

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 07/01/2026
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)		
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to use the services of a Registered Nurse for at least 8 consecutive hours a day, 7 days a week, for 1 of 1 facility reviewed for RN coverage. The facility did not have RN coverage on [DATE], [DATE], [DATE], [DATE], and [DATE]. This failure could have placed residents at risk of not receiving adequate care or monitoring of staff that required the supervision or decision making of an RN. Record review of the facility's resident roster, dated [DATE], revealed a census of 90 residents. Record review of the facility's nursing time sheets from [DATE] through [DATE] reflected five dates with no RN coverage: [DATE], [DATE], [DATE], [DATE], and [DATE]. During an interview on [DATE] at 9:26 a.m., the DON stated the facility did not have RN coverage on the five identified dates. The DON stated she was aware of the regulatory requirement for RN coverage for eight consecutive hours per day. She explained that one of their nurses died in [DATE] and the facility had difficulty obtaining RN coverage despite using agency staff. The DON stated the potential negative outcomes for residents included harm due to delayed assessment, because only an RN could complete a head-to-toe assessment, administer IV medications, perform PICC line changes (a thin flexible tube used to deliver medications or treatments through a vein), and pronounce death. The DON stated she was not aware of any negative outcomes to residents on those dates. During an interview on [DATE] at 9:57 a.m., RN L stated she was aware of the requirement for RN coverage for eight consecutive hours per day. RN L stated the potential negative outcome for residents could be death due to malpractice or negligence if an LVN worked outside the scope of practice. She stated only an RN could complete head to toe assessments, PICC line changes, administer IV medications, and pronounce death. RN L stated she was the weekend RN supervisor, had worked at the facility for about one month, and was not aware of any days without RN coverage. During an interview on [DATE] at 10:07 a.m., LVN J stated she was aware of the requirement for RN coverage for eight consecutive hours per day. LVN J stated the potential negative outcome for residents could be death due to the absence of an RN's critical thinking and consultative skills. She stated she was not aware of any days without RN coverage. During an interview on [DATE] at 3:59 p.m., the ADM stated he was aware of the five dates without RN coverage. The ADM stated RN coverage for eight hours per day was both a regulatory requirement and his expectation. He stated he did not have a clinical background but understood that some tasks, such as pronouncing death, could only be performed by an RN. He stated he was not aware of any negative outcomes to residents due to the lack of RN coverage and noted the facility had Telehealth or on call nurses available if needed. Record review of facility's policy Leadership Policies and Procedures, on staffing, revised [DATE], reflected Policy: The Facility's Leadership will provide a sufficient number of staff to successfully implement patient/resident-focused functions. A. Nursing.3. Except when waived, uses the services of a RN for at least eight (8) consecutive hours per day, seven (7) days per week.		

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: 676382

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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** Based on observations, interviews, and record reviews, the facility failed to ensure the residents received services with reasonable accommodation for each resident's needs and preferences except when to do so would endanger the health and safety of the resident or other residents for 7 of 12 residents (Residents #3, #63, #76, #18, #04, #12, and #54) reviewed for call light accessibility. The facility failed to ensure the call light system was accessible to Residents #3, #63, #76, #18, #04, #12, and #54. This failure could place residents at risk of not being able to call for staff assistance to meet care needs or at risk of injury or pain. Findings included: Record Review of Resident #3's face sheet dated 07/01/2026 reflected the resident was an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnoses included cerebrovascular disease (condition that affects blood flow to the brain), diabetes, legal blindness, aphasia (language disorder), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (paralysis on one side of the body after a stroke), epilepsy (seizure disorder), acute respiratory failure with hypoxia (insufficient oxygen levels), and chronic respiratory failure with hypercapnia (elevated levels of carbon dioxide in the blood), history of falling, and contracture (stiff joints of right hand). Record Review of Resident #3's Quarterly MDS dated [DATE] and 06/17/2026 reflected Resident #3 was non-verbal, vision was severely impaired, and no BIMS score was listed because resident was rarely/never understood. She was dependent on all tasks and activities. She had a feeding tube and received oxygen therapy. Record review of Resident #3's care plan dated 06/22/2026 reflected the resident was at high risk for falling