STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676382	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Falcon Ridge Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure each resident environment remained as free of accident hazards as was possible and each resident received adequate supervision and assistance devices to prevent accidents for one (Resident #1) of three resident reviewed for accidents. CNA A failed to get assistance while providing care for Resident #1 who was a 2 -person assist. CNA A and the MDS Nurse failed to lock Resident #1's bed and Geri chair (a specialized, highly padded recliner on wheels) while transferring Resident #1 via mechanical lift from the bed to the Geri chair. This failure could place residents at risk for falls, injury and hospitalization.Findings included:Review of Resident #1's face sheet, dated 06/16/2026, reflected a [AGE] year-old male, admitted [DATE] and readmitted on [DATE], with diagnoses that included Quadriplegia (the partial or total paralysis of all four limbs (both arms and both legs) and the torso), Unspecified intracranial injury with loss of consciousness (a medical term used to classify a traumatic brain injury (TBI) where there is a confirmed loss of consciousness, but the specific location or exact type of brain damage has not been completely determined), Generalized anxiety disorder (a mental health condition characterized by persistent, excessive, and uncontrollable worry about everyday topics like health, money, and work), Contracture of muscle (a chronic shortening or tightening of muscles, tendons, or skin that restricts normal joint movement); Contracture of muscle, left upper arm; Contracture of muscle, right upper arm.Record review of Resident #1's care plan, dated 06/03/2026, reflected Resident #1 was at risk for falling related to immobility and muscle weakness, TBI. It also reflected Resident #1 had contractures to bilateral hands and elbows, ADL Functional Status/Rehabilitation Potential required total assistance with all ADLs, Hoyer transfer X 2 person, had acute (something characterized by sharpness, sudden onset, or high intensity) and chronic pain R/T quadriplegia, cancer, pressure ulcers, intracranial injury, impaired mobility.Record review of Resident #1's quarterly MDS assessment, dated 04/14/2026, reflected a BIMS score of 10 indicating moderate cognitive impairment. Section GG-Functional Abilities reflected Resident #1's mobility device was a wheelchair and upper and lower extremities impairment on both sides. Section GG also reflected, Resident #1, roll left and right (The ability to roll from lying on back to left and right side, and return to lying on back on the bed.), sit to lying position (The ability to move from sitting on side of bed to lying flat on the bed) and Chair/bed-to-chair transfer (The ability to transfer to and from a bed to a chair (or wheelchair) were coded as 1 indicating Resident #1 was Dependent - Helper does ALL of the effort. Residents do none of the effort to complete the activity, or, the assistance of 2 or more helpers was required for the resident to complete the activity.During an observation on 06/16/2026 at 09:53 a.m. through 10:17 a.m., CNA A was noted coming from Resident #1's room and stated she had gotten Resident #1 dressed and ready for the day and she was going to get assistance for a mechanical lift transfer. CNA A left the room and returned with MDS Nurse. Surveyor asked to look at Resident #1's buttocks area for wounds, CNA A asked MDS Nurse to wait outside while she provided care. CNA A was observed using the draw sheet to pull Resident #1 to the center of his bed, CNA A rolled Resident #1 onto his right side all by herself without assistance, pulled his pants with (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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The DON stated one person stood behind the chair and the wheelchair could be moved but the mechanical lift cannot be moved during the transfer. The DON stated the bed should be locked. The DON stated the person behind the wheelchair is holding the chair maneuvering the wheelchair as well as the patient. She stated, sometimes the patient moves while in the lift, they flex and can be moved, if you have a locked wheelchair, you could be struggling to get the patient in the chair. The DON stated when you start to bring down the sling with the patient, patients get startled and push back, spring forward, you have the ability to also move the chair as well as guide the sling. The DON stated she would let the wheelchair move for the safety of the residents. She stated to lock the mechanical lift so that it stayed in the area of where they are and lock the mechanical lift for safety. During an interview on 06/16/2026 at 3:53 pm, the DOR/PT stated she would sometimes do training for nursing staff as needed for residents receiving skilled nursing services. The DOR/PT stated mechanical lift transfers were always 2-persons assist. The DOR/PT stated some safety measures were to have 2 people, make sure the sling is placed appropriately, the bed is locked, the chair is positioned properly, the chair is locked. The DOR/PT stated, if staff needed to position the chair correctly then make sure the patient was safe, unlock the chair, move the chair to the preferred position, and then lock the chair before bringing the resident back down. She stated if the chair was unlocked, the chair might tilt and the patient would fall back. She stated, for me as Therapy staff, my first goal was always resident safety. She stated the Therapy Department was third party, so they had different policies from the facility. Record review of the facility's policy titled, Activities of Daily Living, Optimal Function, dated 05/05/2023, reflected, DEFINITION:Activities of daily living (ADLs), refer to tasks related to personal care including, grooming, dressing, oral hygiene, transfer, bed mobility, eating, bathing and communication system.POLICY:The Facility provides care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. The Facility provides necessary care to all residents that are unable to carry out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene.PROCEDURES:Facility staff recognize and assess an inability to perform ADLs, or a risk for decline in any ability to perform ADLs by reviewing the most current comprehensive or most recent quarterly assessment;Facility staff develop and implement interventions in accordance with the resident's assessed needs, goals for care, preferences and recognized standards of practice that address the identified limitations in ability to perform ADLs. Record review of the facility's policy titled, Mechanical Lifts, General Guidelines dated 05/05/2023, reflected: Policy:The Facility may employee the use of mechanical lifts to assist with transfers to ensure the safety of patients, residents, and staff.SCOPE:Mechanical lifting equipment includes any permanently mounted or portable/floor-based lifts that may be either powered or manual, used to transfer or move patients/residents.PROCEDURE:Prior to staff using any mechanical lift device, competence must be documented in the safe and appropriate use of the equipment per policy and manufacturer guidelines specific to the device.Mechanical lifts may be used for the enhanced safety of patients, residents and staff in situations including but not limited to:A Lifting from floor.B. Bed to chair transfer.C. Lateral transfer.D. Toileting and bathing.E. Repositioning.F. Sit or laying - to stand. 3. Prior to initiating use of mechanical lift for a patient or resident: A. Evaluate patient/resident ability (continued on next page)

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