

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Falcon Ridge Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 149 Klattenhoff Lane Hutto, TX 78634	

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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47065</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for 1 of 1 activity programs and two (Resident #1 and Resident #2) of four residents reviewed for activities.</p> <ol style="list-style-type: none"> The facility failed to provide an activity program designed to meet the interests and needs of Residents #1 and #2. The facility failed to notify all residents of canceled and postponed activity programs. <p>This deficient practice placed all residents at risk for a diminished quality of life, isolation, lack of stimulation, and a decline in mental status.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet revealed he was a male resident admitted on [DATE] and had diagnoses including unspecified dementia, unspecified depression, unspecified anxiety disorder, unspecified altered mental status, and cognitive communication deficit.</p> <p>Review of Resident #1's quarterly MDS, dated [DATE], revealed he had a BIMS score of 14, which indicated he was cognitively intact. Resident #1 had no assessment reflecting the activity program.</p> <p>Review of Resident #1's care plan, dated 07/31/24, revealed he needed 1:1 visits in an effort to meet his emotional, intellectual, physical, and social needs. Activities and all staff were required to notify him of any changes to the activities calendar and encourage participation in 1:1 visits that are outdoors or outdoor themed. The care plan reflected staff will provide sensory stimulation activities, and will socialize with him during 1:1 visits.</p> <p>Review of Resident #2's face sheet revealed she was a female resident readmitted on [DATE] and had diagnoses including unspecified vascular dementia and cognitive communication deficit.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's comprehensive MDS, dated [DATE], revealed she had a BIMS score of 10, which indicated she was moderately cognitively impaired. Resident #2 indicated it was very important for her to do her favorite activities.</p> <p>Review of Resident #2's care plan, dated 04/10/24, revealed no notes related to activities.</p> <p>Review of the facility's Activity Calendar for September 2024 revealed residents were provided with the following activity program for 09/10/24: Table Talk at 9:00 a.m., Price is Right Show at 10:00 a.m., Exercise and Music at 11:00 a.m., Bingo Time at 2:00 p.m., and Room Visits at 3:00 p.m.</p> <p>An observation of the nursing station near 400-600 hall on 09/10/24 at 10:13 a.m. revealed there was no Price is Right Show activity taking place. The activity program calendar for September 2024 was posted in the living area across from the nursing station.</p> <p>During an interview on 09/10/24 at 10:24 a.m., Resident #1 stated the facility activity program was poor. Resident #1 explained that residents were lucky if Bingo time was held twice a month. He said residents mostly watched tv, and most activity programs were watching tv shows and movies, which was boring to him. Resident #1 stated he often felt bored. Resident #1 also stated the AD did not follow the activity program calendar. Resident #1 stated he told the AD and nursing staff that he was bored and they did nothing.</p> <p>An observation of the nursing station near 100-300 hall and 400-600 hall on 09/10/24 at 11:07 a.m. revealed there was no Exercise and Music activity taking place.</p> <p>An observation of the nursing station near 100-300 hall on 09/10/24 at 11:29 a.m. revealed there was no Exercise and Music activity taking place. A male resident rolled his wheelchair towards LVN A, who was standing at the medication cart next to the nursing station, and told her that he was bored.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/10/24 at 11:38 a.m., AD stated the Price is Right Show activity program at 10:00 a. m. was on the tv at the nursing station near 100-300 hall. AD explained the Price is Right Show activity program was not on the tv at the nursing station near 400-600 hall because residents who resided on that side of the facility building often misplaced the tv remote due to their cognitive status. AD stated she had nursing staff to monitor the location of the tv remote at the nursing station near 400-600 hall to ensure it was not misplaced. AD stated nursing staff were aware to put on Price is Right tv show during activity time. AD stated she did not know why she did not inform nursing staff to turn on the show for 400-600 hall residents and that she should have informed the nursing staff. AD stated Exercise and Music activity did not take place at 11:00 a.m. because her volunteer informed her on 09/10/24 at 11:30 a.m. that they had to cancel. AD stated she did not contact the volunteer before 11:00 a.m., did not know why she did not contact them, and that she should have contacted them to know if they were assisting with hosting the activity or not. AD stated she did not continue to host the Exercise and Music activity because the volunteer usually helped her with the activity. AD stated she postponed the Exercise and Music activity to be held at 2:00 p.m. AD explained she would have Bingo time and Exercise and Music activities occur at the same time at 2:00 p.m. AD stated she usually notified residents whenever an activity was postponed or canceled by posting a notice or verbally telling them. AD stated she verbally notified some residents who were sitting in the living area near nursing station near 100-300 hall. AD stated she had not notified or posted a notice of the Exercise and Music activity postponement for residents on 400-600 hall and residents who were in their rooms on 100-300 hall. AD stated she was responsible for arranging and organizing activities. AD stated she asked eight residents monthly about the quality of the activities and did not receive any concerns. AD stated residents could feel as though they are not getting attention if they did not have activities to participate in. AD stated residents who have an actual need for a schedule or daily routine could feel unsettled if they were not notified of canceled or postponed activities.