and had impaired vision related to legal blindness. Interventions included: Keep call light within reach at all times. Record Review of Resident #63's face sheet dated 07/01/2026 reflected the resident was a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE]. Her diagnoses included dementia, hemiplegia and hemiparesis (paralysis on one side of the body), aphasia (language disorder), chronic kidney disease, dysphagia following cerebral infarction (difficulty swallowing after a stroke), epilepsy (seizure disorder), and multiple bone and muscle contractures to multiple sites throughout the body (elbows, left shoulder, upper arms, hands, and knees). Record Review of Resident #63's Quarterly MDS dated [DATE] reflected Resident #63's hearing was highly impaired, she was non-verbal, and no BIMS score was listed because resident was rarely/never understood. She was dependent on all tasks and activities. She had a feeding tube. Record review of Resident #63's care plan revised on 06/29/2026 reflected the resident was at risk for falling related to impaired mobility and hemiplegia. Interventions included: Keep call light within reach at all times. Record Review of Resident #76's face sheet dated 07/01/2026 reflected the resident was an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included cerebral infarction (stroke) pressure ulcer of right buttock, chronic pain, non-pressure chronic ulcer of other part of left lower leg, chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral, (blood clots in both legs), and hemiplegia (paralysis on one side of the body). Record Review of Resident #76's admission MDS dated [DATE] reflected Resident #76's BIMS score was 07, indicating a severe cognitive impairment. She was on continuous oxygen therapy and was prescribed opioids (narcotic pain medication). She was dependent on all tasks and activities, except for eating and oral hygiene she required maximal assistance with. Record review of Resident #76's care plan dated 06/30/2026 reflected the resident was at risk for falling related to impaired mobility and limited in ability to transfer self-related to stroke. Interventions included: Keep call light within reach at all times. Record review of Resident #18's Face sheet dated (continued on next page)		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	07/01/2026 indicated that the resident was a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. His diagnoses included type two diabetes (high blood sugar) with diabetic neuropathy (acute pain), protein malnutrition (losing muscle mass and fat), chronic kidney disease stage three (kidney damage), acute pain, and cognitive communication deficit (memory, processing speed).Record review of Resident #18's Quarterly MDS dated [DATE] reflected a BIMS of 6, indicating severe cognitive impairment. He was dependent on all tasks.Record review of Resident #18's care Plan dated 5/22/2026 reflected Resident #18 had impaired mobility. Interventions included: Keep call light within reach at all times.Record review of Resident #4's Face sheet reflected the resident was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included anemia (lacks enough healthy red blood cells), major depressive disorder with psychotic symptoms, hyperlipidemia (high levels of lipids and fats), and high blood pressure.Record review of Resident #4's quarterly MDS dated [DATE] revealed resident had a BIMS score of a 09 which revealed moderate cognitive impairment. He was dependent on all tasks.Record review of Resident #4's Care plan revised on 5/06/2026 reflected Resident #4 was at risk for falling related to impaired mobility. Interventions included: keep call light within reach at all times.Record review of Resident #12's face sheet reflected the resident was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included: Heart disease (heart's ability to pump blood), acid reflux disease (stomach acid flows backward into the esophagus), and muscle weakness.Record review of Resident #12's Quarterly MDS dated [DATE] reflected Resident #12's BIMS was a 7 which indicated severe cognitive impairment. He was dependent on all task and activities.Record review of Resident #12's Care plan revised on 4/08/2026 reflected Resident #12 was at risk for falling related to impaired mobility. Interventions included: Keep call light within reach at all times.Record review of Resident #54's Face sheet reflected the resident was a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included the following: shortness of breath, localized swelling, mass and lump, and dementia (progressive decline in mental and cognitive abilities).Record review of Resident #54's Quarterly MDS dated [DATE] reflected that Resident #54 did not have a BIMS because of the dementia diagnoses .Record review of Resident #54's care plan, revised on 5/15/2026, reflected that Resident #54 has as evidenced by poor decision-making and dementia. During an observation and interview on 6/29/2026 at 10:49 AM with Resident #54, his call light was behind the bed, out of reach. He stated he does not know how long the call light had been behind the bed. He stated that he did not realize the call light was on the floor. He stated he does not use the call light often. He stated he has not had any falls due to staff not coming to help him.During an observation on 06/29/2026 at 