| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51289<br><br>Based on observation, interview, and record review the facility failed to ensure residents received care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable for 1 of 14 residents at risk of pressure ulcers.<br><br>The facility failed to ensure Resident #1 had interventions in place to prevent an Unstageable Pressure ulcer in the thoracic spine (thoracic spine is the middle section of your spine. It starts at the base of your neck and ends at the bottom of your ribs). From 02/28/2025 to 03/04/2025 Resident #1 did not receive wound care treatment or interventions to prevent the abrasion found at admission from developing into an Unstageable Pressure ulcer in the thoracic spine.<br><br>An IJ was identified on 04/03/2025. The IJ Template was provided to the facility on [DATE] at 05:22 p.m. While the IJ was removed on 04/05/2025, the facility remained out of compliance at a scope of pattern and severity of no actual harm with potential for more than minimal harm that was not Immediate Jeopardy.<br><br>This failure placed residents at risk to develop an unstageable pressure ulcer.<br><br>Findings included:<br><br>Review of Resident #1's face sheet reflected an 89 -year-old female admitted to the facility on [DATE] with the following diagnoses Pulmonary Hypertension (blood pressure increases in the arteries of the lungs), ADL Needs (activities of daily living), Chronic Kidney Disease (involves a gradual loss of kidney function), Venous Insufficiency (condition in which the flow of blood through the veins is blocked), Diabetes (body doesn't make enough - or any - insulin), and Myocardial Infarction (happens when a part of the heart muscle doesn't get enough blood).<br><br>Review of Resident #1's Initial MDS dated [DATE] reflected no BIMS score for Resident #1. No indication of skin conditions was listed.<br><br>Review of Resident #1's MDS dated [DATE] reflected BIMS score for Resident #1 at 14 indicating better cognitive function. Further review of section M revealed risk of pressure ulcer injuries.<br><br>(continued on next page) |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Review of Resident #1's Admission/Shift Assessment from hospital, dated and timed 02/28/2025 at 08:30 (am), revealed skin alteration as present/exits, other erythema (redness of skin), posterior back. Additional review revealed PT (patient) has kyphosis and has blanchable erythema on her (Resident #1) spine, wound surrounding tissue appearance is blanched/dull. Further review revealed wound cleansing: analgesic/crm (cream)/oint (ointment)/spray, dressing type foam.<br><br>Review of Resident #1's Admission assessment dated [DATE] reflected results opening/abrasion to mid back on spine.<br><br>Review of Resident #1's Braden assessment dated [DATE] reflected results of 15 indicating high risk for predicting pressure sore.<br><br>Review of Resident #1's Initial Care Plan dated 02/28/2025 reflected potential for pressure ulcer development, goal will have intact skin, educate resident on skin breakdown, encourage fluid intake, monitor skin changes, out of bed unless contraindicated, weekly head to toe skin at risk assessment.<br><br>Review of Resident #1's EMR revealed a Skin/Pressure/Ulcer Weekly Assessment, dated 03/04/2025 revealed 12cmx2cm open area, unable to determine depth, location right side of thoracic spine. Further review revealed no Skin/Pressure/Ulcer Weekly Assessment prior to 03/04/2025.<br><br>Review of Resident #1's Wound Care Physician Surgical Note dated 03/04/2025 reflected:<br><br>Reason for Visit: Consultation for a wound located at the thoracic spine. Wound from sitting against wheelchair.<br><br>Wound: Thoracic Spine<br><br>Etiology: Pressure injury/ulcer - Wound Stage: Unstageable Pressure Injury<br><br>Preoperative indications: Slough<br><br>Procedure Performed: Subcutaneous tissue debridement performed by surgical excision of devitalized subcutaneous tissue. A total area of 5.04 sq cm of devitalized tissue was debrided with <5 cc estimated blood loss. The pre-op wound area was 12 cm x 2 cm x UTD cm (24 sq cm). The post-op wound area was evaluated to be 12 cm x 2.1 cm x 0.2 cm (25.2 sq cm).<br><br>Wound Description:<br><br>Odor: None<br><br>Exudate: Scant, Serous<br><br>Periwound: Stable<br><br>Wound Edge: Normal<br><br>Wound progress: Undetermined: first visit.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Operative note: A curettage debridement technique was conducted using a 5 mm surgical steel curette. Hemostasis was managed by dry gauze. Blood loss: less than 5 cc. Honey-based Gel and Dry Dressing were applied to the wound.<br><br>Review of Resident #1's Physician Orders written and initiated on 03/05/2025 revealed Thoracic Spine: cleanse with NS or wound cleanser, pat dry, apply Medi honey, cover with dry dressing. as needed for Unstageable PI.