

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676487	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/14/2022
NAME OF PROVIDER OR SUPPLIER  The Center at Parmer		STREET ADDRESS, CITY, STATE, ZIP CODE  13800 N Fm 620 Rd Sb 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 0697  Level of Harm - Actual harm  Residents Affected - Few	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38073</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that pain management was provided to residents who required such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one of six residents reviewed (Resident #1) for pain management, in that</p> <p>Resident #1 had uncontrolled pain when she did not receive hydrocodone-acetaminophen 10-325 mg PRN as prescribed and requested for three days, due to it not being available in the building.</p> <p>This failure allowed Resident #1 to experience unnecessary pain and placed other residents at risk of uncontrolled pain and diminished quality of life.</p> <p>Findings included:</p> <p>Review of the undated face sheet for Resident #1 reflected a [AGE] year-old female admitted to the facility on [DATE] with diagnoses of encounter for surgical aftercare following surgery on the skin and subcutaneous tissue, type two diabetes mellitus, hypertension (high blood pressure), depression, insomnia, hyperlipidemia (high cholesterol), history of methicillin resistant staphylococcus aureus infection (a bacterial infection resistant to antibiotics), urge incontinence (a strong, sudden need to urinate that is difficult to delay), presence of left artificial hip joint, gastroesophageal reflux disease (heartburn), chronic pain syndrome, history of other infectious and parasitic diseases, muscle weakness, and long-term use of insulin.</p> <p>Review of the care plan for Resident #1 dated 11/06/22 and revised on 11/13/22 reflected the following: I have acute/chronic pain r/t surgical wound to sacrum post skin flap secondary to pressure ulcer. I will have effective pain control over next 90 days. Acknowledge presence of pains and discomfort. Listen to patient's concerns as needed. Administer pain medications per physician order and note effectiveness. Implement non-pharmacological interventions when able such as: positioning/support, exercise/stretching, ice packs/moist hot pack application, relaxation. Monitor for pain every shift and as needed. Notify physician as needed of any changes. It also reflected the following, dated 11/08/22: I am taking Opioid medication for pain relief. I had a surgical procedure of a surgical flap closure on the sacrum. I will be free of any discomfort or adverse side effects from opioid pain medication through the review date. Monitor for side effect of dependence, somnolence, nausea, vomiting, constipation, itching, slowed reaction, respiratory depression and addiction.</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:	Facility ID: 676487
		If continuation sheet Page 1 of 6

