

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Sundance Inn Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2034 Sundance Parkway New Braunfels, TX 78130	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review the facility failed to notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand, the facility failed to send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman and the facility failed to provide the notice of transfer or discharge required at least 30 days before the resident is transferred or discharged or provide notice as soon as practicable before transfer for 3 of 3 residents (Residents #1, #2, and #3) reviewed for Discharge Rights. The facility failed to give the representative of Resident #1 written documentation at least 30 days prior to discharge which informed them of the facility-initiated decision to discharge the resident and the right to appeal. The facility failed to give the representative of Resident #2 written documentation at least 30 days prior to discharge which informed them of the facility-initiated decision to discharge the resident and the right to appeal. The facility failed to give the representative of Resident #3 written documentation prior to discharge which informed them of the facility-initiated decision to discharge the resident and the right to appeal. This failure could affect residents who are discharged from the facility and could place them at risk of having their discharge rights violated. Findings included: Record review of Resident #1's admission Record dated 04/29/26 documented an [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included non-ST elevation (NSTEMI) myocardial infarction (type of heart attack), unspecified protein-calorie malnutrition (condition where patient suffers from deficient protein and caloric intake), acute respiratory failure with hypoxia (critical condition where the lungs cannot adequately oxygenate the blood), benign prostatic hyperplasia without lower urinary tract symptoms (enlarged prostate) and unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety (a stage of memory impairment that requires more assistance with daily activities but are not yet in fully dependent stage). Record review of Resident #1's discharge MDS dated [DATE] indicated a BIMS score of 8 which reflected moderate cognitive impairment. Record review of Resident #1's SLUMS Examination dated 03/19/26 revealed a score of 8 out of 30 indicating the presence of dementia. Record review of Resident #1's Care Plan included focuses of The resident is resistive to care (taking medications/injections), ADL assistance with a date initiated of 03/10/26; and The resident expresses a wish to be discharged to [FACILITY] for elopement risk and wandering to ensure resident has a safe environment with a date initiated of 03/30/26. During an interview with FM A on 04/29/26 at 8:55 am, the concern was expressed that Resident #1 had been in another LTC facility for rehabilitation and a catheter was placed due to urinary issues. Resident #1 pulled out his catheter so it was not replaced but the family was afraid that he still had urinary issues such as an infection which might be causing his restlessness and wandering. FM A also expressed concern about his medications and wanted the facility to have the doctor review and possibly change Resident #1's medications to assist with his anxiety. FM A also stated that she received a call from the facility that Resident #1 had tried going to the exit doors although he had never wandered before. FM A told the facility social worker that she was leaving the country to go on vacation for a few (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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