

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676327	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER The Springs Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Cottonwood Creek Trail Cedar Park, TX 78613	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45070</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 2 of 6 residents (Residents #1, and #2) reviewed for infection control, as indicated by:</p> <p>The facility failed to ensure MA A cleaned and disinfected the wrist blood pressure monitor while using it on Residents in Hall 6 of the facility; on Resident #1 and Resident # 2.</p> <p>This failure could place the residents at risk of transmission of disease and infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 08/01/24 reflected, Resident #1 was admitted to the facility on [DATE]. She was a [AGE] year-old female diagnosed with Type 2 Diabetes, Legal Blindness, Muscle weakness, Reduced Mobility, Hypertension, and Retention of Urine.</p> <p>Record review of Resident #1's MDS assessment dated [DATE], reflected her BIMS score was 03, indicating her cognition was severely impaired.</p> <p>Record review of Resident #1's care plan dated 07/05/24 revealed she had hypertension with the potential for abnormal blood pressures and the relevant intervention was monitoring the hypertension.</p> <p>Review of Resident # 1's MAR for August 2024, reflected:</p> <p>Amlodipine Besylate Oral Tablet 10 MG (Amlodipine Besylate): Give 10 mg by mouth one time a day related to Essential (primary) Hypertension. Notify NP of SBP >165.</p> <p>Review of Resident #2's face sheet, dated 08/01/24, reflected Resident #2 was admitted to the facility on [DATE]. She was an [AGE] year-old female diagnosed with Pain, COPD, Muscle Weakness, Dysphagia (Difficulty to swallow), Need for Assistance with Personal Care, and Cognitive Communication Deficit.</p> <p>Record review of Resident #2's quarterly MDS dated [DATE], reflected her BIMS was 03, indicating her cognition was severely impaired.</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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NAME OF PROVIDER OR SUPPLIER The Springs Healthcare and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Cottonwood Creek Trail Cedar Park, TX 78613	
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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #2's care plan dated 06/20/24 revealed, she was potential for fluid volume deficit related to diuretic use and the relevant intervention was monitoring /documenting/reporting PRN any sign and symptoms of dehydration.</p> <p>Review of Resident #2's MAR for August 2024 reflected:</p> <p>Furosemide Oral Tablet 20 MG (Furosemide): Give 1 tablet by mouth one time a day for pleural effusions hold for SBP less than or equal to 110.</p> <p>An observation on 08/01/24 at 11:10 a.m., revealed MA A failed to sanitize the wrist blood pressure monitor before and after using it on Resident #1 and Resident #2. There were 37 residents residing on Hall 6. MA A was administering medications on Hall 6, and at that time, out of 37 residents, 3 residents were left for receiving medication. MA A took the blood pressure of Resident #1 with the wrist blood pressure monitor and without sanitizing the monitor; she kept it on the top of the medication cart. After administering the medications to Resident #1, she moved on to Resident #2 and used the same blood pressure monitor on her without sanitizing it. When the investigator asked for sanitizing wipes, MA A searched all the drawers of the med cart approximately for about 30 seconds and stated most likely it was taken away by her colleague. She then searched the drawers once again thoroughly and found one packet of sanitizing wipe in one of the deep corners of a drawer.</p> <p>During an interview on 08/01/24 at 1:30 p.m., the DON stated she was already informed by MA A that she forgot to sanitize the blood pressure cuff in between the residents. The DON added, however, she was not aware that this noncompliance occurred with all the residents in Hall 6. The DON stated the facility policy provided very clear guidelines about the importance of sanitizing medical equipment. She stated the expectation was, the nursing staff followed the facility policy/procedure for handwashing and sanitization of medical equipment that included sanitizing the blood pressure monitor, every time after the use on residents. She added, this was essential to stop spreading transmittable diseases.</p> <p>Review of the in-service records from 04/01/24 to 07/16/24 revealed there were no in-services conducted on disinfection of medical equipment.</p> <p>Review of facility's policy titled Cleaning and disinfection of Resident care Items and equipment revised in October 2018 reflected:</p> <p>Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA bloodborne pathogens standard</p> <p>. 1. The following categories are used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care</p> <p>d. Reusable items: They are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment)</p> <p>Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions</p>		