/08/2023 reflected Resident #31 stopped taking Aricept for dementia in November of 2023.</p> <p>A record review of the facility's document titled Psychiatric Progress Note dated 4/14/2021 authored by the CNS reflected the following:</p> <p>All psychiatric symptoms are denied. Resident reports no depression or anxiety. Sleep is adequate and appetite is good. Delusions and altered perceptions are denied. No somatic complaints are expressed. No needs are indicated.</p> <p>A record review of the facility's document titled Psychiatric Progress Note dated 8/11/2023 authored by the CNS reflected no previous diagnosis of major mental illness.</p> <p>A record review of the facility's Medication Regimen Review dated 3/13/2023-3/13/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 4/05/2023-4/06/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 5/09/2023-5/10/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 6/06/2023-6/08/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 7/13/2023-7/14/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 8/04/2023-8/07/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 9/06/2023-9/8/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 10/10/2023-10/12/2023 authored by RPh B reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 11/13/2023-11/15/2023 authored by RPh A reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 12/11/2023-12/14/2023 authored by RPh A reflected no recommendations for Resident #31's medication regimen.</p> <p>A record review of the facility's Medication Regimen Review dated 1/10/2024-1/12/2024 authored by RPh A reflected no recommendations for Resident #31's medication regimen.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 2/14/2024 at 11:52 a.m., Resident #31 was observed in the dining room on her cell phone. Resident #31 did not speak much, was unable to hold a conversation, and turned away when spoken to.</p> <p>During an interview on 2/16/2024 at 8:57 a.m., Resident #31's family member stated Resident #31 had started to have delusions about one year before being diagnosed with dementia, and he believed her symptoms were related to her dementia diagnosis. Resident #31's family member stated Resident #31 had seen little people, fairies, had heard voices in her head, and said those were symptoms of Lewy body dementia. Resident #31's family member denied Resident #31 having any history of mental illness, stated her symptoms were attributed to her diagnosis of dementia, and said Resident #31 had not been previously prescribed Cymbalta and Zyprexa prior to being admitted to the facility.</p> <p>During an interview on 2/14/2024 at 4:33 p.m., RPh A stated she started working at the facility around Thanksgiving of last year (November of 2023) and said, I don't know these patients very well yet at all. RPh A stated, it would be when asked if Zyprexa was contraindicated with dementia. RPh A stated it was up to the psychiatrist for a resident to be on antipsychotics and they would take it on a case by case basis regarding residents with dementia. RPh A stated she did not see that Resident #31 was on any medication for dementia. RPh A stated, Now that I know it's her diagnosis and the Lewy bodies . Oh, I see Alzheimer's and dementia, and well you got me on that. When asked why Resident #31 had not had a GDR for Cymbalta or Zyprexa, RPh A stated, As a matter of fact, I'm doing it this month. RPh A stated there was increased risk of stroke with residents with dementia taking antipsychotics and that's why we don't like to give antipsychotics to residents who have dementia and it's always a possibility. RPh A stated, We don't see it very often and That's why there is that contraindication. RPh A stated it falls back to the psychiatrist and whether they felt it was in the resident's best interest to be on an antipsychotic with a diagnosis of dementia.</p> <p>During an interview on 2/16/2024 at 1:02 p.m., the DON stated with antipsychotics, the facility allowed the nurse practitioner, psych doctor and pharmacist to give the facility recommendations. The DON stated, Sometimes we run it by family members and sometimes residents had tired GDRs, but it was a failed attempt. The DON stated, We get GDRs from pharmacy and run it by the nurse practitioner. The DON stated GDRs should be attempted quarterly, the psychiatrist looked at medications, and RPh A looked at medications every month. When asked what her expectation was for treating behaviors originating from a diagnosis of dementia, the DON stated, I'm not a psych doctor and I'm not big on medicating people unless they really need it. When asked what non-pharmacological interventions were attempted with Resident #31, if any, prior to prescribing