<br><br>Review of Resident #1's Wound Care Physician Surgical Note dated 03/11/2025, reflected:<br><br>Reason for Visit: Evaluation of a wound at the thoracic spine.<br><br>Wound: Thoracic Spine<br><br>Etiology: Pressure injury/ulcer - Wound Stage: Unstageable Pressure Injury<br><br>Preoperative indications: Slough<br><br>Procedure Performed: Subcutaneous tissue debridement performed by surgical excision of devitalized subcutaneous tissue. A total area of 4.34 sq cm of devitalized tissue was debrided with <5 cc estimated blood loss. The pre-op wound area was 3 cm x 2 cm x UTD cm (6 sq cm). The post-op wound area was 3.1 cm x 2.0 cm x 0.2 cm (6.2 sq cm).<br><br>Wound Description:<br><br>Odor: None<br><br>Exudate: Scant, Serous<br><br>Periwound: Stable<br><br>Wound Edge: Normal<br><br>Operative note: A curettage debridement technique was employed using a 5 mm surgical steel curette. Hemostasis was achieved using dry gauze. Blood loss was approximately less than 5 cc. Honey-based Gel and Dry Dressing were applied to the wound.<br><br>Review of Resident #1's Wound Care Physician Surgical Note dated 03/18/2025, reflected:<br><br>Reason for Visit: To evaluate this patient for a wound located on the thoracic spine.<br><br>Wound: Thoracic Spine<br><br>Etiology: Pressure injury/ulcer - Wound Stage: Unstageable Pressure Injury<br><br>Preoperative indications: Slough and Devitalized tissue<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Procedure Performed: Subcutaneous tissue debridement performed by surgical excision of devitalized subcutaneous tissue. A total area of 2.5 sq cm of devitalized tissue was debrided with <5 cc estimated blood loss. The pre-op wound area was evaluated to be 1.8 cm x 1.3 cm x 0.1 cm (2.3 sq cm). The post-op wound area was 1.8 cm x 1.4 cm x 0.2 cm (2.5 sq cm).<br><br>Wound Description:<br><br>Odor: None<br><br>Exudate: Mild, Serous<br><br>Periwound: Stable<br><br>Wound Edge: Normal<br><br>Unhealthy granulated tissue identified within the wound!<br><br>Operative note: A curettage debridement technique was employed using a 5 mm surgical steel curette. Hemostasis was achieved using dry gauze. Blood loss was approximately less than 5 cc. Calcium Alginate with Honey, Dry Dressing, and Skin prep peri wound were applied to the wound.<br><br>Observation on 04/03/2025 at 9:00 a.m. revealed Resident #1's open wound to thoracic area, surrounding redness, slough to the wound base.<br><br>Observation on 4/3/2025 at 10:36 am revealed Resident #1 sitting up in her wheelchair with a pillowed positioned between her and the back of her chair. Resident #1 was groomed well and dressed appropriately for the weather with no odors. LVN TN removed the pillow from Resident #1's back area and revealed a covered wound. LVN TN provided wound treatment while Resident #1 was sitting in her wheelchair.<br><br>Interview on 04/03/2025 at 08:40 a.m. Wound Care Nurse stated he the expectations of the floor nurses are to notify him by phone during after-hours or on the weekends to initiate treatment orders. He initiated a wound care consult the day he was notified of the wound, 03/04/2025.<br><br>Interview on 04/03/2025 at 12:21 p.m., Wound Care Doctor stated he visits the facility once a week, on Tuesday. He further stated he was doing his rounds on 03/04/2025, and the Wound Care Nurse notified him of Resident #'1s wounds and he confirmed Resident #1 was treated. The Wound Care Doctor stated it was misdiagnosed as it should not have been listed as an abrasion, he further stated based on history it should have been diagnosed as a wound upon admission.<br><br>Interview on 04/03/2025 at 12:32 p.m., LVN Charge Nurse stated he was tasked with the admission of resident on 02/28/2025 and it was an oversight that he did not put in orders or monitoring of resident's wound and stated he was not properly educated on admission expectations with skin concerns (04/03/2025).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Interview on 04/03/2025 at 11:59 a.m. DON stated that the LVN at admission described the wound inappropriately and believes it was a pressure ulcer at admission. She stated, she understands he missed all the steps in place and believes it was a good system in place if everyone follows the process it will work. DON reached out to the hospital and received clinical records on 04/03/2025 at 2:00 p.m. and confirmed in the records that Resident #1 had a wound on the thoracic region.<br><br>Review of the facility's document titled, Policy/Procedure - Nursing Administration, Admission, undated revealed the following:<br><br>Provide the resident with information and resources for his care and comfort, as well as federal and state requirements.<br><br>Initiate any required treatments (oxygen, intravenous) necessary at time of admission per transfer orders.<br><br>Do a complete assessment of body systems and complete admission assessment form and nursing notes. Include a through skin check.