STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455444	A. Building B. Wing	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesa Vista Inn Health Center	5756 North Knoll Drive San Antonio, TX 78240

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 6 (Resident #2) residents reviewed for resident rights: The facility failed to have Resident #2's call light within reach while he was in bed. This deficient practice could affect residents who used their call light or desire to use the call light and place them at risk of not being able to notify staff of their needs. The findings were: Record review of Resident #2's admission Record, dated 06/30/2026, reflected an [AGE] year-old male admitted [DATE]. Record review of Resident #2's quarterly MDS, dated [DATE], reflected a BIMS score of 03 out of 15 indicating severely impaired cognition. It reflected Resident #2 had a diagnosis of Non-Alzheimer's dementia (cognitive disorder severe enough to interfere with daily life). Record review of Resident #2's care plan, undated, reflected:Focus The resident has a communication problem r/t dementia, initiated 11/27/2024, with intervention Ensure/provide a safe environment: Call light in reach. Initiated 11/27/2024. Focus The resident is risk for falls r/t cognitive impairment, initiated 11/27/2024, with intervention Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. During an observation on 06/30/2026 at 04:32PM, CNA C walked out of Resident #2's room with his roommate, taking him to the dining room in his wheelchair. During an observation and interview on 06/30/2026 at 04:46 PM, revealed Resident #2 was sitting up in his bed and his call light was on the floor and not within reach. Resident #2 was able to note that he could not reach the call light, and he was unable to answer further questions pertaining to his call light. CNA C came back to Resident #2's room and stated Resident #2's call light was not within reach of Resident #2. She revealed she normally made sure Resident #2's call light was within reach when she came into his room because he was a fall risk, but she did not check Resident #2's call light before she left his room earlier. During an interview on 07/01/2026 at 04:31 PM, the DON revealed every resident's call light should be within reach so the residents can use it as soon as they needed assistance. During an interview on 07/02/2026 at 10:55 AM, the ADM revealed call lights should be within reach of residents. It was important to have the call light within reach so resident can ask for assistance. Record review of an email with the ADM on 07/01/2026 at 04:59 PM revealed the facility did not have a policy on call lights. Record review of the facility's policy Resident Rights, revised 11/28/2016, reflected The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that include measurable objectives and time frames to meet residents' medical, nursing, and mental and psychosocial needs for 1of 6 residents (Resident #1) reviewed for care plans. The facility failed to ensure Resident #1's care plan was updated with the facility's new interventions for his wandering behaviors. This failure could place residents at risk of not having their needs met and not receiving appropriate care. The findings included:Record review of Resident #1's admission Record, dated 06/30/2026, reflected a [AGE] year-old male initially admitted [DATE] and re-admitted [DATE]. Record review of Resident #1's quarterly MDS, dated [DATE], reflected a BIMS score of 06 out of 15 indicating severely impaired cognition. Resident #1 had wandering behaviors daily. It reflected Resident #1 had a diagnosis of Non-Alzheimer's dementia (cognitive disorder severe enough to interfere with daily life). Record review of Resident #1's care plan, undated, reflected The resident is at risk for wandering, dated 04/11/2025, with interventions dated 04/11/2025 and no new interventions since 04/11/2025. Record review of Resident #1's progress note, dated 6/10/2026 at 12:29PM and authored by LVN A, reflected constant reminders to stay out of women rooms, multiple timesreminders not to follow women aroundstates understanding however constant remindersInterventions: Directed to the resident's room to decrease stimulation, Encourage activities, no new orders During an interview on 07/01/2026 at 03:41 PM, LVN B, (Resident #1's current nurse) revealed Resident #1 walked into female's rooms and an intervention the nursing staff implemented was to keep Resident #1 out of the women's hallways. LVN B was not sure if this was notated on Resident #1's care plan but the nursing staff knew through communication with each other. During an interview on 07/02/2026 at 10:14 AM, the DON revealed they investigated incidents where Resident #1 wandered into the women's hallways and no harm occurred. She revealed interventions should be updated on residents' care plans after every incident. She revealed the nursing staff learned about new interventions for residents in the daily huddles with the nursing staff. During an interview on 07/02/2026 at 10:55 AM, the ADM revealed any new intervention after any incident should be updated in the care plan because it was the resident's plan of care. During an interview on 07/02/2026 at 11:44 AM, CNA D revealed for residents who wandered they stopped women going to men's halls, men going into women's halls. Record of the facility's policy Comprehensive Care Planning, undated reflected The comprehensive care plan will describe the following - The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Each resident will have a person-centered comprehensive care plan developed and implemented to meet his other preferences and goals, and address the resident's medical, physical, mental and psychosocial needs.