antipsychotic medications, the DON stated she would have to look at Resident #31's chart to see why the medications were started and when. The DON stated the CNS was the psychiatrist who handled medications. The DON stated she would check why Resident #31 was on Zyprexa when she had a diagnosis of dementia. The DON stated she was not sure whether Resident #31 took Zyprexa and Cymbalta prior to being admitted to the facility, she did not know when Resident #31 last had a GDR for Cymbalta and Zyprexa, and she did not know if Resident #31 had diagnoses of mood disorder and delusional disorder prior to coming to the facility. The DON stated RPh A and the nurse practitioner were responsible for ensuring resident did not receive unnecessary psychotropic medications. When asked who monitored to ensure GDRs were completed, the DON stated the ADON and herself go off of what the pharmacist sends. The DON stated if residents received unnecessary medications or did not receive GDRs, it could make them heavily sedated.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/16/2024 at 1:55 p.m., the Administrator stated he had worked in the facility for about four years and had not known Resident #31 to have a lot of behaviors. The Administrators stated he expected GDRs to be initiated by the pharmacy consultant. He stated RPh A looked at residents, their diagnoses, and the facility went by her recommendations. The Administrator stated he was not sure what could happen if residents received unnecessary medications and did not receive GDRs.</p> <p>A record review of the facility's policy titled Medication Regimen Review dated 11/28/2022 reflected the following:</p> <p>Policy:</p> <p>The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>I. Medication Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes:</p> <p>a. Review of the medical record in order to prevent, identify, report, and resolve medication related problems, medication errors, or other irregularities.</p> <p>b. Collaboration with other members of the interdisciplinary team, including the resident, their family, and/or resident representative.</p> <p>A record review of the facility's policy titled Dementia Care dated 10/24/2022 reflected the following:</p> <p>Policy:</p> <p>It is the policy of this facility to provide the appropriate treatment and services to every resident who displays signs of, or is diagnosed with dementia, to meet his or her highest practicable physical, mental, and psychosocial well-being.</p> <p>Policy Explanation and Compliance Guideline:</p> <p>5. Individualized, non-pharmacological approaches to care will be utilized, to include meaningful activities aimed at enhancing the resident's well-being.</p> <p>A record review of the facility's policy titled Psychotropic Medication dated 8/15/2022 reflected the following:</p> <p>Policy:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> <li>1. A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety, and hypnotics.</li> <li>2. The indications for initiating, withdrawing, or withholding medications(s), as well as the use of nonpharmacological approaches, will be determined by: <ol style="list-style-type: none"> <li>a. Assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment.</li> <li>b. Identification of underlying causes (when possible).</li> </ol> </li> <li>3. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents, their families and/or representatives, other professionals, and the interdisciplinary team.</li> <li>4. The indications for use of any psychotropic drug will be documented in the medical record. <ol style="list-style-type: none"> <li>a. Pre-admission screening and other pre-admission data shall be utilized for determining indications for use of medications ordered upon admission to the facility.</li> <li>b. For psychotropic drugs that are initiated after admission to the facility, documentation shall include the specific condition as diagnosed by the physician. <ol style="list-style-type: none"> <li>i. Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed.</li> </ol> </li> <li>n. Non-pharmacological interventions that have been attempted, and the target symptoms for monitoring shall be included in the documentation.</li> </ol> </li> <li>5. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions.</li> <li>6. Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Residents who use psychotropic drugs shall also receive non-pharmacological interventions to facilitate reduction or discontinuation of the psychotropic drugs.</p> <p>10. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial wellbeing will be evaluated on an ongoing basis, such as:</p> <ul style="list-style-type: none"> <li>a. Upon physician evaluation (routine and as needed),</li> <li>b. During the pharmacist's monthly medication regimen review,</li> <li>c. During MDS review (quarterly, annually, significant change), and</li> <li>d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive plan of care.</li> </ul> <p>12. Use of psychotropic medications in specific circumstances:</p> <ul style="list-style-type: none"> <li>b. Enduring conditions (i.e., non-acute, chronic, or prolonged): <ul style="list-style-type: none"> <li>i. The resident's symptoms and therapeutic goals shall be clearly and specifically identified and documented.</li> <li>ii. An evaluation shall be documented to determine that the resident's expressions or indications of distress are: <ul style="list-style-type: none"> <li>1. Not due to a medical condition or problems that can be expected to improve or resolve as the underlying condition is treated or the offending medications(s) are discontinued;</li> <li>2. Not due to environmental stressors alone, that can be addressed to improve the symptoms or maintain safety;</li> <li>3. Not due to psychological stressors, anxiety, or fear stemming from misunderstanding related to his or her cognitive impairment that can be expected to improve or resolve as the situation is addressed; and</li> <li>4. Persistent, and negatively affect his or her quality of life.</li> </ul> </li> </ul> </li> </ul>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that the medication error rate was not five percent or greater. The facility had a medication error rate of 10.71 % based on 3 errors out of 28 opportunities, which involved 2 of 4 residents (Resident #38 and Resident #44) reviewed for medication administration.</p> <p>1. The facility failed to ensure MA H administered medication as ordered to Resident #38 by administering Ferrous Sulfate 325mg instead of Ferrous Fumarate 324mg.</p> <p>2. The facility failed to ensure MA H administered medication as ordered to Resident #44 by administering Calcium 600mg instead of Calcium 600mg with Vitamin D3 5mcg and Aspirin 81mg chewable tablet instead of Aspirin 81mg Delayed Release tablet.</p> <p>These failures could affect residents and put them at risk for not receiving the intended therapeutic benefit of their medication and or adverse outcomes.</p> <p>The findings included:</p> <p>Resident #38</p> <p>Review of Resident #38's face sheet printed on 02/15/24 reflected an [AGE] year-old female admitted to the facility 11/20/22 and readmitted on [DATE]. Her diagnoses included infection of the skin and subcutaneous tissue, multiple fractures, metabolic encephalopathy (problems with metabolism cause brain dysfunction), acute and chronic respiratory failure (not enough oxygen in the blood), type 2 diabetes (a condition that affects the way the body processes blood sugar), and unspecified dementia.</p> <p>Review of Resident #38's admission MDS assessment, dated 01/22/24, Section C (Cognitive Patterns) reflected a BIMS score of 15 indicating intact cognition. Section GG (Functional Abilities) reflected she required moderate to extensive assistance with ADLs.</p> <p>Review of Resident #38's physician's order dated 01/18/24 reflected, Ferrous Fumarate Oral Tablet 324 (106 Fe) MG (Ferrous Fumarate) Give 1 tablet by mouth one time a day for IRON DEF.</p> <p>An observation on 02/14/24 at 8:16 AM revealed, MA H prepared for administration medications ofr Resident #38. MA H retrieved a ferrous sulfate 325mg tablet and placed it in a medication cup. MA H prepared seven other oral medications and a transdermal patch then walked into Resident #38's room. MA H administered the medications to Resident #38.</p> <p>Resident #44</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #44's face sheet printed on 02/14/24, reflected a 92-[NAME]-old female admitted to the facility on [DATE] and readmitted [DATE]. Her diagnoses included unspecified dementia, transient cerebral ischemic attack (a brief stroke-like attack wherein symptoms resolve within 24 hours), chronic heart failure (heart disease that affects pumping action of the heart muscles), major depressive disorder (a mood disorder with persistent feeling of sadness and loss of interest), osteoporosis (a condition when bone strength weakens and is susceptible to fracture), and gastroesophageal reflux disease (acid reflux or heartburn).</p> <p>Review of Resident #44's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 7 indicating severe cognitive impairment. Section GG (Functional Abilities) reflected she required supervision or touching assistance for most ADLs.