STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676327	A. Building B. Wing	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Springs Healthcare and Rehabilitation	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49097 Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 3 of 10 residents (Resident #9, Resident #367, and Resident #371) residents reviewed for resident rights. The facility failed to ensure CNA A and CNA B knocked on Resident #9, Resident #367, and Resident #371's door when going into the residents' rooms. The deficient practice could place residents at risk of feeling like their privacy was being invaded or the facility was not their home. Findings included: Review of Resident #9's Face Sheet dated 02/06/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #9's diagnoses included hypertension (high blood pressure), hyperlipidemia (high cholesterol), hyperthyroidism (excessive production of thyroid hormones), muscle weakness, unsteadiness on feet, cognitive communication deficit (problems with communication), epilepsy (seizure disorder), insomnia (sleep difficulty), post-traumatic stress disorder and constipation. Record review of Resident #9's Quarterly MDS assessment dated [DATE] revealed that Resident #9's BIMS score was 15 which means resident had intact cognition. Review of Resident #367's Face Sheet dated 02/06/2025 revealed he was an [AGE] year-old male who was admitted to the facility on [DATE]. Resident #367's diagnoses included muscle spasm, reduced mobility, history of falling, elevated white blood cells, hypertension (high blood pressure), gout (inflammatory arthritis with recurring attacks of pain in a red, tender, hot and swollen joint), syncope and collapse (fainting), heart disease, unsteadiness on feet, fluid overload, dysphagia (difficulty swallowing), hypomagnesemia (low magnesium in the blood), cognitive communication deficit (problems with communication), type 2 diabetes mellitus without complications (high blood sugar), and retention of urine. Record review of Resident #367's Quarterly MDS assessment dated [DATE] revealed that Resident #367's BIMS score was 06 which means resident had severe cognitive impairment. (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #371's Face Sheet dated 02/06/2025 revealed she was a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #371's diagnoses included hypertension (high blood pressure), hyperlipidemia (high cholesterol), hyperthyroidism (excessive production of thyroid hormones), chronic obstructive pulmonary disease (chronic progressive lung disease), muscle weakness, unsteadiness on feet, abnormalities of gait and mobility, cognitive communication deficit (problems with communication), reduced mobility, need for assistance with personal care, history of falls, nausea and constipation. Record review of Resident #371's Quarterly MDS assessment dated [DATE] revealed that Resident #371's BIMS score was 13 which means resident had intact cognition. Observation done on 300 hall on 02/04/2025 at 11:59am revealed CNA A did not knock on Resident #367 and Resident #371's door before entering the residents' room. Observation done on 600 hall on 02/04/2025 at 12:14 pm revealed CNA B did not knock on Resident #9's door before entering the resident's room. During an interview with Resident #367 on 02/06/2025 at 8:07am he said that staff do not knock all the time on Resident #367's door. He stated that he would prefer that the staff knock all the time. He also said that he does not get upset when staff do not knock. During an interview with Resident #371 on 02/06/2025 at 9:12am she said staff do not always knock on the Resident #371's door. She said that she would prefer for them to knock all the time especially at night. She also said that sometimes when staff leave to go get something, when they come back, they do not knock. During an interview with Resident #9 on 02/06/2025 at 8:31am she said that staff do not knock all the time. She said the staff do not knock at least two or three times a day. She said that staff will not knock if they forgot something. She said she does not get upset when staff do not knock. She said that she would like for the staff to knock but it did not bother her if the staff did not knock. During an interview with CNA B on 02/06/2025 at 10:26am she said she had been trained on resident rights. She said that staff were supposed to knock on the residents' doors any time staff wanted to enter the resident's room. She said that residents may feel that staff are rude for not knocking. She also said that the facility was their home, and she would not want anyone just walking into her house. She said the nurse was responsible for monitoring to ensure staff knocked on residents' doors. She said knocking was monitored by observations. She also said she did not know why she did not knock on Resident #9's door. She said she knows she was supposed to knock. During an interview with the DON on 02/06/2025 at 10:51am she said that she had been trained on resident rights. She said staff were to knock on the residents' doors before entering. She said that if staff had their hands full, they should be saying knock, knock before entering. She said that residents might not like someone just walking in. She also said that the residents need to know someone is entering their room. She said she was not sure why staff were not knocking before entering residents' rooms. She said that it was not usual practice. She said all management were supposed to monitor to ensure staff were knocking on residents' doors. She said it was monitored by frequent rounding. