STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676345	A. Building B. Wing	05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bel Air at Teravista	4105 Teravista Club Drive Round Rock, TX 78665

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37435 Based on observation, interview, and record review the facility failed to provide services in the facility with reasonable accommodation of resident needs and preferences by not ensuring the resident call system was accessible to 3 (Resident #1, Resident #2, and Resident #3) of 6 residents reviewed for call systems. - Resident call system was not accessible for Resident #1, Resident #2, and Resident #3. This failure could endanger the health or safety of the resident or other residents if they are not able to call for assistance when needed. Findings include: Review of the undated face sheet for Resident #1 reflected an [AGE] year-old male admitted to the facility on [DATE] with diagnoses of aftercare following surgery for malignant neoplasm of pancreas (pancreatic cancer), diabetes mellitus type 2, hypertension, pain, and diarrhea. Review of the Admission MDS assessment for Resident #1 dated 05/05/24 did not reflect a BIMS score. Section GG reflected Resident #1 needed partial assistance from another person to complete activities, required the aide of a walker and a wheelchair, and required maximal assistance for toileting, showering/bathing, and dressing upper and lower body. Review of the Care Plan for Resident #1 dated 05/06/24 reflected the following: Resident #1 was at risk for falls related to impaired mobility, to place call light/bell within easy reach, and to respond promptly to calls for assist to the toilet. Review of the undated face sheet for Resident #2 reflected an [AGE] year-old female admitted to the facility on [DATE] with diagnoses of deep vein thrombosis of left lower extremity (blood clotting), aftercare following surgery of left lower extremity/circulatory system, anemia, depression, hypothyroidism (underactive thyroid), hypertension (high blood pressure), and pain. Review of the Admission MDS assessment for Resident #2 dated 5/01/24 reflected a BIMS Score of 99 which reflected the resident was unable to complete the interview. Review of the Care Plan for Resident #2 dated 5/06/24 reflected: (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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #2 was at risk for falls related to impaired mobility and to place call light/bell within easy reach and to respond promptly to calls for assist to the toilet. Resident #2 has a self-care deficit and required extensive assistance with bed mobility, bathing, hygiene, dressing and grooming related to weakness. Resident #2's transfer status required gait belt and assistance of one person and set-up assistance with meals. Review of the undated face sheet for Resident #3 reflected an [AGE] year-old male admitted to the facility on [DATE] with diagnoses of diabetes mellitus type 2, muscle weakness, cognitive communication deficit, constipation, altered mental status, depression, peripheral vascular disease (narrowing, blockage or spasms in a blood vessel), hypertension, and Alzheimer's disease. Review of the Admission MDS assessment for Resident #3 dated 04/28/24 reflected a BIMS Score of 14 which reflected mildly impaired cognition, and use of a walker and a wheelchair. Resident #3 required partial to moderate assistance with bed mobility, bathing, hygiene, dressing and grooming. Review of the Care Plan for Resident #3 dated 5/06/24 reflected: Resident #3 was at risk for falls related to impaired mobility and to place call light/bell within easy reach and to respond promptly to calls for assist to the toilet. Observation on 5/06/24 at 1:00 PM revealed Resident #1's call light was on the floor by the head of the bed. Interview on 5/06/24 at 1:00 PM with Resident #1 revealed he had an issue with the call button not being answered and was having frequent diarrhea for the past two months following abdominal surgery. Resident #1 stated he would press the call button for help but nobody would come, or they would come in and tell him they would be right back and never come back. Resident #1 stated his wife could help him by picking up the call button when she was visiting, and if he was alone he would not be able to get help. Resident #1 stated he thought the facility was short staffed and had waited one hour for 4-5 times during past week to get cleaned up from having diarrhea. Observation on 5/06/24 at 1:14 PM of revealed Resident #2 was sitting up in wheelchair in her room with lunch tray on bedside table. Resident #2 stated she had no concerns with her care. Resident #2's call button was observed on the floor near the head of the bed. Resident #2 stated she was soon going to need to get up. Observation on 5/06/24 at 1:16 PM revealed CMA A had gone into Resident #2's room momentarily to check on her and then came out of the room and back to the med cart. Observation on 5/06/24 at 1:19 PM revealed Resident #2's call light remained on the floor in the same spot as first observation at 1:14 PM. Observation on 5/06/24 at 1:25 PM revealed Resident #3 sitting up in his wheelchair and his lunch tray on bedside table. Resident #3 stated he did not speak much English. Resident #3's call light was observed on the floor near the head of the bed. (continued on next page)

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 5/06/24 at 2:02 PM with CMA A revealed she had worked at facility for five to six years. CMA A stated she will ask residents if they want their light left on or off, door opened or closed, and if they need anything else. CMA A stated, the call light is usually around the bed, and if it were on the ground, she would pick it up. CMA A further stated, I don't know why I did not pick up Resident #2's call light when I went into her room and we are supposed to make sure all residents have their call light nearby. Interview on 5/06/24 at 2:05 PM with LVN A revealed she checked the overall condition of how a resident room looks, and for any equipment issues. LVN A stated she also looked at call lights, and the call light was usually pinned to bed or pinned to the resident. LVN A stated if the call light was found on the floor and someone goes in to help them, they should pick it up. Interview on 5/06 24 at 3:22 PM with the DON revealed the importance of call light in reach when residents were going to bathroom, difficulty breathing, if they have fallen, or any type of need. The DON revealed his expectation was for all staff members to place all residents call light within reach while they are in bed, or up in chair. The DON further stated if the resident did not have their call light within reach, they could have a fall, have an emergency, need to go to the bathroom, or become soiled. Review of Policy and Procedure for Answering the Call Light dated October 2010 reflected, When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident and to answer the resident's call as soon as possible.