

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Onion Creek Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Onion Creek Pkwy 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)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, and record review, the facility failed to immediately inform the resident and the resident representative(s) when there is a need to alter treatment significantly for one (Resident #1) of five residents reviewed for change in condition. The facility failed to ensure that Resident #1's RP was notified when Resident #1's MD discontinued his Amoxicillin-Potassium Clavulanate, Alprazolam, Divalproex Sodium, Mirtazapine, Furosemide, Eplerenone, Glipizide and Potassium Chloride, on 01/13/2026. This failure could result in decreased continuity of care, and a delay in the treatment and services needed. Findings included: Review of Resident #1's face sheet reflected an [AGE] year-old male admitted on [DATE] with diagnoses of metabolic encephalopathy (broad term for brain dysfunction caused by illness, chemical imbalances or toxins), type 2 diabetes mellitus (chronic condition that the body cannot effectively use insulin to maintain blood sugar levels), altered mental status (change in a person's thinking, awareness or consciousness), unspecified dementia (significant decline in memory loss, thinking/judgement problem), acute and chronic respiratory failure with hypoxia (sudden severe worsening of low blood oxygen). Review of Resident #1's admission MDS dated [DATE] reflected a BIMS of 03 which indicated severe cognitive impairment. Review of Resident #1's care plan dated 01/14/2026 reflected Resident #1 has altered cardiovascular status with hypertension with interventions to administered medications as ordered. Review of care plan dated 01/12/2026 reflected Resident #1 has increased risk for altered renal status related to acute kidney injury with interventions to given medication as ordered by physician. Review of Resident #1 care plan dated 01/13/2026 reflected Resident #1 had infection of pneumonia with intervention to administer antibiotics as ordered. Review reflected Resident #1 had diabetes mellitus with intervention to give diabetes medication as ordered by doctor. Review reflected Resident #1 had potential fluid deficit related to diuretic use with intervention to administer medications as ordered. Review of Resident #1 care plan dated 01/12/2026 reflected antidepressant medication use with intervention to give antidepressant medications ordered by physician. Review of Resident #1's MPOA dated 08/23/2021 reflected the FM listed as the agent/RP. Review of the MD's initial H&P for Resident #1 dated 01/13/2026 reflected Resident #1 is a poor historian discussed with nursing since he has been here his cognitive status been stable. He does not have any abnormal or concern behaviors although he is not eating for drinking and was refusing meds today. Exam is limited due to [Resident #1's] compliance he is alert and orient x 0 (unable to name, person, time place or situation). Under the plan it was reflected presumed chronic diagnosis with acute delirium of unknown etiology. The latter could be from medications decreased oral intake with food or dehydration, do not suspect additional or secondary infection. Minimize medications and reassess, palliative care, while he is not eating and with this issue, we will discontinue his Xanax (alprazolam), Depakote (Divalproex Sodium), mirtazapine, Lasix (furosemide) and KCl (Potassium chloride). Review of Resident #1's January 2026 MAR reflected an order for</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Eplerenone Tablet 50 MG, give one tablet by mouth one time a day for hypertension with a start date of 01/11/2026 and discontinue date of 01/13/2026. Review reflected an order for Furosemide tablet 40 MG for edema, give by mouth one time a day for edema (swelling caused by fluid buildup) with a start date of 01/10/2026, discontinue date of 01/11/2026 and a start date of 01/12/2026 and discontinue date of 01/13/2026. Review reflected Resident #1 had an order for Glipizide for diabetes tablet 5 MG one time a day for diabetes with a start date of 01/10/2026 and discontinue date of 01/13/2026. Review reflected an order for Mirtazapine tablet 15 MG to give 1 tablet by mouth at bedtime for depression, with start date of 01/10/2026 and end date of 01/11/2026 and a separate order with a start date of 01/12/2026 and discontinue date of 01/13/2026. Review reflected an order for potassium chloride tablet 20 MEQ give 1 tablet by mouth one time a day for supplement with a start date and discontinue date of 01/13/2026, additional order with a start date of 01/10/2026 and discontinue date of 01/11/2026. Review reflected an order for Amoxicillin-Potassium Clavulanate 875-125 MG give 1 tablet by mouth every 12 hours for pneumonia for 10 days until finished with a start date of 