STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676440	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ignite Medical Resort Round Rock, LLC	16219 Ranch Road 620 North Austin, TX 78717

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to be adequately equipped to allow residents to call for staff through a communication system that relays the call directly to a staff member or a centralized staff work area from toilet facilities for 1 of 1 resident rooms. (Resident #10's room [ROOM NUMBER]) reviewed for call lights.The facility failed to ensure emergency call lights in Resident #10's room's bathroom were operable.This failure could place residents at risk of injury, pain, hospitalization, and a diminished quality of life.Findings include:Record review of Resident #10's face sheet dated 10/05/25 indicated Resident #10 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included low back pain, pain in the right leg, and age-related osteoporosis (bone disease that occurs because of the aging process). Record review of Resident #10's annual MDS assessment has not been completed yet. Resident #10 required total assistance with toileting, personal hygiene, transfer, and bathing. Record review of Resident #10's Comprehensive Care Plan dated 10/10/25 reflected Resident #10 had ADL self-care performance deficits and limitations in physical mobility. Resident #10 requires assistance with all her ADL's. During an interview on 10/14/2025 at 10:27 PM, with Resident #10 in room [ROOM NUMBER], she stated that the call lights in the bathroom were not working. Resident #10 said she told someone about the call light not working, and she was told that someone was supposed to come and fix the call lights. Resident #10 said she cannot remember when she told someone or the name of the person that she spoke too about the call lights not working. Observation on 10/14/2025 at 10:35 AM, room [ROOM NUMBER] was observed to have two call lights in the bathroom next to the toilet. Upon pulling on the strings of both call lights in the bathroom, neither one of the call lights in the bathroom activated the call light system. During an observation and interview on 10/14/25 at 1:15 p.m., LNV A stated that call lights were to be checked randomly to make sure they were working. LVN A said that if a call light was not working, she would tell management. LVN A said that call lights were usually fixed right away. LVN A said if a call light was not working, a resident could be injured and stuck on the floor for a long period of time without care. During an observation and interview on 10/14/25 at 2:00 p.m., the DON stated that she was not aware that the call light in room [ROOM NUMBER] was not working. DON stated that there was no maintenance person at the facility, but they have hired a maintenance worker, and they will be starting in one week. DON said she was going to have Resident #10 moved to another room. DON said she has someone going to all the rooms to make sure all the call lights were working. DON said if a call light was not working then a resident could be seriously injured and left on the floor for an extended period. Record review of facility policy titled, Call Light - Ability to Use, Residents dated updated November 2024, reflected:1. The call light system is provided as a tool for residents to communicate with staff.2. Residents will be evaluated for the ability to use the call light on admission, quarterly and annually.3. If residents are determined to be physically unable to use call lights, alternative call buttons (touch, whistle, etc.) will be provided.

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