<br><br>Review of the facility's document titled, Policy/Procedure -Nursing Administration, Wound Management dated 05/2007 revealed the following: A wound flow sheet will be started as soon as a wound is identified.<br><br>The ADM was notified on 04/03/2025 at 5:22 p.m., that an IJ situation was identified due to the above failures and the IJ template was provided.<br><br>The POR (Plan of Removal) was accepted on 04/04/2025 at 5:40 p.m., and included the following:<br><br>On 04/02/2025 an abbreviated survey was initiated. On 04/03/2025 the surveyor provided a Template notification that the Regulatory Services has determined that the condition at the facility constitutes an Immediate Jeopardy to resident health and safety.<br><br>Action: One on one in service with LVN Charge Nurse to review admission Skin Assessment/ Documentation Treatments and Notification. Overview of Resident #1 and education on expectations of interventions, notification, and documentation. LVNs knowledge and effectiveness of training by conducting quiz, chart audit and feedback given with results of audit, will continue training x4 week. LVN received counseling for insufficient assessment and documentation.<br><br>Start Date: 04/04/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Executive Director, Director of Nursing and/or designee<br><br>Action: Resident #1's head-to-toe skin assessment completed. Initiated medication review by Medical Provider, Wound Care Provider review of treatment orders for appropriateness. Social Service Assessment conducted to ensure psychosocial well-being. No mental anguish or psychological distress related to delay in treatment, notification of findings communicated to medical provider and Resident #1.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Start Date: 04/04/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Executive Director, Director of Nursing and/or designee<br><br>Action: In service provided to Administrator and DON by Clinical Resource on New Admission Skin Assessment/ Documentation Treatments and Notification and expectation to notify Medical Provider, Responsible Party and Treatment Nurse and Treatment nurse or designee to see all new admissions. In serviced on following up on new admission with chart audits and continue education and counseling as needed by Clinical Resource.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: Clinical Resource<br><br>Action: 100% Charge Nurse In-Service for New Admission Skin Assessment/ Documentation Treatments and Notification. PRN nurses in serviced. We do not utilize agency staff.<br><br>New staff will be in serviced upon hire. Nurses will not work floor until in serviced.<br><br>1. Current Protocol: Upon admission the head-to toe skin assessment was to be completed (including staples, bandages, scars, bruising, missing digits/limbs).<br><br>2. DO NOT STAGE or measure areas. Only document location, characteristic and odor.<br><br>3. Obtain a physician's order for wound care. If you are not sure ask the treatment nurse or call the on-call manager if after hours.<br><br>4. DO NOT DOCUMENT TREATMENT NURSE TO EVAL AND TREAT - as admitting nurse you must intervene and ensure orders and treatments are in place.<br><br>5. Place appropriate interventions based on Braden score and current wounds. Possible interventions: Low Air Loss Mattress, turning and repositioning program, wedges for positioning, boots for heel protection, float heels, etc.<br><br>6. Document all skin tears/skin alterations x 3 days and notify family. Please pass on the need to follow up documentation during the nurse-to-nurse shift change/24-hour report.<br><br>7. Notify treatment nurse of all new admission with wounds and any new wounds.<br><br>Action: 100% Nurse Management in service for New Admission Skin Assessment/ Documentation Treatments and Notification and expectation to notify Medical Provider, Responsible Party and Treatment Nurse and Treatment nurse or designee to see all new admissions.<br><br>Start Date: 04/04/2025<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Completion Date: 04/04/2025<br><br>Responsible: Director of Nursing and/or designee<br><br>Action: Admissions, MDS, DOR, ADOR, Treatment Nurse, ADON informed of IJ, and template reviewed.<br><br>Start Date: 04/04/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Executive Director, Director of Nursing and/or designee<br><br>Action: Medical Director notified of IJ. Medical Director involved in development of plan and in agreement.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: Executive Director, Director of Nursing and/or designee<br><br>Action: An Ad hoc QA meeting will be completed. Attendees will include ED, DON, ADON, Clinical Resource, and Medical Director. Meeting will include the Plan of Removal and interventions.