</p> <p>Review of Resident #44's physician's orders dated 10/25/23, reflected, Aspirin 81 Oral Tablet Delayed Release 81 MG (Aspirin) Give 1 tablet my mouth one time a day for ANTICOAGULANT THERAPY and Calcium plus Vitamin D3 Oral Tablet 600-5 MG-MCG (Calcium Carbonate-Cholecalciferol) Give 1 tablet by mouth two times a day for vitamin deficiency.</p> <p>An observation on 02/14/24 at 8:35 AM revealed, MA H prepared for administration medications for Resident #44. MA H retrieved a Calcium 600mg tablet and an Aspirin 81mg chewable tablet and placed them in a medication cup. MA H prepared four other medications and placed them in the medication cup. She mixed a powdered medication in a cup of water then entered the room and administered the medications to Resident #44.</p> <p>During an interview on 02/14/24 at 2:37 PM with MA H, she stated she has been a med aide since 2021. She stated she realized she had given the wrong aspirin tablet, as soon as I did it. She stated she was supposed to have checked the label against the order three times when she prepared the medications. She stated if the order and the medication on hand did not match, she notified the nurse who then contacted the provider for clarification or held the orders. She stated she was the central supply person and she was responsible for ordering the over-the-counter medications for the facility. She stated she was aware that there were different types and doses of calcium and calcium with vitamin in stock. She stated if the wrong medication was given, the resident may not get the desired effect.</p> <p>During an interview on 02/14/24 at 2:42 PM with the DON, she stated it was her expectation that the nurse or med aide checked the label, ensured the right resident, the right dose, the right route, etc. every time. She stated not giving the right medication could cause side effects, like if the resident had stomach problems and got an instant release instead of a delayed release it could cause problems. She stated the resident may not get the desired or intended effect if the wrong medication is administered.</p> <p>During an interview on 02/16/24 at 1:54 PM, the Administrator stated he expected the facility to have a medication error rate less than 5%.</p> <p>Review of the policy titled Medication Administration implemented 10/24/22, reflected in part, 10. Review MAR to identify medication to be administered. 11. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>44317</p> <p>Based on observation, interview, and record review the facility failed to ensure that drugs and biologicals used in the facility were labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable for 1 of 1 medication storage rooms reviewed for medication storage.</p> <p>The facility failed to date two multi-use vials of Tuberculin, Purified Protein Derivative, Diluted Aplisol (a solution used to administer Tuberculin skin tests) when opened.</p> <p>This failure could place residents and staff at risk of not receiving the intended effect or contaminated solution.</p> <p>The findings included:</p> <p>An observation on 2/14/24 at 3:14 PM revealed two opened and accessed multi-dose-vials of Diluted Aplisol in the refrigerator in the medication storage room. Neither vial was dated or initialed when opened.</p> <p>During an interview on 02/14/24 at 3:17 PM with RN C, she stated all multi-use vials and bottles had to be dated when opened. She stated the nurse opening the vial was responsible for dating the vial when opened. She stated the medicine was good only for a specific time once opened. She stated expired meds may not have the desired effect.</p> <p>During an interview on 2/16/24 at 1:13 PM, the DON stated multi-dose vials were to be dated when opened. She stated a medication had a certain shelf-life after it was opened. She stated it did not meet her expectations that two multi-dose vials were opened and not dated. She stated the nurse was responsible for dating vials when opened. She stated expired medications could have decreased strength or potency.</p> <p>Review of the policy titled, Expiration Dating and Expired Medications revised 10/01/19 reflected in part, 5. For multi-dose vials of injectable drugs: A. Date and initialed when opened. B. The expiration date for multi dose injectable vials is the manufacturer's printed date, unless otherwise indicated by the manufacturer.</p> <p>According to the manufacturers package insert accessed 02/15/24 at <a href="https://www.parpfarm.com/products/sterile/aplisol/">https://www.parpfarm.com/products/sterile/aplisol/</a>, Aplisol vials should be inspected visually for both particulate matter and discoloration prior to administration and discarded if either is seen. Vials in use for more than 30 days should be discarded.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45830</b></p> <p>Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for sanitation.