12:08 p.m. and 2:39 pm. , Resident #3 was asleep in bed with oxygen nasal cannula in place and feeding tube. Resident #3's call light was observed hanging off the side of the bed tucked between the bed rails and the bed frame and out of reach. Resident #3 was noted to be non-verbal and not interviewed. During an observation on 06/29/2026 at 12:11 p.m. and 2:40 p.m., Resident #63 was asleep in bed. She had bilateral contractures of both hands with a towel in her left hand. Resident #63's call light was observed hanging off the back of her bed, touching the floor, and out of reach. Resident #63 was noted to be non-verbal and not interviewed.An observation and interview on 6/29/2026 at 12:25 PM with Resident #12 revealed his call light was in his bedside table drawer. He was not really able to answer questions. Resident #12 family member stays in the same room with him. The family member stated that he is blind and does not know how to use the call light because he cannot see the buttons on the call light. The family member stated that if he needs any help, she will use a call light for him. An observation and interview on 6/30/2026 at 9:19 AM with Resident #4 revealed he was in his wheelchair and the call light was behind the bed, close to the floor. He was not able to reach the call (continued on next page)		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	light in his wheelchair or if he was in the bed. He stated he has not had any injuries from staff not checking on him because he could not use the call light. An observation and interview on 6/30/2026 at 9:23 AM with Resident #18 revealed his call light was behind the bed and not close to the resident. He stated he does not use the call light. He stated falls or injuries from not being able to use the call light .During an observation on 06/29/2026 at 2:17 p.m. and 06/30/2026 at 9:26 a.m., Resident #76's call light was observed underneath the bed and out of reach. The resident was asleep in bed with oxygen nasal cannula in place. During an observation and interview on 06/30/2026 at 9:34 a.m., CNA D searched Resident #76's bed for the call light, located it underneath the bed, and placed it in the resident's hand. CNA D stated the call light was not within reach and all residents' call lights should always be accessible so residents could call for help. She stated she had been trained in call light placement and that staff were responsible for checking call lights during rounding at least every two hours. She stated a call light out of reach could result in falls or unmet needs. During an observation and interview on 06/30/2026 at 9:38 a.m., Resident #76 stated she used her call light but was unaware it had been underneath the bed. She complained of pain, grimaced, and was unable to continue the interview due to distress. She was being assessed by LVN K. During an interview on 06/30/2026 at 9:41 a.m., LVN K stated all call lights should always be within reach. She stated a call light out of reach could prevent residents from alerting staff, resulting in unmet needs or delayed care. She stated Resident #76 could not have reached the call light where it was lying behind the bed. She stated the resident became anxious and pulled at covers, and the call light may have fallen. She stated that she was not sure why the residents call light was not close to the residents. She stated staff were trained to check call lights anytime they entered a room and during rounding at least every two hours. During an interview on 06/30/2026 at 10:06 a.m., ADON B stated it was her expectation that all call lights be within reach. She stated a call light out of reach could cause delayed care or treatment. She stated staff had been trained in call light placement and she was developing an in service training . She stated staff were responsible for checking call lights during rounding at least every two hours. During a telephone interview on 06/30/2026 at 11:39 a.m., Resident #3's family member stated she did not think the resident used her call light or knew where it was due to blindness and paralysis. She stated she had a camera in the resident's room and received alerts when staff entered. During an interview on 07/01/2026 at 2:22 p.m., the DON stated it was her expectation that all call lights be readily available and within reach. She stated residents unable to reach their call lights could not call for help or express needs, and could fall or be injured attempting to reach the call light. She stated staff had been trained in call light placement and were responsible for checking call lights before exiting a room and during rounds at least every two hours. During an interview on 07/01/2026 at 2:55 PM, ADM stated that call lights should be kept within reach of the resident at all times. He stated that staff are expected to make rounds at least every two hours and ensure that the call light is within reach of the resident. He stated he was unaware of any negative outcome if this was not done. He only stated that staff are expected to check on residents to ensure their call lights are within reach. Record review of the facility policy titled Patients and Residents revised on 12/20/2024 reflected: Call bells, lights, and drainage bags are not to be attached to the bed rails. The call-light is to be easily accessible to the patient.		