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: Executive Director, Director of Nursing and/or designee<br><br>Action: Audit on current residents with pressure ulcers. In process pending completion date.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: Audit on new admissions without Treatment Nurse Assessment. New admission from 04/02/2025 Treatment Nurse Assessments are in place, Treatment in place when appropriate.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: Skin sweep on with residents with wounds and new admissions. Resulted in no new finding.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Start Date: 04/03/2025<br><br>Completion Date: 04/04/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: RCA/QIT with IDT and Medical Director. IDT meet to discuss initial admission skin assessments that identify skin issues without treatment orders being placed initially by charge nurse and then a delay in treatment. This was often found on Friday admissions, where the treatment nurse did not see patients until the following week. All nurses being in-serviced prior to working their next shift on Admission skin assessment process, implementing orders and interventions and documentation. Treatment nurse was only assessing patient's that it was communicated had wounds. Treatment nurse or designee is to complete a skin assessment on all admissions on next working day to ensure accurate assessment and treatments are appropriate.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: IDT<br><br>Action: Treatment Nurse, Admissions Nurse and MDS Resource to conduct in service to nurses trained on New Admission Skin Assessment/ Documentation Treatments and Notification and expectation.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: DON or designee to verify nurse knowledge on New Admission Skin Assessment/ Documentation Treatments and Notification by quizzing 5 nurses weekly x3m and ongoing for nurse new hires<br><br>Start Date: 04/03/2025<br><br>Completion Date: 07/03/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: Summary of IJ and corrective action to be reviewed by QAPI Committee monthly x3 months or until substantial compliance established.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 07/03/2025<br><br>Responsible: Executive Director, Director of Nursing Services, or designee.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Action: Care Plan audit for all residents with pressure/skin alterations. Care Plans update for appropriate interventions.<br><br>Start Date: 04/03/2025<br><br>Completion Date: 04/03/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>Action: Audit new Admissions within 72 hours of admission for initial skin assessment and treatment nurse assessment, ensuring interventions and orders in place x3 months.<br><br>Start Date: 04/04/2025<br><br>Completion Date: 07/04/2025<br><br>Responsible: Director of Nursing Services or designee.<br><br>The Survey Team monitored the Plan of Removal from 04/04/2025, 4:00 p.m. to 9:15 p.m. and 04/05/2025, 11:00 a.m. to 1:00 p.m. revealed the following:<br><br>Record review on 04/04/2025 revealed LVN A Charge Nurse received one-on-one in-service on 04/03/2025 with ADM and DON on topics of admission Skin Assessment/ Documentation Treatments and Notification. Further record review revealed LVN A completed quiz to check knowledge and effectiveness of chart audits and feedback given with successful results of audit and received counseling for insufficient assessment and documentation.<br><br>Record review on 04/04/2025 revealed Resident #1's head-to-toe skin assessment completed, medication reviewed by Medical Provider, Wound Care Provider reviewed treatment orders for appropriateness. Further record review on 04/04/2025 revealed Social Service Assessment was conducted on Resident #1 to ensure psychosocial well-being status., which resulted in no mental anguish or psychological distress related to delay in treatment, notification of findings communicated to medical provider and Resident #1.<br><br>Record review on 04/04/2025 revealed ADM and DON completed in-services on 4/3/2025 conducted by Clinical Resource on topics of New Admission Skin Assessment, Documentation, Treatments and Notifications, Follow-up on new admissions with chart audits to ensure compliance and continued education and counseling with staff as needed.<br><br>Record review on 04/04/2025 revealed 100% of Charge Nurses and PRN Nurses completed in-services 04/03/2025 and 04/04/2025 conducted by DON, CN, and Clinical Resource on topics of New Admission Skin Assessment/Documentation Treatments and Notification.