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with CNA A on 02/06/2025 at 2:16pm she said that she had been trained on resident rights. She said that staff were to knock on the residents' doors every time they wanted to enter the resident's room. She also said that staff were to introduce themselves and inform the resident what was going to be done. She said that staff would not want anyone to just walk into their home and the resident might see it as rude. She said that she did not know why she did not knock on Resident #367 and Resident #371's door, but she knows she should have. She said the nurse was responsible for ensuring that staff were knocking. She said it was monitored by observations and that the nurses are always on the halls. During an interview with the ADM on 02/06/2025 at 1:34pm she said that she had been trained on resident rights. She said that staff were supposed to knock, announce themselves and wait for the resident to invite them in. She also said that the staff should also let the resident know why they are there. She said if staff do not knock that is a violation of the resident's privacy. She said staff may not have knocked because they were in a hurry, but she can only guess. She said that the facility had a monitoring tool in place. She said that management or charge nurses were responsible for monitoring. She said knocking was monitored through the monitoring tool and that she watches for patterns of not knocking. Record review of Quality-of-Life Policy (not dated) revealed that Staff members are trained and reminded to respect each resident's private space and property. Staff members knock on room doors and request permission to enter.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51115 Based on observation, interviews, and record reviews, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for one of one kitchen reviewed for sanitation. Also, provide a safe and sanitary environment to prevent the development and transmission of communicable diseases and infections for 6 of 11 residents (Resident #52, Resident #63, Resident #10, Resident #8, Resident #97, and Resident #46) reviewed for infection control. The facility failed to ensure [NAME] E was practicing proper hand hygiene while preparing foods and CNA C while lunch passing trays. This failure could place residents who were served from the kitchen at risk for consuming contaminated food, developing foodborne illnesses, and decreased quality of life. Findings included: Record review of Resident #52's face sheet reflected an [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses of dementia (a group of thinking and social symptoms that interfere with daily functioning), rheumatoid arthritis (A chronic inflammatory disease that affects the joints, resulting in painful joints, swelling and stiffness in the joints), Parkinson's disease (a nervous system disorder due to reduced levels of dopamine), chronic kidney disease, and major depressive disorder. Record review of Resident #52's Quarterly MDS Assessment, dated 10/30/24, reflected the resident had a BIMS Score of 12, which indicated the resident had a moderate cognitive impairment. Resident #52 required verbal cues and/or touching assistance to eat her meal. Record review of Resident #52's undated Care Plan reflected a focus area of ADL self-care performance. Interventions included staff provided supervision with meal set-up. Record review of Resident #63's face sheet reflected a [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses of diabetes mellitus type 2, polyneuropathy (condition in which a person's peripheral nerves are damaged, affecting the nerves in your skin, muscles, and organs), polyarthritis (medical definition of arthritis that affects five or more of your joints), pain, hypertension, and major depressive disorder. Record review of Resident #63's Quarterly MDS Assessment, dated 12/19/24, reflected the resident had a BIMS Score of 15, which indicated the resident had no cognitive impairment. Record review of Resident #26's Care Plan reflected a focus area for ADL self-care. Interventions included Resident #26 was able to feed self, required delivery and set-up of tray and assist with meal as needed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #10's face sheet reflected an [AGE] year-old female who admitted to the facility on [DATE]. She had diagnoses of Alzheimer's disease, dementia (a group of thinking and social symptoms that interfere with daily functioning), chronic obstructive pulmonary disease (chronic lung disease), dysphagia (difficulty swallowing), pulmonary embolism (history of a blood clot in lung), and hypertension. Record review of Resident #10's Quarterly MDS Assessment, dated 11/17/2024, reflected the resident had a BIMS Score of 3, which indicated the resident had severe cognitive impairment. Record review of Resident #10's Care Plan reflected she needed the assistance of one staff to eat. Record review of Resident #8's face sheet reflected a [AGE] year-old male who admitted to the facility on [DATE]. He had diagnoses of anoxic brain damage (when the brain is deprived of oxygen for an extended period of time, leading to cell death and brain damage), age-related physical debility (gradual decline in physical function and strength that occurs with aging), diabetes mellitus type 2, dysphagia, chronic pain, hemiplegia, and hemiparesis (following cerebral infarction (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles), dementia (a group of thinking and social symptoms that interfere with daily functioning), and traumatic brain injury. Record review of Resident #8's Quarterly MDS Assessment, dated 01/01/25, reflected the resident had a BIMS Score of 6, which indicated the resident had a severe cognitive impairment. The MDS further reflected Resident #8 was dependent with eating and required staff to assist him with meals. Record review of Resident #8's Care Plan reflected he was dependent on staff for meeting his physical needs related to immobility and physical limitations. Observations of [NAME] E preparing food on 02/04/2025 at 9:11 AM, revealed that [NAME] E threw trash away without washing or sanitizing their hands before going back to preparing food. [NAME] E was witnessed on one occasion using the trashcan foot press to open the trashcan lid to dispose of trash but used their right hand without wearing gloves to close the lid and put on a new pair of gloves without hand washing in between. In another observation, [NAME] E touched the trashcan lid again and returned to the prepping station to grab a tray of baked cornbread with their bare hands without handwashing in between. [NAME] E went on to touch the food warming station and food prep counter before putting on gloves without hand washing and sanitization. It was observed throughout the kitchen area posted signs for proper hand hygiene. An observation on 02/04/25 at 12:00 PM revealed CNA C exited a resident's room and picked up a lunch tray for Resident #52 and brought it into her room. CNA C did not conduct hand hygiene between the residents. CNA C then went to the nurse's station for a cup of ice and brought it to Resident #52. CNA C was then observed bringing a lunch tray to Resident #63, who was Resident #52's roommate. CNA C did not conduct hand hygiene between residents. CNA C brought a lunch tray to Resident #8 and then to Resident #97, who was Resident #8's roommate. CNA C did not conduct hand hygiene between the residents. CNA C then brought a tray to Resident #10, and with no hand hygiene conducted she brought a lunch tray to Resident #46. CNA C was then observed conducting hand hygiene from a hand sanitizer unit located on the wall. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview on 02/04/25 at 12:18 PM revealed CNA C had forgotten to conduct hand hygiene when passing lunch trays. CNA C stated the importance of conducting good hand hygiene during resident care was to prevent the spread of infection, and the impact on the resident could be an infection. In an interview with [NAME] F on 02/05/2025 at 10:00 AM, it was found that [NAME] E quit and no longer works at the facility. [NAME] F and Dietician stated that [NAME] E quit without notice that morning. Due to [NAME] E quitting and no longer working at the facility as of 02/05/2025, additional observations of [NAME] E and full interview with [NAME] E was not able to be conducted to discuss sanitary food preparation and hand hygiene. In an interview with Dietician on 02/06/2025 at 11:05AM, Dietician stated the following: the expectations when it comes to hand hygiene is for all kitchen staff to maintain cleaning and washing hands in between changing gloves, handling objects, and during prepping food. Dietician stated the reasoning to follow hand hygiene is to not cross-contaminate foods such as, meats, vegetables, fruits, and or other potential kitchen surfaces. Dietician H stated the expectation is for everyone that enters the kitchen area to follow those guidelines the facility has in place. In an interview with [NAME] G on 02/05/2025 at 11:10 AM, [NAME] G stated the following: the expectations for maintaining hand hygiene are making sure fingernails are clean. [NAME] G stated staff are to make sure to wash hands in between any transferring of food, changing gloves, and making sure there is no chance of cross-contamination. [NAME] G stated everyone who enters the kitchen is to wash hands for 30 seconds and to help with keeping track of 30 seconds, they can sing the Happy Birthday song or say the ABC's. [NAME] G stated no one should be touching the trashcan