

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Meridian Care Monte Vista		STREET ADDRESS, CITY, STATE, ZIP CODE 616 W Russell Pl San Antonio, TX 78212	

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. (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
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observations, record reviews, and interviews, the facility failed to correct impairments during the inspection for 1 of 1 Fire Alarm System, inspected for regulatory requirements, failed to ensure outside areas, were maintained in good condition and kept free of conditions which constituted a fire or health hazard and failed to ensure the Emergency Preparedness Plan had been evaluated and updated annually. The Emergency Preparedness Plan was not updated at least annually. The Fire Alarm Control Panel was impaired indicating a low battery trouble signal. There were multiple trees on the back side of the facility leaning up against the roof which could constitute a fire hazard. These failures could affect the health and safety of residents dependent on staff to maintain the facility free of fire hazards, have a functioning alarm system and ensure staff were prepared to address emergency situations. Findings included: During an interview in the entrance conference, at 09:20 a.m. on 11/07/2025, the Administrator stated she was employed as the Administrator with the facility for one week. She stated she had not had the chance to review the Emergency Preparedness Plan. The Administrator stated the Emergency Preparedness Plan was not reviewed. When asked if she was aware of the Emergency Preparedness Plan binders being updated she stated she was not aware of the requirement. She understood as the Administrator she was responsible to review and update the Emergency Preparedness Plan at least annually. After further discussion the Administrator understood and agreed this could leave the staff unprepared during an emergency, causing confusion, a delay in evacuation, physical injuries, mental distress, and exposure to environmental conditions to the residents. Record review on 11/07/2025 of the Facility's Report, dated 11/07/2025, provided by the Administrator, revealed 52 residents resided in the facility with 17 resident's dependent on ventilators for maintaining oxygen levels. Record review on 11/07/2025 of the Emergency Preparedness Plan obtained from the Administrator reflected an emergency preparedness plan that had been reviewed, signed, and dated in 2005. There was no other documentation provided before exit to reflect a current review of their Emergency Preparedness Plan. Observation on 11/07/2025 at 10:39 A.M., revealed the fire alarm annunciator located near the Nurse Station had a trouble signal indicating Low Battery. During an interview on 11/07/2025, at the time of observation, the Maintenance Director confirmed and stated there was a trouble signal at the Fire Alarm Control Panel. He stated he was aware the Fire Alarm System had a trouble signal and stated it was due to an issue with the board. He stated he had two contractors come out and service the panel and one contractor stated the battery voltage was working properly. The other contractor stated it could be an issue with the board. He stated he would get a complete diagnosis of the issue and make any necessary repairs. The Maintenance Director stated that the low battery trouble signal will come and go periodically and that he developed a method to charge batteries onsite and swap them out if needed. He further stated he would contact the contractor and have them send the estimate for repairs as soon as possible so repairs can be started. The Maintenance Director stated if the Fire Alarm System did not function properly in the event of a fire it could allow the fire to spread to the rest of the building, harming residents. Record review on 11/07/2025 of the Inspection, Testing, and Maintenance sticker affixed to the Fire Alarm control panel, dated 09/10/2025, revealed a red service tag with a list of conditions/area: Fault in panel DC battery charge failure. Record review on 11/07/2025 of the Inspection, Testing, and Maintenance sticker affixed to the Fire Alarm control panel, dated 09/23/2025, revealed a white service tag with a list of services: replaced SD 2nd Floor, Lobby - Checked on battery charger voltage - 27V. During an observation outside inspection of the back side of the facility, it was noted there was vegetation growing over the roof of the building along with multiple dead fallen tree branches, dead brush, and dead leaves along the entirety of the rear adjacent to the smoking area. In an interview on 11/07/2025, at the time of observation, the Maintenance Director stated there were trees leaning against the building. The Maintenance Director stated the area adjacent to the smoking area was also surrounded by dead leaves and fallen tree branches. The Maintenance Director stated he was responsible for ensuring the grounds and maintaining compliance. He stated he was aware of the overgrown vegetation and tree branches; however, he was extremely busy with his workload. He stated he would get a vendor to ensure compliance was met with the outside grounds. He further stated if the facility grounds are not kept free of fire hazards it could place individuals at risk of a diminished quality of life and potential injuries</p>		