<br><br>Record review on 04/04/2025 revealed in-services completed on 04/03/2025 and 04/04/2025 for 60 staff on topics of New Admission Skin Assessment, Documentation, Treatments and Notification. Further record review revealed 38 Post-test signed and dated 4/3/2025 and 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review on 04/04/2025 revealed Nursing Management staff received in-service training on 04/03/2025 and 04/04/2025 conducted by DON on topics of New Admission Skin Assessment/ Documentation Treatments and Notification and expectation to notify Medical Provider, Responsible Party and Treatment Nurse and Treatment nurse or designee to see all new admissions.<br><br>Record review on 04/04/2025 revealed ED and DON informed Admissions, MDS, DOR, ADOR, Treatment Nurse and ADON of IJ on 04/03/2025 and template was reviewed.<br><br>Record review on 04/04/2025 revealed ED notified Medical Director on 4/3/2025 of IJ and he was involved in the development of plan and in agreement.<br><br>Record review on 04/04/2025 revealed ADHOC QAPI meeting held on 04/03/2025 with the Physician, Administrator, Director of Nursing, Assistant Director of Nursing, Administrator 2, Administrator 3, Director of Nursing 2, Director of Nursing 3, Clinical Market Leader, and Clinical Resource. Meeting included the Plan of Removal and interventions.<br><br>Record review on 04/04/0205 revealed DON completed audit on current residents with pressure ulcers on 04/04/2025.<br><br>Record review on 04/04/2025 revealed DON completed audit on new admissions without Treatment Nurse Assessment and new admissions from 04/02/2025 Treatment Nurse Assessments are in place on 04/04/2025.<br><br>Record review on 04/04/2025 revealed DON completed skin sweep on residents with wounds and new admissions on 04/04/2025. This skin sweep resulted in no new finding.<br><br>Record review on 04/04/2025 revealed RCA/QIT with IDT and Medical Director was completed on 04/03/2025. IDT met to discuss initial admission skin assessments that identify skin issues without treatment orders, the delay in treatment, all nurses being in-serviced prior to working their next shift, and Treatment Nurse is to complete a skin assessment on all admissions on next working day to ensure accurate assessment and treatments are appropriate.<br><br>Record review on 04/04/2025 revealed Corporate Nurse, RN conducted in-services on 04/03/2025 and 04/04/2025 to nurses trained on New Admission Skin Assessment/ Documentation Treatments and Notification and expectation.<br><br>Record Review on 04/04/2025 and 04/05/2025 revealed DON completed Care Plan audit for all residents with pressure/skin alterations and Care Plan updates for appropriate interventions for 14 residents.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Phone call interview on 04/04/2025 at 4:43 p.m., CWSP stated that with the additional hospital discharge information provided for Resident #1 he believes, the hospital could have staged P1 incorrectly at the hospital. He stated that sometimes there could be slough on the wound and he doesn't know how deep it goes, and if on the wound belly he would categorize it as unstageable. He stated that a P1 can progress within a day or even in a few hours due to many different factors of the individual. He stated that a healthy-looking wound could be categorized from P1 to unstageable. He stated that based on how much slough he saw on the wound on 3/4/2025 he believes it was going to progress due to her poor health and being very skinny, and he stated he doesn't believe it could have been unavoidable. He stated that, in his opinion as the P1 was incorrectly staged progression could not have been avoided those couple of days treatment was delayed, it was going to progress either way.<br><br>Interview on 04/04/2025 at 4:55 p.m., LVN W stated that with the additional factors provided to him regarding Resident #1's hospital discharge status and the discussion with the CWSP, he stated for the wound to be an unstageable, P1 was not uncommon, and where the wound was, the fat tissues, more tissue based on body size, doesn't believe it could have been avoided because she was compliant with sideline, aware of the wound, her family was also aware helping reposition her. He stated that she would have had to be completely immobile, moist, friction, other factors to have progressed to a worsening condition. LVN W stated that he has taken in-services conducted by CN and Clinical Resource on 04/03/2025 and 04/04/2025 on AM shift, on topics of new admission skin assessment, documentation, treatments, and notifications. He stated the expectation moving forward is for him to review all new admissions regardless of receiving wound referral.<br><br>Interview on 04/04/2025 at 5:32 p.m., DON stated she has taken in-services conducted by Clinical Resource on 04/03/2025 at AM shift, on topics of new admission skin assessment, documentation, treatments, and notifications. DON stated she attended an ADHOC QAPI meeting addressing Plan of Removal and interventions. She stated she held a one-on-one in-service with LVN A on topics of new admission skin assessment, documentation, treatments, and notifications. She stated that LVN received counseling for insufficient assessment and documentation. DON stated that she is responsible for following up on LVNs, Charge Nurses knowledge and effectiveness of training by conducting quizzes, completing chart audits, and providing nurses with ongoing training.