01/10/2026 and discontinue date of 01/13/2026. Review of Resident #1's MAR reflected an order for Divalproex Sodium delayed release sprinkle 125 MG, give 2 capsule by mouth three times a day for psychosis with a start date of 01/10/2026 and discontinue date of 01/13/2026 and a separate order with a start and end date of 01/13/2026. Review of Resident #1's MAR reflected an order for Alprazolam tablet .5 MG give 1 tablet by mouth every 12 hours as needed for anxiety / agitation with a start date of 01/09/2026 and discontinue date of 01/13/2026 and separate order to start on 01/20/2026. Review of Resident #1's progress note by RN C dated 01/17/2026 reflected the FM asked about alprazolam and was notified that medication had been discontinued. During an interview on 01/28/2026 at 10:32 AM, Resident #1's FM stated that she was not notified of changes to Resident #1's medications. The FM stated that several of Resident #1's medications were removed and she felt it was not beneficial. The FM stated it was only when she specifically asked about the medications on 01/17/2026 that it was mentioned that Resident #1 was no longer taking anti-depression or mood stabilizer medication. The FM stated the MD never spoke with her regarding discontinuing medications. The FM stated that she had provided the facility a MPOA for Resident #1 upon admission. During an interview on 01/28/2026 at 3:11 PM, LVN A stated that she recalled working with Resident #1. LVN A stated the MD usually visited the facility on Monday or Tuesday and she recalled the MD asking about Resident #1. LVN A stated she reported that Resident #1 looked okay and had no behaviors. LVN A stated the MD stated he was going to review medications and make changes. LVN A stated she did not understand why or what happened for the MD to make changes to the medications. LVN A stated she did not ask the MD what changes he was going to make. LVN A stated that when medications were discontinued, if the resident was their own RP then the resident was notified, and if not then the resident's RP would be notified. LVN A stated that the NP or MD would normally call and follow up and speak with the resident's family. During an interview on 01/28/2026 at 3:36 PM, LVN B stated that the resident and POA were notified of medications changes to see if they agreed. LVN B stated it was the nurse's responsibility to notify the family of medication changes. LVN B stated that the discontinued medication would pop up on the MAR and would say who discontinued the medication. LVN B stated it was important to notify the family to keep them updated on the residents' care and they had a right to know what was going on and to answer any questions or concerns. During an interview on 01/28/2026 at 4:19 PM, the DON stated that if a nurse discontinued medication they should call and let either the POA or resident know depending on if the resident was their own responsible party or not. The DON stated if the MD discontinued medication it was the nurse's responsibility to notify the resident if self-responsible or the RP if not. The DON stated that</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the discontinued medication would show on the queue in PCC (electronic health record) for the nurses. The DON stated if the doctor mentioned medications changes, the nurse should ask the doctor if they talked with the family. During an interview on 01/28/2026 at 5:02 PM, the ADM stated if the resident was their own responsible party then she would expect staff to let the resident know and if they had an RP then staff would need to let that person know of any medication changes as well. The ADM stated it was important because it was a resident's right and family also had a right to know about their care and be involved in treatment. During an interview on 01/28/2026 at 5:08 PM, the MD stated that he saw Resident #1 on 01/13/2026 and discontinued a bunch of medications because the resident was acutely altered based on reviewed records. The MD stated he felt other conditions may have been exacerbated, so to get an understanding of Resident #1's baseline to try to help Resident #1 improve, medications were discontinued. The MD stated he did not reach out to the POA or family unless the specifically requested and the process was that the nurses usually made the notification for changes he was going to make. The MD stated that once he notified the nurse of the changes, then they would notify the family. Review of facility in-service dated 12/17/2026 reflected the topic family should be notified of any medications changes, change in condition, appointments, refusal of medications/showers completed with nursing. Review of facility policy titled Change in Condition with revision date of 04/2025 reflected the resident / resident representative will be notified of the change of condition and any changes in the resident's medical or nursing care.</p>		