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the admission MDS for Resident #1 dated 11/12/22 Section C Cognitive Patterns reflected a BIMS score of 15, indicating little or no cognitive impairment. Review of Section J Health Conditions reflected she had received scheduled pain medications, PRN pain medications, and non-medication intervention for pain in the five-day lookback period prior to the assessment.</p> <p>Review of physician orders for Resident #1 reflected the following:</p> <p>-Hydrocodone-acetaminophen 10-325 mg Give one tablet by mouth as needed every 8 hours for pain 7-10 started 12/09/22.</p> <p>-TraMADol HCl Oral Tablet 50 MG (Tramadol HCl) Give 2 tablet by mouth every 6 hours as needed for pain rating of 5-10 dated 12/10/22</p> <p>-Evaluation pain q shift and document. every shift for Routine Screening; Pain; dated 11/05/22</p> <p>Review of the December 2022 MAR for Resident #1 reflected the following administrations:</p> <p>-Hydrocodone-Acetaminophen 10-325 mg (Norco) given on 12/10/22 at 8:08 a.m. with an associated pain scale of 5. Follow up pain scale for this administration was listed as 0 out of 10. It was given on 12/10/22 at 7:18 p.m. with an associated pain scale of 7. Follow up pain scales for both administrations were 0 out of 10.</p> <p>-Tramadol HCl 50 mg given on 12/11/22 at 7:42 p.m. with an associated pain scale of 6 out of 10. Follow up pain scale for this administration was listed as a 2 out of 10. Administered again on 12/13/22 at 6:42 p.m. with a pain scale of 6. Follow up undetermined.</p> <p>Review of the controlled substances log for Resident #1 on 12/14/22 reflected that Tramadol was counted as give on 12/13/22 at 9:00 a.m. and signed by RN B. Hydrocodone-Acetaminophen had not been signed out at all on the log.</p> <p>Review of pain evaluations for Resident #1 dated 12/11/22 to 12/13/22 reflected the following:</p> <p>-Day evaluation 12/11/22 2 out of 10</p> <p>-Evening evaluation 12/11/22 0 out of 10</p> <p>-Day evaluation 12/12/22 2 out of 10</p> <p>-Evening evaluation 12/12/22 2 out of 10</p> <p>-Day evaluation 12/13/22 6 out of 10</p> <p>Review of skilled nurse's notes for Resident #1 reflected each note included a pain assessment. These pain assessments were documented as follows:</p> <p>-12/11/22 11:32 p.m. pain was 7 out of 10</p> <p>-12/12/22 8:29 p.m. pain was 7 out of 10</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on observation on 12/13/22 at 3:10 p.m., Resident #1 stated she was still waiting for a pain medication. Resident #1 stated she was supposed to get Norco, but they kept telling her that the pharmacy had not sent it. Resident #1 stated they have not had the medication in the building for three days, and in the meantime, they have only offered her Tramadol. Resident #1 stated Tramadol was what they prescribed for menstrual cramps in the 60s, and it was not effective for her. Resident #1 stated she accepted it once, but she has not bothered to take it again, because it did not help her pain. Resident #1 stated she was in pain during the interview. Resident #1 did not exhibit any outward signs of pain such as wincing, sweating, or grimacing.</p> <p>During an interview on 12/13/22 at 5:32 p.m., LVN A stated he had worked with Resident #1 the day prior, on 12/12/22. LVN A stated he thought she asked for Hydrocodone-Acetaminophen, but he did not have any to give her at that time. LVN A stated he offered Tramadol, but she did not accept and said it was not effective for her. LVN A stated she told him she was in pain, but she asked for the Hydrocodone-Acetaminophen with a flat affect. LVN A stated he assessed her for pain, and she was a 2 of 10. LVN A stated if she had indicated she was in more pain, he would have contacted the pharmacy for access to obtain a Hydrocodone-Acetaminophen from the facility emergency kit.</p> <p>During an interview on 12/13/22 at 6:06 p.m., RN B stated she worked 6:00 a.m. to 6:00 p.m. at the facility. RN B stated she had administered a Tramadol to Resident #1 that evening (12/13/22). RN B stated Resident #1's Hydrocodone-Acetaminophen was not in the building, because it had not been delivered to the pharmacy. RN B stated she had not spoken to the DON about the medicine not being available and was not entirely sure of the protocol for alerting the DON when a medication was not received from the pharmacy, but normally she would report to the DON. When asked why she did not report the situation to the DON, RN B did not have an answer. RN B stated Resident #1 preferred the Hydrocodone-Acetaminophen but was willing to take the Tramadol sometimes if her pain was too bad.</p> <p>During an interview on 12/13/22 at 6:10 p.m., RN C stated he worked the 6:00 p.m. to 6:00 a.m. shift. RN C stated Resident #1 had not reported any pain during his shifts. When asked about the skilled nursing notes in her chart that indicated her pain was at a 7 of 10, RN C stated they must have been entered by the other overnight nurse, RN E. RN C stated Resident #1 did not ask for any pain medication on his shift. RN C stated usually she did ask for pain medication one time first thing in the morning, and she wanted her Hydrocodone-Acetaminophen and would not take the Tramadol. RN C stated she always said her pain was 10 out of 10. RN C stated his understanding about the Hydrocodone-Acetaminophen was that it was supposed to have arrived the night before, 12/12/22, and should now arrive by tonight 12/13/22. RN C stated he had not talked to the DON or ADON about the missing medication and did not know if they were aware.</p> <p>An attempt was made on 12/13/22 at 7:03 p.m. to interview RN E by telephone, but she did not answer and did not return contact prior to exit.</p> <p>During an interview and observation on 12/14/22 at 8:08 a.m., RN D stated she was just about to administer Hydrocodone-Acetaminophen to Resident #1 who was complaining of pain at a scale of 7 out of 10. RN D stated the medication had arrived at the facility the night before, but this was the first time it had been administered. RN D pulled the blister pack out of the medication cart and presented it.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 12/14/22 at 8:30 a.m. revealed DON called RN B on speaker phone and asked why the narcotic logbook listed an administration of Tramadol at 9:00 a.m. on 12/13/22 while the MAR had it listed as administered on 12/13/22 at 6:42 p.m. RN B told the DON the medication was administered at 9:00 a.m. but she did not document in the MAR until later, and the time in the MAR was incorrect. The DON asked RN B to correct the time. RN B stated that Resident #1's pain was at a 2 when it was reassessed after that administration of Tramadol.</p> <p>During an interview on 12/14/22 at 7:19 a.m., DON stated Resident #1 had a sacral flap (a surgery in which a piece of tissue is taken from a donor site and moved to another site with an intact blood supply) and she was very concerned about her pain medication. DON stated she was not sure exactly what the pain medication regimen was for the resident, but she tended to want Hydrocodone-Acetaminophen all the time regardless of what her pain scale was. DON stated Resident #1 told them the tramadol did not work for her, and the only medication she said worked for her pain was two Hydrocodone-Acetaminophen. DON stated that sometimes there was a delay in receiving medication from the pharmacy when they were waiting for a provider to send a triplicate (a special form required for writing prescriptions for certain narcotic medication). DON stated it was her understanding that the nurse began calling the NP for a refill on the order for Resident #1's Hydrocodone-Acetaminophen on 12/08/22 and the issue with the medication was the NP did not send the triplicate form. DON stated one of her staff had made her aware that the medication had not arrived at around noon the day before, 12/13/22. DON stated she spoke to Resident #1 and confirmed she was not in too much pain for the pain to be addressed by Tramadol, and they reached out again to the provider to ensure the prescription would be sent. When asked why a stronger pain medication had not been pulled from the emergency kit to give to Resident #1, DON stated staff were assessing her pain, and it was not in the range that required the Hydrocodone-Acetaminophen. DON stated her nurses were telling her that the Tramadol was reducing her pain to a 2 out of 10 when Resident #1 was willing to take it, and yet she was refusing. When asked if she felt they did not need to provide the stronger medication because they considered Resident #1 to be drug seeking, DON stated that did not play a role in their decision. DON stated if the resident was ordered a medication and wanted the medication, it should be administered when the resident wanted it. DON stated usually, they were able to get in touch with the provider and get the triplicate sent to the pharmacy. When asked what the procedure should have been if they could not get the triplicate sent in, and DON stated she would escalate to her boss to have her boss escalate it to the NP's boss. When asked why it was not escalated in that way in this situation, DON stated the nurses were assessing the resident, and she assessed the resident herself, and Resident #1 was not reporting a pain level to them that warranted offering the Hydrocodone-Acetaminophen. DON stated when she assessed Resident #1, she determined the resident's pain was a level six of ten, and the resident was amenable to the fact they were working very hard to provide her with her desired medication. DON stated that she was responsible for ensuring residents' pain was controlled. DON stated she did not think she had done any specific in-servicing on what to do if a medication had not arrived at the facility, but she felt the staff knew to reach out to her.</p> <p>(continued on next page)</p>		

