

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

Printed: 05/17/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER Sagebrook Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Discovery Blvd Cedar Park, TX 78613	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45799</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure that residents had a safe homelike environment for 2 (100-hall shower and 300-hall shower) of 2 shower rooms reviewed for environment.</p> <p>The facility failed to ensure the residents were provided with a safe, sanitary, and comfortable homelike environment .</p> <p>These failures placed residents at risk of living in an unsafe, unsanitary, and uncomfortable environment.</p> <p>Findings included:</p> <p>Observation and interview on 01/24/23 at 10:52 AM, accommodated by CNA H, of the shower room between 100 and 200-hall revealed it had three cans of shaving creams, a bottle of body lotion, four bottle of deodorants, a razor, a toothpaste, a barrier cream ointment, a scissor on an open shelf unlocked and unattended . CNA H stated items should not have been left unattended and should have been taken out right after the resident showers and the door should have been locked. CNA H stated the reason for not leaving it unattended was to prevent cross-contamination.</p> <p>Observation and interview on 01/24/23 at 11:02 AM, accommodated by CNA M, of the shower room on 300-hall revealed it had two bottles of shampoos, two bags of soap, and a toothpaste on an open shelf unlocked and unattended. Inside an unlocked cabinet located inside the shower had a nail clipper, three bottles of body lotions, two cans of shaving creams, a bottle of deodorant, and a toothpaste . CNA M commented the items inside the cabinet seemed to belong to an employee used as their locker. CNA M stated the items should not been there due to infection control and that other people should not use other people's things. CNA M stated the best practice was to take the items back to the resident's room once the shower had been completed. CNA M stated we staff had in-services done on these topics by the management team but cannot could not recall the date in-service was conducted.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 675937	Facility ID: 675937 If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER Sagebrook Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Discovery Blvd Cedar Park, TX 78613	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 01/26/23 at 11:10 AM, the ADON stated no chemicals and items mentioned earlier in the observation should not have been inside the shower room unattended. ADON stated the scissors and razors are hazards and if it got into the wrong hands, it would could have beenbeen a safety concern. The other items would have been considered hazardous if it got spilled. ADON stated the razor after it had been used should have been discarded into the sharp containers which was located inside the shower room, the scissors, after been used, should have been returned to the nurse's cart and lotions and other solitary items gotwere returned to the resident's room.</p> <p>Interview on 01/26/23 at 3:17 PM, DON stated items observed inside the shower room should not have beebeen kept there because it was a safety concern and could cause harm to residents. DON stated items belonged to the residents should have been put back into their rooms and items that were one-time use, should have been disposed in the sharp containers. CNAs are responsible to put back the items after it had been used. Scissors and nail clippers should have been stored in the nurses' cart. or area where not accessible by the resident.</p> <p>Interview on 01/26/23 at 3:29 PM, ADM stated the items taken with the resident into the shower, should have camecome back with the resident. ADM stated there could have been many unidentified risks to residents if items are left unattended</p> <p>Record review of facility's Homelike environment policy, dated revised February 2021, reflected, Resident are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER Sagebrook Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Discovery Blvd Cedar Park, TX 78613	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45799</p> <p>Based on observation, interview, and record review, the facility failed to provide residents respiratory care consistent with professional standards of practice for 1 or 30 residents (Resident #25) reviewed for oxygen therapy.</p> <p>The facility failed to ensure Tthe oxygen tubing on Resident #25 was receiving oxygenwas dated with and a humidifier bottle on the oxygen concentrator was not empty for an unknown time.</p> <p>This failure placed residents at risk of nose and throat discomfort, dryness of nasal passageways skin breakdown , inadequate respiratory care, and infection control.</p> <p>The findings included:</p> <p>Review of Resident #25's fFace Ssheet, dated 01/26/2,3 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of COPD ,(a lung disease that blocks airflow and make it difficult to breathe), asthma, (a condition in which the airways become inflamed which makes it difficult to breathe), DM (, a disease that results in too much sugar in the blood), chronic cough, anemia (, a condition that does not have enough healthy red blood cells), anxiety (, a feeling of excessive and persistent worry) , HTN (high blood pressure), and muscle weakness.</p> <p>Review of Resident #25's MDS assessment, dated 12/21/22, reflected a BIMs score of 12, indicatinges mild cognitive impairment. MDS indicated Resident #25 requires required oxygen therapy.</p> <p>Review of Resident #25's cCare Pplan, dated 07/31/20, reflected Resident #25 is was at risk for altered respiratory/SOB status/difficulty breathing related to diagnosis of COPD.</p> <p>Observation and interview on 01/25/23 at 12:10 PM revealed Resident #25 was lying in bed receiving oxygen on 4L via nasal cannula (oxygen tube). The humidifier, dated 01/22/23, was empty and had no water inside the bottle. Resident #25 stated her sister had passed away and has had not been paying attention to the oxygen and did not know when the oxygen humidifier was changed.</p> <p>Interview on 01/25/23 at 12:19 PM, LVN B stated Resident #25 was on continuous oxygen. LVN B stated the humidifier should not have been emptied. LVN B stated she only glanced at the oxygen at the beginning of the shift and ensured the oxygen was turned on, but did not pay attention to the humidifier. LVN B stated the humidifier was used for the nose to be kept moist.</p> <p>Interview on 01/26/23 at 11:10 AM, the ADON stated the humidifier should not been emptied. ADON stated the purpose of having the humidifier is for the nose to not get dry. It is the responsibility of nurses to ensure the oxygen items were working properly.</p> <p>Interview on 01/26/23 at 3:17 PM, the DON stated that oxygen greater than 3L requires required a humidifier. DON stated the purpose of the humidifier was to prevent nasal passage from drying out. DON stated the humidifier should not been emptied</p> <p>(continued on next page)</p>		

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

Printed: 05/17/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2023
NAME OF PROVIDER OR SUPPLIER Sagebrook Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 901 Discovery Blvd Cedar Park, TX 78613	
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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Interview on 01/26/23 at 3:29 PM, the ADM stated her expectation for the staff was for physician orders and facility policies to be followed .</p> <p>Record review of facility's oxygen administration policy, dated revised on October 2010, reflected 8. Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water levels high enough that the water bubbles as oxygen flows through .</p>		