lid and touching food after can cause issues. [NAME] G stated if that was witnessed, then it would be brought up to that person to not do that again and explain the reasoning as it could harm a resident, and make sure they wash their hands. [NAME] G stated if staff are not following hand hygiene, it can lead to a resident getting sick or lead to serious harm if they have a lower immune system and it could potentially be fatal. [NAME] G stated it's expected that hand washing is to be followed. In an interview with Administrator on 02/05/2025 at 11:16 AM, Administrator stated the following: the expectations for washing and cleaning hands in the kitchen area are to be followed. Administrator stated it's expected that before touching anything in the kitchen, staff are to wash their hands. Administrator stated staff are expected to maintain hand washing in between touching objects or handling foods including during glove changing. Administrator stated if not followed, it could cause harm to a resident wearing or without wearing gloves if hand washing in between isn't followed. Administrator stated kitchen staff should not be touching the trashcan and then grabbing any surfaces or food, they are expected to wash their hands. Administrator stated staff not following hand hygiene can get a resident sick or cause potential harm to residents with a lower immune system. Administrator stated they teach staff by conducting repeat demonstrations methods in which they show the staff member how to appropriately handle food and follow through with hand hygiene, then have the individual demonstrate proper food handling and cleanliness. Administrator stated Infection Preventive does 10 random monthly observations to monitor hand hygiene and proper handling of food. Administrator stated Dietician and Infection Preventive go in monthly to teach kitchen staff about safety, hygiene, and food handling to prevent cross-contamination and foodborne illness. Administrator stated that all staff go through in-service trainings and have been trained. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview on 02/06/25 at 01:43 PM with the DON revealed it was the charge nurse, ADON, IP, and ultimately the DON responsibility for ensuring staff members were conducting hand hygiene between each resident when passing meal trays on the halls. The DON stated her expectation was for all staff to be conducting hand hygiene between each resident when passing trays in hallways. The DON stated she would conduct hand hygiene before getting started, and then conduct hand hygiene between each resident when passing meal trays on hallways. Record review of the Kitchen Hand Hygiene Policy dated 2018 stated the following: Policy: The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All Nutrition and Foodservice employees will practice good hand washing practices in order to minimize the risk of infection and food borne illness. Procedure: 1. Hand-washing Stations a. Make sure hand washing stations are in food preparation areas to encourage employees to wash their hands frequently. b. Make sure there are hand-washing stations in all areas that employees hands may become contaminated, including food preparation areas, service areas, dishwashing areas and restrooms. c. Make sure all hand-washing stations are equipped with the following: i. Hot and cold running water. ii. Hand-cleaning liquid, powder or bar soap. iii. Individual, disposable towels, a continuous towel system that supplies the user with a clean towel or a heated-air hand-drying device. iv. A receptacle for disposable towels. v. A sign that indicates employees must wash hands before returning to work. d. Sinks used for food preparation or washing utensils, or a service sink or curbed cleaning facility used to dispose of mop water or similar wastes cannot be used as a hand-washing station. 2. Hands should be washed after the following occurrences: a. a. Using the Restroom b. Handling raw food (before and after) c. Touching the hair, face, or body Sneezing or coughing d. Smoking (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. Eating or drinking g. Handling chemicals h. Taking out garbage i. Clearing tables j. Touching clothing or aprons k. Touching un-sanitized equipment, work surfaces, or wash cloths l. Assisting residents 3. Hand-washing steps a. Wet hands and exposed arms with hot water at least 100 F. b. Apply soap. c. Scrub hands, exposed arms and fingernails for a minimum of 20 seconds being sure to apply a vigorous friction. d. Rinse hands and exposed arms thoroughly under hot running water. e. Dry hands and arms with a paper towel. f. Turn off the faucet with the paper towel to avoid contaminating hands and discard towel. Review of 2022 Food Code 2-301.14 states: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD. A record review of the facility's policy titled Infection Control - Surveillance for Infections dated September 2017 reflected, To maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public and To prevent, detect, investigate, and control infections in the facility.