STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455390	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vida Nursing and Rehab-San Antonio	5027 Pecan Grove San Antonio, TX 78222

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 - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34957 Based on observation, interview and record review, the facility failed to maintain housekeeping and maintenance services to maintain a sanitary, orderly, and comfortable interior for 1 of 6 resident rooms, observed for housekeeping and maintenance, in that: 1. Resident #2's bed foot board was broken and hanging on the bedframe. 2. Resident #2 was sleeping in bed without linen. These failures could lead to resident injury and a diminished quality of life. The findings were: Record review of Resident #2'a face sheet, dated 11/1/24 reflected a male age 81. The resident was re-admitted on [DATE] with diagnoses that included: dementia (primary). Record review of Resident's quarterly MDS dated [DATE] reflected resident's BIMS score was documented as 1 (severely impaired). B/B was documented as incontinent; and resident required one staff assistance for bathing. Resident was ambulatory with staff supervision. Record review of Resident #2's CP, undated, reflected the resident received ADL for transfer, mobility, and occasional incontinence. Record review of the facility's MS Maintenance application for the month of October 2024 did not reflect an order for fixing Resident #2's bed. [Failure was nursing staff not reporting the broken bed to the Maintenance Supervisor. Also, nursing staff when rounding for the nursing practice of every two hours failed to observe that the Resident's bed had no linen.] Record review of Resident #2's physician orders for the month of October 2024 reflected the resident was prescribed Sertraline 50 mg 1 tablet per day for depression. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455390	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vida Nursing and Rehab-San Antonio	5027 Pecan Grove San Antonio, TX 78222

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 - Few	Observation and interview on 10/31/24 at 10:00 AM, Resident# 2 was sitting on a W/C staring out the window; alert and oriented person and place; interview-able in Spanish. Observation reflected that Resident #2's bed foot board was broken and off the frame; the bed had no linen. The Resident stated, .the foot board had been broken .there was no linen my bed . The resident stated he had been sleeping on the bed for 24 hours without linen and the foot board had been broken and loose for 24 hours. The resident stated he was sad over not having linen, but he did not want to complain to the staff. During Observation and interview on 10/31/24 at 10:30 AM, Resident #2 was in bed covered in a blanket; no sheets on the blanket and foot board not securely attached to the bed frame. The DON was present during the interview of the resident. [The resident gave permission for the DON to be present.] The resident stated that the linen was removed from his bed the previous day and not replaced. The resident stated he did not like sleeping without bedsheets. The resident stated the foot board had been broken for some time. The DON stated based on her observation, the foot board was not attached to the resident's bed and the bed had no bed sheets. The DON stated that the resident sleeping without bedsheets was a dignity issue. The DON stated that the footboard would be fixed today (10/31/24). Observation on 10/31/24 at 1:57 PM of Laundry Room reflected the facility had extra linen in the following quantities: 3 dozen sheets, 3 dozen fitted sheets, 2 dozen pillowcases, 20 dozen wash clothes, and 2 dozen towels. During an interview on 10/31/24 at 2:00 PM, the House Keeping supervisor stated the facility had sufficient linen to meet the needs of residents. She stated housekeeping distributed linen to the CNAs to put on the residents' beds. She stated that housekeeping staff should inform nursing when doing housekeeping tasks when a bed had no linen. The Housekeeping Supervisor could not give an explanation as to why Resident #2's bed was left without linen for over a period of 24 hours. During an interview on 11/1/24 at 10:12 AM, the Maintenance Director stated there was no work order for the fixing of Resident #2's foot board in the month of October 2024. Record review of the facility's MS Maintenance application for the month of October 2024 did not reflect an order for fixing Resident #2's bed. Record review of facility's Resident Rights policy dated 11/28/26 read, .a right to be treated with respect and dignity .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455390	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vida Nursing and Rehab-San Antonio	5027 Pecan Grove San Antonio, TX 78222

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34957 Based on observation, interviews, and record review, the facility failed to maintain medical records, in accordance with accepted professional standards and practices, that are complete; and accurately documented for 1 of 6 residents (Resident #1) reviewed for medical records. Resident #1's Nurse Kardex for October 2024 for bathing was documented differently from the CNAs October 2024 POC (an electronic record system) documentation. This failure could result in residents not having an accurate overall view of their care and services. The findings were: Record review of Resident#1 's face sheet, dated 10/31/24 reflected a male age 47. The resident was admitted on [DATE] with diagnoses that included: Nontraumatic intracranial hemorrhage (primary) (stroke), anxiety, cognitive deficits, and dysphasia following cerebral infarction (stroke). RP was listed as: family member. Record review of Resident#1's quarterly MDS, dated [DATE], reflected: the resident's BIMS score was 6 (moderate impairment). Resident's toileting was listed as two-person assistance. Hygiene and grooming were listed as two person assistance. The resident's ROM was impairment to both upper and lower extremity. Record review of Resident# 1's Care Plan, undated, reflected a care area of ADLs support and interventions included: bathing by two staff members. Record review of Resident #1's Nurse Notes for the month of October 2024 reflected there were no days the resident refused a shower or bathing. Record review of Resident #1's October 2024 Kardex for residents reflected his shower days were Tuesday, Thursday, and Saturdays. Further, the Kardex was documented as the resident not receiving showers on 10/5/24, 10/8/24, 10/15/24, 10/24/24, and 10/26/24. Record review of Resident #1's POC for the month of October 2024 reflected the resident was showered on all scheduled days. During an observation and interview on 10/31/24 at 1:15 PM, Resident #1 was able to respond to questions by a yes or no response. The resident was in bed cleaned and groomed, no odors of urine or feces, and alert and oriented to person and place. The resident stated yes to having received a shower on 10/31/24. The resident stated yes that he missed his shower on Saturday10/26/24 [6 days ago]. The resident stated yes to the feeling of being angry when not showered. The resident said no to abuse or neglect. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455390	A. Building B. Wing	11/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Buena Vida Nursing and Rehab-San Antonio	5027 Pecan Grove San Antonio, TX 78222

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 10/31/24 at 1:20 PM, RP stated: the resident was given shower on 10/3/124 but had not been showered since last Saturday (10/26/24). The RP stated the lack of staffing contributed to ADLs not being done on a timely basis with Resident #1. During an interview on 10/31/24 at 2:50 PM, the DON stated there was no pattern of continuous refusal of showers by Resident #1. The DON stated there was no structure for the nursing staff to document shower days and PRN showers. The DON stated the lack of structure might explain the differences in documentation between the Nurse Kardex and the CNAs POC. The DON stated she could not explain the medical record failure except nursing staff was not properly documenting showers given to Resident #1. During interview on 10/31/24 at 3:00 PM, LVN A, stated Resident #1 was given PRN showers and the resident never refused a shower. LVN A stated she was not certain on the documentation between the Kardex and the POC. During interview on 10/31/24 at 4:22 PM, CNA B stated: she had worked with Resident #1 for couple of months and provided him ADL care to include showers. CNA B stated two staff members provided bathing to Resident #1 on shower days and PRN. CNA B stated she was not aware of the resident missing showers, and she documented in the POC; only nurses have access to the Kardex. CNA B stated that she could not give explain the difference between the Kardex and the POC involving the days Resident #1 received a shower in October 2024.