</p> <p>The facility failed to ensure all items were properly covered, dated and discarded when expired.</p> <p>The facility failed to ensure CK L washed her hands as required and sanitized dishes properly.</p> <p>These failures placed resident risk of foodborne illness.</p> <p>Findings included:</p> <p>-An observation of the kitchen on [DATE] at 7:02 a.m. revealed the reach-in refrigerator contained the following:</p> <p>-An opened container of tartar sauce with an opened date of [DATE].</p> <p>-An opened container of mayonnaise with a received date of [DATE].</p> <p>-A plastic meal tray with two cups of shredded cheese which were not completely covered from air and two cups of shredded cheese completely uncovered. There were also three 4-oz cups of bacon uncovered.</p> <p>During an observation and interview on [DATE] at 7:14 a.m., the Dietary Manager stated she had drilled them over and over that items should have two dates and said the mayonnaise was only dated with a received date. The Dietary Manager stated staff were instructed to put the opened date on the top of the food item. The Dietary Manager stated tartar sauce was good for 30 days after being opened and it's best that we just toss it. Observed the Dietary Manager remove the tartar sauce from the walk-in refrigerator. Observed the Dietary Manager remove the tray with the uncovered cheese and bacon from the reach-in refrigerator and she said yes all items should be labeled, dated, covered, and discarded according to the use-by date. The Dietary Manager stated she did walk throughs of the kitchen in the morning to check for food storage, but she had not done it yet that morning.</p> <p>An observation on [DATE] at 9:58 a.m. revealed CK L was washing the food processor in the three-compartment sink. The three-compartment sink was not filled with sanitizer water. After washing it with soap and water, CK L then put on gloves, did not wash her hands and began pureeing carrots.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 10:40 a.m., the Dietary Manager stated the process for the three-compartment was to wash, rinse and sanitize dishes in that order. The Dietary Manager stated she trained new employees through in-service trainings and yes CK L had been trained on the three-compartment sink process. The Dietary Manager stated yes staff should wash their hands after handling dirty dishes and before preparing a food item and oh yes CK L had been trained on handwashing. The Dietary Manager stated CK L may have assumed her hands were cleaned through the process of washing dishes. The Dietary Manager stated she monitored staff for food sanitation while by observing staff while they worked. The Dietary Manager stated if she observed something that was not right, she would do an in-service with them. The Dietary Manager stated if polices for sanitization were not followed, residents could get foodborne illness or there could be cross-contamination with residents who were susceptible.</p> <p>During an interview on [DATE] at 3:26 p.m., the RD stated foods in the reach-in refrigerator should be covered, tartar sauce was good for two months after being opened, and food items should be marked with an opened date. The RD stated dishes in the three-compartment sink should be washed, rinsed and sanitized, and hands should be washed in between tasks. The RD stated it was a different dietitian who monitored the kitchen once a month, but he was out sick at that time. The RD stated the Dietary Manager trained staff through in-services, and sometimes the dietitian trained staff as well. When asked what could happened if food storage and sanitation polices were not followed, the RD stated, We don't want residents to get sick.</p> <p>During an interview on [DATE] at 1:55 p.m., the Administrator stated foods should be stored according to the facility's policy and procedure for safety regulations. The Administrator stated yes items should be marked when opened. The Administrator stated hands should be washed before preparing ga food item and dishes washed in the three-compartment sink needed to be washed, rinsed, and sanitized. The Administrator stated the Dietary Manager trained kitchen staff and he expected her to round the kitchen daily. The Administrator stated if polices for food storage and sanitation were not followed, it could result in contamination and residents could be affected negatively.</p> <p>A record review of the kitchen's in-service dated [DATE] reflected staff were trained on the three-compartment sink.</p> <p>A record review of the kitchen's in-service dated [DATE] reflected all staff were trained on handwashing.