

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 01/13/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident environment remained as free of accident hazards as was possible and each resident received adequate supervision and assistance devices to prevent accidents for 1 of 8 residents (Resident #1) reviewed for accident, hazards, and supervision. The facility failed to ensure there was adequate supervision to prevent Resident #1 from leaving the facility 01/10/26 without staff knowledge. This failure could place residents at risk of avoidable accidents. Findings included: Record review of Resident #1's face sheet, dated 01/13/26, reflected a [AGE] year-old male, admitted [DATE], with diagnoses that included vascular dementia (decline in cognitive function affecting memory, thinking, and behavior) unspecified severity, generalized anxiety (mental health condition characterized by excessive fear, worry or apprehension), and hypertension (high blood pressure). Record review of Resident #1's quarterly MDS assessment, dated 11/26/26, reflected a BIMS score of 10 indicating moderate cognitive impairment. Section GG for functional abilities and mobility reflected Resident #1's performance was coded as supervision or touch assistance for short (10 feet) and longer (150 feet) walking. Resident #1's mobility also reflected no required use of wheelchair, walker, motorized scooter or other assistive device, only independent ambulation. Record review of facility incidents and accidents reported a documented incident, dated 01/10/26, for an elopement of Resident #1. Record review of Resident #1's progress notes reflected a completed SBAR summary, dated 01/10/26, related to the elopement incident and reflected, primary care provider responded with the following feedback: recommendations- resident placed on one-on-one observation, wander guard was placed on resident. Record review of Resident #1's nursing progress note, dated 01/10/26, reflected a nursing noted for reeducation provided to Resident #1 and reflected, Resident was asked the following questions: 1. What do you do before crossing the street, he responded by saying that you look both ways. 2. Do you step in the street if a car is coming, he responded by saying no. 3. Is it safe to walk on the street or on the sidewalk, he responded by saying sidewalk. Resident was educated by the nurse on the importance of signing himself out when leaving the facility and notifying staff. He was shown the out-on-pass binder and the process of signing out, he verbalized back understanding. Record review of Resident #1's progress notes, dated 01/12/26, reflected a provider note by NP A which stated, Seen today for medical management in long term care. The patient denies any acute complaints. Over the weekend he eloped from the facility attempting to walk to a nearby hospital where his wife is currently hospitalized. He has baseline anxiety and was administered PRN Ativan for increased anxiety after the incident. A wander guard was placed on his right ankle. His (family member) subsequently picked him up and took him to the hospital to visit his wife without incident. No injuries were sustained during elopement. No other issues reported by staff. During an interview on 01/13/26 at 10:47 a.m., Resident #1's FM stated they became aware of an incident that occurred on 01/10/26 when she was called by Resident #1 after he left the facility and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 676327	If continuation sheet Page 1 of 4

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