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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review, the facility failed to post its most recent survey in an area accessible to residents, family members, and legal representatives of residents, in 1 of 1 survey binders. The facility failed to ensure the most recent standard survey was readily available for residents and families to review. This failure could leave residents without access to up-to-date information about the facility's compliance with federal and state regulations, limiting their ability to make informed decisions and exercise their rights. During a confidential group interview at an undisclosed date and time, 6 residents confirmed they did not have access to the most recent standard survey results and wanted to review them. An observation on 06/30/2026 at 4:05 PM indicated that the survey results were not posted where residents could have access to the binder. The survey binder was located behind the reception desk and not accessible for residents and family members. An interview on 7/1/2026 at 2:05 PM with the receptionist. She stated a survey binder has been kept behind the desk for as long as she was aware. She stated if someone asked for the survey, she would have to ask the DON or the Administrator where it was. She stated she has never had any staff, family, or residents ask her where the survey results were. She stated she is aware of the policy that a survey binder should be available for residents, family, and Ombudsman to view. She stated the survey results have been behind the Desk as far as she can remember. An interview on 07/01/2026 at 2:19 PM CNA M stated she does not know where the survey results binder is located. She stated she would have to ask the Administrator where the binder was. She stated no one had told her where the survey binder was located and what to do if someone asks for the binder. An interview on 07/01/2026 at 2:55 PM, the ADM stated the survey results binder should be posted for residents, family, and the ombudsman to see. He stated the survey binder has been behind the receptionist desk but should be out where it is available to be looked at. He stated that the last survey was in 2025. Policies: The ADM stated they do not have a policy on where the binder should be in the facility.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received necessary services to maintain personal hygiene for 1 of 20 residents reviewed for ADLs. (Resident # 99).The facility did not provide Resident #99, who required extensive assistance with bathing, with a shower/bath on scheduled days of 6/17, 6/19, 6/22, 6/24, 6/26 and 6/29/26. This failure could affect residents who received activities of daily living help from facility staff by placing them at risk for loss of dignity and self-worth, skin breakdown and discomfort.Record review of Resident #99's face sheet dated 07/01/26 revealed resident was a [AGE] year-old female with an initial admission date 06/17/26.Record review of Resident # 99's health and physical dated 06/17/2026 revealed medical diagnoses of displaced bimalleolar fracture of left lower leg (is a serious ankle injury in which both the inner tibia and outer fibula are broken, and the bone ends are out of alignment) sequela (a condition which is the consequence of a previous disease or injury), Insomnia (is a common sleep disorder that can make it hard to fall asleep or stay asleep), and hypertension (High blood pressure). Record review of Resident 99's MDS dated [DATE] revealed Resident # 99 had a BIMS score of 13 indicating cognition was intact, with normal thinking and memory (no cognitive impairment). Section GG - Functional Abilities notated Resident # 99 required substantial/maximal assistance and was dependent, meaning the helper does more than half or all the effort to complete bathing and showering activities. Record review of Resident # 99's care plan dated 6/30/2026 indicated Resident requires assistance of 1 person to complete ADLs. The goal was Resident will complete ADLS with assistance and staff are not to rush the resident and to allow extra time to complete ADLs. Record review of Physician order dated 06/24/2026: Bathing (Bath/Shower/Days/Shift): M W F 2:1 . Record Review of Point of Care History: Shower log from 6/17/2026 through 6/30/2026 revealed that on 06/26/2026 at 4:43 p.m., shower was offered to Resident # 99, and it was refused and no other recorded dates of showers having been offered to Resident # 99 or having been received by Resident # 99. During an observation and attempted interview on 06/29/2026 at 1:00 p.m., Resident # 99 was mobilizing herself using her wheelchair to enter the bathroom in her room. Resident stated she was getting ready for a doctor's appointment, and she did not have time to talk now.During an interview and observation on 06/30/2026 at 9:04 a.m., Resident # 99's left ankle was covered due to a recent ankle surgery. She said it has been difficult maneuvering around and she has been able to get stronger through the help of physical therapy. Her goal is to get back to her home and be back to her normal self and to be independent. At this moment she has limited motion and does not want to push herself and have another injury. She said she has not had a shower due to her ankle injury, and she is not getting wet. She said she is not getting a sponge bath and would like to have those. She would like her hair washed and said her hair is gunky and makes her feel gross.During an interview on 06/30/2026 at 4:03 p.m., LVN I stated the shower schedules were in a binder behind the front desk for 400, 500, and 600 halls. LVN I said she was with Agency and was not sure of showers offered or refused by residents. She said she does not have full access or know where to look in the patient's chart.During an interview on 06/30/2026 at 4:09 p.m., ADON A said she was not aware of the issue with showers not being given or offered for Resident #99. She did report that showers for Resident #99 are scheduled for Monday, Wednesday, and Fridays and immediately wanted to go check on patient due to not having heard a report from the patient either on the shower issue. ADON A said neither Resident # 99 nor staff reported any issues, and she would look in the daily charting for the resident on her laptop. She reported that she was not sure if (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	agency were not giving or offering Resident # 99 her scheduled showers. She said agency may not know where to log if a shower was given or refused. She was able to pull up the shower log data ranging from 06/17/26- 6/30/26 in her laptop and there was 1 recorded shower as refused, and no other showers were recorded or refused. ADON said if patient is not showered or bathed it can cause breakdown of skin and it is a dignity issue for the resident. She said agency staff or nursing staff would be educated again on showers, bathing, or bed bath and educated on where and how to log offered, given or refused in the kiosk or laptop. During a follow up interview on 06/30/2026 at 4:43 p.m., ADON A said she spoke to Resident #99 and patient said to her she had not received a shower since being admitted to facility and patient reported 1 staff went to her room [ROOM NUMBER] day and offered to shower her and patient accepted but that the 1 staff never came back again. ADON A said she wrapped up her leg and was currently in the shower in her room and patient did not refuse. During an interview on 07/01/2026 at 10:39 a.m., Resident # 99 stated she is doing good; she received her shower on 06/30/2026 in the evening and she got a good shower and feels very clean and said her hair is fluffy and she slept better than she has in a while. She was smiling from ear to ear. She reported a staff woman came to her and said you should have told me you had not been receiving yours showers instead of telling the other lady . She said there were 2 ladies that transferred her to the shower chair and one staff lady that helped to shower her in areas she could not reach and helped to wash her hair and said she took her time and did not make her rush, she was also happy the staff helping her was a woman and not a man. During an interview on 07/01/2026 at 11:28 a.m., CNA C said she is full-time with the facility and her normal shift is 6 AM- 2 PM . The shower list is odd room numbers are scheduled to receive showers Monday, Wednesday, and Friday and even room numbers are scheduled for Tuesday, Thursday and Saturday. Patients that are scheduled for showers, bed bath, sponge bath usually know their days and if the patient refuses for any reason, then the CNA on that scheduled shower day and time are to record in the patient chart in the kiosk. She said there are multiple kiosks down all the halls and between the patient's room(s). She said if a resident refuses a shower staff are to report that to the nurse, and the nurse will also ask resident unless the resident is leaving for an appointment or with family and that is noted in their chart as not given for one of those reasons. She said if showers are not recorded properly there is a risk that patients could have skin issues like breakdown and patients can become embarrassed and not want to go out for activities or be social with other patients and want to stay in their rooms, so showers are important to every patient. During an interview on 07/01/26 at 2:33 p.m. DON stated she has been employed at this facility since 05/22/2026 and her duties include overseeing nursing services. She stated she was a resource for the nursing staff regarding clinical insights. Two requests were made to DON for copies of the facility's shower policy, and the policy was not provided during this survey. DON stated, they have a premade assignment of shower days for each resident. She stated that residents' records are updated to try and accommodate residents' preferences for shower times and days. DON stated ADONs are responsible for making sure the residents are showered according to the care plan. She stated the care staff, CNAs, perform the showers for the residents. DON stated her expectation is that residents will be bathed per the schedule on the care plan. She stated the residents could have body irritation, skin breakdown or overall uncomfortableness if they do not receive shower. During an interview on 07/01/2026 at 3:00 p.m., ADM stated he has been employed at this facility since January 2026. ADM stated his duties include overseeing operations of the building and making sure residents are safe and taken care of. ADM stated residents have a right to have self-determination. ADM stated that he expects staff to follow the shower schedule and that CNAs are responsible for showering the residents. ADM stated some (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents refuse showers. ADM stated, I am not aware if there is a written policy regarding showers. ADM answered the question presented, what could happen to a resident if they do not get a shower? He stated, I expect them to follow the care plan. Record Review of MDS for Resident #99 dated 06/21/2026 reflected: Activities of Daily Living, Optimal Function Activities of daily living, 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 care out activities of daily living on their own to ensure they maintain proper nutrition, grooming, and hygiene. Procedures: 1. 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 [NAME] assessment. 2. Facility staff monitor conditions which may cause an unavoidable decline in the resident's ability to perform ADLs. 3. Facility staff develop and implement interventions in accordance with the residents' assessed needs, goals for care, preferences and recognized standards of practice that address the identified limitations in ability to perform ADLs. 4. Facility staff review Physician's orders for therapy and restorative, if applicable.		