</p> <p>A record review of the kitchen's sanitation audit dated [DATE] reflected the following expectation was marked as not met: Pot washing procedure posted, three compartment sinks used properly (Wash-rinse-sanitize). Dish room and area around the pot sink is clean. Drying or storage racks separated from soiled dish area.</p> <p>A record review of the facility's undated document titled 'Use by Date' Guide reflected,</p> <p>The following guide should be used to determine a use by date when labeling opened or unopened food that must be used within a certain timeframe. An exception to this would be if the manufacturer 'use by date' comes before the date determined using the labeling guide.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A calendar should be used when determining the actual 'use by date'. When counting, begin with the current date. For example, on [DATE]th, a carton of cottage cheese was opened, the 'use by date' must be within 7 days. Foods will be dated with the open date and the guidelines below will be used to determine when the item will be discarded.</p> <p>This policy reflected tartar sauce needed to be used within 30 days of opening.</p> <p>A record review of the facility's policy titled Food Storage dated [DATE] reflected the following:</p> <p>Policy: To ensure that all food served by the facility is of good quality and safe for consumption, all food will be stored according to the state, federal and US Food Codes and HACCP guidelines.</p> <p>2. Refrigerators</p> <p>e. Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage.</p> <p>A record review of the facility's policy titled Manual Cleaning and Sanitizing of Utensils and Portable Equipment dated [DATE] reflected the following:</p> <p>Policy: The facility will follow the cleaning and sanitizing requirements of the state and US Food Codes for manual cleaning in order to ensure that all utensils and equipment are thoroughly cleaned and sanitized to minimize the risk of food hazards.</p> <p>1. Use a three-compartment sink with running hot and cold water for cleaning, rinsing and sanitizing.</p> <p>6. In the first sink, immerse the equipment or utensils in a hot, clean detergent solution at a temperature of no less than 120 F.</p> <p>7. Rinse in the second sink using clear, clean water between 120 ?F and 140 ?F to remove all traces of food, debris and detergent.</p> <p>8. Sanitize all multi-use eating and drinking utensils and the food-contact surfaces of other equipment in the third compartment by one of the following methods:</p> <p>a. Immerse for at least 30 seconds in clean, hot water at a temperature of 170 F or above. When hot water is used for sanitizing, the facility must have and use:</p> <p>i. An integral heating device or fixture installed in, on, or under the sanitizing compartment of the sink capable of maintaining the water at a temperature of at least 170 degrees Fahrenheit and</p> <p>ii. A digital or numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit convenient to the sink for frequent checks of water temperature.</p> <p>b. Immerse for at least 60 seconds in a clean sanitizing solution containing:</p> <p>i. A minimum of 50 parts per million of available chlorine at a temperature not less than 75 F or</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>,d+[DATE].17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking.</p> <p>(A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S ,d+[DATE].12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>(B) Except as specified in (E)-(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and:</p> <p>(1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and</p> <p>(2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.</p> <p>,d+[DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation.</p> <p>FOOD shall be protected from cross contamination by:</p> <p>(4) Except as specified under Subparagraph ,d+[DATE].15(B)(2) and in (B) of this section, storing the FOOD in packages, covered containers, or wrappings</p> <p>,d+[DATE].14 When to Wash.</p> <p>FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S ,d+[DATE].12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:</p> <p>(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; P</p> <p>(B) After using the toilet room; P</p> <p>(C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in ,d+[DATE].11(B); P</p> <p>(D) Except as specified in ,d+[DATE].11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using TOBACCO PRODUCTS, eating, or drinking; P</p> <p>(E) After handling soiled EQUIPMENT or UTENSILS; P</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44317</b></p> <p>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 1 of 5 staff (CNA I) viewed for infection control.