</p> <p>During an interview on 09/10/24 at 12:18 p.m., CE B revealed residents expressed to them that they were not losing interest emotionally, but they felt bored. CE B stated residents needed more activities for stimulation. CE B stated the AD was doing stimulating and engaging activities all the time at the beginning of the [AGE] year and no longer did for unknown reasons. CE B stated most of the activities listed on the activity calendar were tv-related.</p> <p>During an interview on 09/10/24 at 12:54 p.m., Resident #2 stated there was not many activities she could attend because she was bed bound due to her recent fall. Resident #2 stated she mostly watched tv. Resident #2 stated the AD did not visit her in her room and did not try to engage her in activities in her room. Resident #2 stated she told the AD and nursing staff she was bored and they did nothing. Resident #2 stated she felt bored because there were a lack of activities and she had to find ways of entertaining herself. Resident #2 stated AD did not tell her about the canceled/postponed activities on 09/10/24.</p> <p>During an interview on 09/10/24 at 2:11 p.m., ADM stated he never received any complaints or concerns about activities from residents and staff. ADM stated he did not know the activities calendar was not being followed, residents felt bored, and most activities were tv shows and movies.</p> <p>Review of the Resident Satisfaction Monthly Interviews for Activities, 07/01/24-09/10/24, revealed residents reported wanting more outside activities, wanting more crafts, did not read the activity calendar, were not interested in the activities, and not participating in activities.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's Activity/Recreation Programming policy and procedure, dated 2022, revealed the following:</p> <ol style="list-style-type: none"> 2. The patients, residents, or representative expressed needs, interests, hobbies and cultural preferences are included in the development of programs. Input from the individuals is received and discussed at Resident Council/group meetings, event planning meetings, or QAPI satisfaction interviews. 3. The care team assists the activity staff in the development of a person-centered activity care plan that considers the patient or resident needs, interests, hobbies, cultural preferences, attention span and level of function/ability in an effort to support the domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning). 4. Activity/Recreation programs are designed based on patient and resident leisure interests, hobbies, cultural preferences and implemented to address the needs (physical, cognitive, creative, social, spiritual, independent, empowerment, and sensory stimulation). The programs will be geared to maintain functional ADL s, provide social interaction while protecting from over stimulation. Individuals with dementia will have programs designed that are personal and customized based on previous lifestyle (occupation, family, and hobbies), preferences and comforts. 5. Those who cannot participate in a group setting are provided one on one/individual programming. Inability to participate or persons who refuse to participate in activities, who are in transmission-based precautions for medical reasons, who are on physician ordered bed rest or those who were not able to attend due to no more than the number of residents where 6-foot distancing among residents has been maximized. One to one programming can occur in person, via telephone or live video chat on approved facility devices. 6. Programming includes large groups, small groups, one to one visit and independent opportunities. 7. Programs take place mornings and afternoons, 7 days/week, and include holidays and evenings. 8. Programs take place in various areas, including but not limited to activity rooms, lounge areas, dining rooms, in house TV channels, virtually through live video feeds/conferencing on facility owned devices, phone conferencing, hallways, resident rooms, outdoor courtyards, patios, etc. 10. Documentation at least quarterly is conducted to note patient/resident progress, response and outcome. 11. Intervention strategies are developed as needed to address unsatisfactory outcomes. 12. The opportunity may be provided for regular off premise community outings/trips. 13. Programs are developed to include community resources, volunteers and involvement within, as well as outside the Facility. <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>14. Subacute patients/residents with an extended length of stay (14 days or more) are provided with a variety of specialized programs that enhance functional life activities and quality of life. If it is determined that the patient/resident will be discharged within the next three months, activity/recreation programming for subacute patients/residents will reflect discharge planning and preparation, i.e. group or individual intervention discussing leisure and activity/recreational plans once discharged , ability to adapt to new disability or limitation (when applicable), and community outings.</p>		