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 07/01/2026
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)		
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. Based on observation, interview and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 2 of 2 kitchens reviewed for Food and Nutrition Services. The facility failed to ensure dietary staff followed proper handwashing and glove use. These deficient practices could place residents at risk for food borne illness. During an observation on 06/29/2026 at 10:40 a.m., in Kitchen 1, [NAME] E finished a task of pureeing meatloaf. She removed her gloves and she picked up a white dish rag from the preparation counter, and she moved it to the dirty linens pile. [NAME] E failed to wash hands before putting on a new pair of gloves and beginning to puree carrots for the lunch meal. During an interview on 06/30/26 at 1:10 p.m., [NAME] E stated she has been employed at this facility for about 1 year, she has a current Food Handlers Certificate, and she has been trained in Food Service Safety and Sanitation. She stated she has been in-serviced on hand washing and glove use in the kitchen. She said, I have been trained to wash my hands before and after use of gloves in the kitchen. She said she knows to never reuse gloves and if she does not properly sanitize her hands a resident could get sick. [NAME] E said she forgot to wash her hands before putting on a new pair of gloves. During observation on 06/29/2026 at 11:30 a.m., DA G entered Kitchen 2 and she failed to wash her hands or don gloves before serving food from the steam table to the lunch trays. During an observation on 06/29/2026 at 11:32 a.m., DA H entered Kitchen 2 and she failed to wash her hands or don gloves prior to distributing food to the dining plates. During an interview on 06/30/26 at 1:53 p.m., DA G stated she has been employed at this facility since December of 2025 and she has been in-serviced by other staff in hand hygiene and she said, everyone is supposed to practice hand hygiene. She stated she knows that kitchen staff are expected to wash hands whenever moving from one task to another. She stated that staff are to practice proper hand hygiene to prevent transfer of germs to a resident. DA G did not recall that she failed to wash her hands when she entered Kitchen # 2. During an observation and interview on 06/29/2026 at 11:35 a.m., [NAME] F failed to wash her hands when she walked from Kitchen #1's food prep counter to the steam table. Observed [NAME] F lifting her right, ungloved hand to touch her nose and mouth. [NAME] F used her ungloved hands to pick up silverware, to serve food on plates and to put plates on the trays and move trays to the hall cart. [NAME] F stated, kitchen staff must always wash hands when entering the kitchen. She said they must always wear gloves when prepping food and when they have a workstation change. She said, I am supposed to always wash hands between tasks. She said food borne illnesses can happen if kitchen staff did not wash their hands frequently. [NAME] F said she did not recall lifting her hands to her face while in Kitchen # 1 and she did not recall if she had washed her hands or not. During an observation and interview on 06/29/2026 at 12:17 p.m., AD failed to sanitize her hands prior to picking up a food tray at the Kitchen #2 food service area and delivering the lunch tray to a resident in the dining room. During an interview AD stated she is a new employee at the facility, and she had been trained in hand sanitation techniques. AD stated, hand hygiene is important because seniors are susceptible to illness. She stated she did not remember that she was supposed to use sanitizer on her hands when she picked up the lunch tray. During an observation and interview on 06/29/2026 at 12:18 p.m., RN O failed to wash her hands or use hand sanitizer prior to picking up and delivering a lunch tray to a resident in the dining room. RN O stated she has been trained in hand hygiene, and that hygiene is necessary to prevent foodborne illness. RN O was not sure of why she did not use sanitizer on her hands before picking up the lunch trays to deliver them to the residents. During an observation on 6/29/2026 at (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12:30 p.m., Maintenance Director entered the kitchen #2 and he failed to wash hands prior to walking through the kitchen. During an interview on 07/01/2026 at 1:39 p.m., Maintenance Director stated, I