</p> <p>The facility failed to ensure CNA I performed hand hygiene when changing gloves while providing catheter care.</p> <p>This failure could place residents at risk for infection or a decline in health.</p> <p>The findings included:</p> <p>Review of Resident #85's face sheet printed 02/16/24 reflected an [AGE] year-old male initially admitted to the facility on [DATE] and re admitted on [DATE]. His diagnoses included unspecified dementia, anemia (lack of red blood cells in the blood), paroxysmal atrial fibrillation (irregular heartbeat), chronic kidney disease, and benign prostatic hyperplasia with lower urinary tract symptoms (urine flow is impaired due to an enlarged prostate).</p> <p>Review of Resident #85's quarterly MDS assessment dated [DATE], Section C (Cognitive Patterns) reflected a BIMS score of 4 indicating severely impaired cognition. Section GG (Functional Abilities) reflected he required maximum assistance with his ADLs. Section H (Bladder and Bowel) reflected the presence of an indwelling catheter.</p> <p>Review of Resident #85's comprehensive care plan, revised 10/25/23, reflected the resident had an indwelling catheter.</p> <p>Review of Resident #85's NP progress note dated, 02/09/24, reflected the catheter was placed when the resident went to the acute hospital 09/21/23 and he was to follow up with urology.</p> <p>Review of Resident #85's consolidated physician's orders printed 02/16/24, reflected orders for the indwelling catheter as well as catheter care and maintenance.</p> <p>An observation on 02/14/24 at 11:09 AM revealed indwelling catheter care for Resident #85. CNA I performed catheter care with three different wipes then removed her gloves. Without performing hand hygiene, she applied new gloves and continued to provide catheter care. She applied a new brief and then took the trash bag out of the trash can, set the trash bag on the floor, then got a trash bag out of the trash can for the dirty linen. She removed her dirty gloves, and without hand hygiene, applied clean gloves. She reattached the leg strap/stabilization device and positioned the resident.</p> <p>During an interview on 02/14/24 at 11:15 AM with CNA I, she stated she had performed hand hygiene with each glove change. After going over the procedure, she stated she had changed gloves five times and may have missed hand hygiene one time. She stated she did not think she was supposed to perform hand hygiene with every glove change. She stated not following proper infection control practices could have caused the spread of infection.</p> <p>(continued on next page)</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/14/24 at 2:24 PM, the DON stated she thought hand hygiene should have been done with every glove change. She stated gloves were changed when moving from a dirty to a clean area.</p> <p>During an interview on 02/15/24 at 4:30 PM with the Infection Preventionist, she stated performing hand hygiene with 3 out of 5 glove changes was adequate. She stated it met her expectations for hand hygiene. She stated their policy did not say hand hygiene had to be performed with every glove change.</p> <p>During an interview on 02/16/24 at 12:57 PM, the DON stated hand hygiene was completed with glove changes when hands were visibly soiled. She said she would have performed hand hygiene each time she changed gloves. She stated she reviewed the CNA school training documents and the facility catheter care policy and neither reflected hand hygiene with each glove change. She stated she was not aware of what the facility hand hygiene policy said. She stated all their policies came from the corporate office. The DON stated not following infection control practices could cause infection or spread of infection.</p> <p>During an interview on 02/16/24 at 1:54 PM, the Administrator stated he expected the hand hygiene policy to be followed. If the policy stated how many times to perform hand hygiene, that was how many times it should be done.</p> <p>Review of the in-service BASIC INFECTION CONTROL FOR ALL EMPLOYEES dated 01/10/24, reflected an undated Hand Washing Observation Checklist. The checklist reflected in part, When to Wash . Before donning gloves and after removing gloves . The DON signed off on the in-service report. 65 employees signed for the training including CNA I, the Infection Preventionist, the DON, and the Administrator.</p> <p>Review of the Infection Control Manual revised 01/18, reflected in part, Applying and Removing Gloves 1. Perform hand hygiene before applying non-sterile gloves. 2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene.</p> <p>Review of the policy titled, Hand Hygiene, implemented 10/24/22, reflected in part, .6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p>		