<br><br>Interview on 04/04/2025 at 5:42 p.m., ADM stated she has taken in-services conducted by Clinical Resource on 04/03/2025 at AM shift, on topics of new admission skin assessment, documentation, treatments, and notifications. ADM stated she notified the MD of IJ and he was involved in the development of Plan of Removal and interventions and agreed. ADM stated she attended an ADHOC QAPI meeting addressing Plan of Removal and interventions. She stated she held a one-on-one in-service with LVN A on topics of new admission skin assessment, documentation, treatments, and notifications. She stated that LVN received counseling for insufficient assessment and documentation. ADM stated she was responsible for following up on new admissions with chart audits and continue education and counseling as needed by Clinical Resource.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review and interview on 04/04/2025 at 5:53 p.m., LVN A stated that he has taken in-services on 04/03/2025 and 04/04/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. He stated he taken one-on-one in-services on 04/03/2025 at AM shift with ADM and DON on topics of insufficient assessment and documentation. He stated that now he recalled the expectations of a charge nurse and LVN job description he received as a new hire. He stated that he now remembers why it is so important to follow the processes that are in place with new admissions and skin assessments. Post-test signed and dated 4/3/2025 and 4/4/2025 confirmed completion and knowledge of new admissions. Counseling/Disciplinary Notice signed and dated 4/3/2025 acknowledging insufficient assessment and documentation.<br><br>Record review and phone call interview on 04/04/2025 at 6:53 p.m., LVN B stated that she has taken in-services on 04/03/2025 and 04/04/2025 on AM shift, on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 and 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>Record review and Interview on 04/04/2025 at 7:03 p.m. LVN C stated that he has taken in-services on 04/03/2025 and 04/04/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>Phone call interview on 04/04/2025 at 7:06 p.m. RN A stated that she stated that he has taken in-services on 04/03/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 confirmed completion and knowledge of new admissions.<br><br>Record review and phone call interview on 04/04/2025 at 7:15 p.m. LVN D stated that she has taken in-services on 04/03/2025 and 04/04/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 and 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>Record review and phone call interview on 04/04/2025 at 7:22 p.m. Interview with LVN E stated that he has taken in-services on 04/03/2025 and 04/04/2025 on AM shift, on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 and 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>Record review and phone call interview on 04/04/2025 at 7:32 p.m. LVN F stated that she has taken in-services on 04/03/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 confirmed completion and knowledge of new admissions.<br><br>Record review and interview on 04/04/2025 at 7:46 p.m. LVN M stated that she has taken in-services on 04/03/2025 and 04/04/2025 over phone and on AM shift with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/4/2025 confirmed completion and knowledge of new admissions.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676271 | A. Building<br>B. Wing | 04/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Onion Creek Nursing and Rehabilitation Center | 1700 Onion Creek Pkwy<br>Austin, TX 78748 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0686<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Record review and phone call interview on 04/04/2025 at 8:15 p.m. LVN G stated that she has taken in-services on 04/03/2025 over phone with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. Post-test signed and dated 4/3/2025 confirmed completion and knowledge of new admissions.<br><br>Phone call interview on 04/04/2025 at 8:20 p.m. ADON stated that she has taken in-services on 04/03/2025 and 04/04/2025 over phone and on AM shift with CN and Clinical Resource on topics of new admission skin assessment, documentation, treatments, and notifications. She stated that she was notified of IJ Template via phone on 4/3/2025.<br><br>The ADM was notified on 04/05/2025 at 01:20 PM that the IJ had been removed. While the IJ was removed, the facility remained at a level of no actual harm at a scope of pattern that is not Immediate Jeopardy due to the facility's need to evaluate the effectiveness of the corrective systems. |