understand the hand-washing process. He stated he understood that washing hands prevents the spread of germs. He stated hand hygiene is related to the job being performed by the staff member. He stated, he did not wash his hands when he entered kitchen #1 on 6/29/2026 at 12:30 p.m., because he was doing a quick once over and did not need to wash his hands. During an interview on 06/30/26 at 2:29 p.m., DM stated he has been training in hand hygiene. He stated the training included the reason hand hygiene is needed, hand washing technique and, consequences, if hand hygiene was not used by staff. He stated, I am responsible for the staff and their hand hygiene. He stated everyone is supposed to practice proper hand hygiene because residents could get sick if hand hygiene is not used. He stated all staff are required to wash hands when changing tasks, when they enter the kitchen and when they change gloves. All staff are required to wear gloves when they are prepping food or serving food at the steam table. DM stated he was not aware that [NAME] E failed to wash hands prior to donning gloves for the puree and that staff failed to wash hands prior to entering Kitchen # 2. During an interview on 07/01/26 at 2:33 p.m., DON stated she has been employed here since May 22, 2026, and her duties are to oversee nursing services, and she is over infection control for the facility. She stated it is her expectation that staff are to wash hands between any type of contact or when staff are changing rooms. She stated, if staff failed to wash hands there could be widespread infection. She stated it is the policy that kitchen staff should wash hands when preparing food. She stated, they should use gloves when handling raw food and they should wash hand between tasks. She stated kitchen staff should use gloves when dealing with raw food and if food is taken out of a package. She stated the DM is responsible for kitchen staff hand hygiene practices. During an interview on 07/01/2026 at 3:00 p.m., ADM stated, he has been employed at this facility since January 2026, and his duties are to make sure residents are safe and taken care of. ADM stated his expectation is that staff follow guidelines for handwashing and hand hygiene. ADM stated, he believed hand hygiene requirements are included in the food handlers permit training. Record review of Nutrition Policies and Procedures dated 10/15/2025 reflected: Subject Sanitation & Food Safety in Food and Nutrition Services Policy The Certified Dietary Manager will assume responsibility for the food safety and sanitation of the Nutrition Culinary Department. Procedures: 1. Infection control and sanitation practices are followed to minimize the risk of contamination of food and prevent food borne illness. 4. The DM monitors food safety and sanitation in the Food and Nutrition Department daily. Record review of Nutrition Policies and Procedures, dated 10/15/2025 reflected: Subject: Hand Hygiene/ Hand Washing Policy: Hand hygiene is the most important component for preventing the spread of infection. Proper washing techniques will be used when hand washing is indicated. Employees keep their hands and exposed portions of arms clean. Procedures: 1. Clean hands in a hand-washing sink. Hands may not be cleaned in a sink used for food preparation. 2. Wash Hands: A. When hands are visibly soiled. B. Before starting work. C. Before putting on gloves, when changing into a fresh pair of gloves, and immediately after removing gloves. Before handling or eating food. J. After contact with soiled or contaminated articles. 3. Wash hands with soap and water when hands are visibly dirty, contaminated, or soiled. Antimicrobial gels cannot be used in place of proper hand-washing techniques in a food service setting. (this refers to in the kitchen and food preparation but not to passing of trays.) Record review of Infection Prevention and Control Policies and Procedures dated 05/15/2023 reflected: Subject: Indications for Glove Use Policy The facility recognizes and implements Standard Precautions. The use of enhanced and transmission-based precautions is implemented as clinically indicated and recommended by health authorities. Gloves are provided as a barrier for protection from . likely to soil (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the hands. Procedures:Gloves are worn when:3.Handling items or environmental surfaces that are or are likely soiled .4.Hand hygiene is performed prior to donning gloves.		