

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/01/2024
NAME OF PROVIDER OR SUPPLIER  Riverside Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6801 E Riverside Dr Austin, TX 78741	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42949</p> <p>Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for one (Resident #1) of five residents reviewed for care plans.</p> <p>The facility failed to develop a care plan and interventions that addressed Resident #1's high fall risk.</p> <p>This failure could place residents at risk of not having their individualized needs met, a delay in services, injuries, and not receiving adequate care .</p> <p>Findings included:</p> <p>Review of Resident #1's undated face sheet reflected a [AGE] year-old male who was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including type II diabetes, adult failure to thrive, unspecified visual loss, cognitive communication deficit, and generalized muscle weakness.</p> <p>Review of Resident #1's admission MDS assessment dated [DATE], reflected a BIMS score of 12, indicating moderate cognitive impairment. Section J (Health Conditions) reflected he had not had any falls since admission.</p> <p>Review of Resident #1's admission care plan, dated 08/11/24, reflected nothing regarding being a fall risk or interventions to prevent falls.</p> <p>Review of Resident #1's Fall Risk Assessment, dated 08/08/24, reflected he was a high risk for falls.</p> <p>Review of Resident #1's progress notes, dated 08/31/24 and documented by LVN A, reflected the following:</p> <p>At 7:30 AM [Resident #1] was on floor between bed and wall lying on left side facing wall, stating he was asleep and fell off bed .</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/01/24 at 3:20 PM, the DON stated she and the IDT were responsible for ensuring care plans were comprehensive. She stated if someone was a high fall risk, she would expect the care plan to reflect interventions such as the bed being in a low position, not being left alone while transferring, or ensuring the call light was in reach. She stated repeated falls and injuries could be a negative outcome for not addressing falls on a resident who was a high fall risk.</p> <p>Review of the facility's Comprehensive Person-Centered Care Planning policy, revised 12/2023, reflected the following:</p> <p>It is the policy of this facility that the interdisciplinary team (IDT) shall develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.</p>		