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F 0697  Level of Harm - Actual harm  Residents Affected - Few	<p>During an interview on 12/14/22 at 8:19 a.m., NP stated she was not aware that Resident #1's Hydrocodone-Acetaminophen was not available from 12/11/22 to 12/13/22. NP stated the resident had been on a pain regimen for quite some time and had been ordered the Hydrocodone-Acetaminophen as needed every six hours. NP stated that she had reduced the frequency of the pain medication from every six to every eight hours on 12/09/22, and so the prescription probably required a new triplicate form to be provided to the pharmacy, but no one had reached out to her to ask for it. NP stated Resident #1 had experienced pain chronically and had been on Hydrocodone-Acetaminophen for many weeks. NP stated it was time to back the medication off slowly. NP stated the staff usually contacted her if there was an issue with a prescription at the pharmacy, but no one had called her about this.</p> <p>During an interview on 9:13 a.m., ADM stated Resident #1 should have had her medication available to her as it was ordered. ADM stated the DON was responsible for overseeing the program to ensure that residents had their pain medications and their pain was properly controlled. ADM stated that process was also monitored when the DON did a weekly review of the system which was sent to a clinical consultant for their company. When asked what negative impact not having a prescribed narcotic pain medication could have on a resident, ADM stated it could cause Resident #1 to be in pain and lower her quality of life.</p> <p>Review of facility policy dated 02/02/21 and titled Analgesia Policy &amp; Procedure reflected the following:</p> <p>PURPOSE</p> <p>Pain is a medical problem that we face on a daily basis in our facility. Frequently patients arrive from the hospital with acute pain secondary to being transferred and transported to (facility name). This protocol should help with alleviating any delays in our attempts at controlling pain.</p> <p>POLICY</p> <p>Upon admission, all patients will be evaluated for pain. Pain level will also be evaluated every shift. Once a patient expresses the perception of pain or makes a request for pain medication, patient will be provided with a dose of analgesic pain medication or non-pharmacological intervention will be initiated.</p> <p>RESPONSIBLE AREAS:</p> <p>Nursing Staff</p> <p>PROCEDURE:</p> <p>-It is the responsibility of the individual staff member that heard the complaint to follow up and make sure that some intervention (pharmacological or otherwise) is initiated.</p> <p>-If a patient has an order for a pain medication from the hospital or one of our physicians, please use that order. Any scheduled pain medications should be given as close as time stated in MAR.</p> <p>-If there is no order and the patient is experiencing pain, contact the physician immediately to obtain an order for analgesia.</p> <p>(continued on next page)</p>		

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

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F 0697  Level of Harm - Actual harm  Residents Affected - Few	-If no response is received timely, please call the Medical Director to obtain an order for analgesia.  -In the interim, attempt non-pharmacological modalities for pain control such as repositioning, touch therapy, biofeedback, distraction (TV, conversation etc.).		