STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455652	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silver Creek Manor	9014 Timber Path San Antonio, TX 78250

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on interviews and record reviews the facility failed to ensure all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown sources are reported not later than 24 hours to the administrator of the facility and to other officials, including to the State Survey Agency in accordance with State law through established procedures, for 1 of 3 Residents (Resident #1) reviewed for Abuse, in that: The facility did not report an allegation of abuse not later than 24 hours to the State Survey Agency (HHSC) when Resident #1 fell off the bed. This deficient practice could affect any resident and could contribute to further abuse. The findings were: Review of Resident #1's face sheet, dated 3/19/25, revealed a [AGE] year old female admitted to the facility on [DATE] with diagnoses that included: Major Depressive Disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest), Epilepsy (a brain disease where nerve cells don't signal properly). Review of Resident #1's quarterly MDS assessment, dated 1/30/25, revealed a BIMS score of 10, which indicated that cognition was moderately intact. Record review of Resident # 1's quarterly MDS dated [DATE] revealed section GG - Functional Abilities/section toileting hygiene number 1 was selected, indicating that the resident is dependent - and requires the assistance of 2 staff. Record review of Resident # 1's care plan dated 4/4/24 revealed [resident's name] is at risk for falls with interventions X 2 staff assistance for all ADLs. Record review of Texas Unified Licensure Information Portal (TULIP) on 3/19/25 at 10:30 A.M. revealed that no self-reported incidents regarding allegations of abuse were reported. Interview with CNA A on 3/18/25 at 11:20 A.M. revealed that on 3/14/25 at approximately 4:30 AM, she was providing incontinence care for Resident # 1, turning her on her left side when Resident # 1 fell on the floor. (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: 455652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Resident #1 on 3/19/25 at 9:20 A.M. revealed when CNA A was providing incontinent care on 3/14/25 she could not recall the time when she was turned on her left side and fell to the floor. Interview with LVN B on 3/18/25 at 11:45 AM revealed she assessed resident for injuries reported the incident to her administrator and sent Resident # 1 to hospital for evaluation as a safety precaution because she was on blood thinners. Interview with the DON on 3/18/25 at 12:15 PM revealed the administrator was responsible for reporting allegations of abuse to HHSC; however she stated her understanding was allegations of abuse should be reported within 2 hours. Interview with the Administrator on March 19, 2025, at 12:35 P.M. revealed that she did not report the fall involving Resident #1, as it was witnessed by a staff member. However, upon reviewing the abuse guidelines from HHSC, she acknowledged that she should have reported the fall within two hours. Record review of facility policy titled, Abuse, Neglect, and Exploitation, dated 2021, reflected, Reporting of all alleged violations to the Administrator, state agency, adult protective services, and to all other required agencies (e.g. law enforcement when applicable) within specified timeframes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER: Silver Creek Manor		STREET ADDRESS, CITY, STATE, ZIP CODE: 9014 Timber Path, San Antonio, TX 78250	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on observation, interview, and record review, the facility failed to ensure that each resident received adequate supervision and assistive devices to prevent accidents for 1 of 3 residents (Resident #1) reviewed for accidents. The facility failed to ensure CNA A provided adequate supervision and assistance devices for Resident #1 when CNA A failed to use two staff during incontinent care on 03/14/2025 resulting in Resident #1 falling off the bed. The non-compliance was identified as past non-compliance. The noncompliance began on 3/14/25 and ended on 3/16/25. The facility had corrected the non-compliance before the survey began. This failure could lead to injury or death to residents. Findings included: Review of Resident #1's face sheet, dated 3/19/25, revealed a [AGE] year old female admitted to the facility on [DATE] with diagnoses that included: Major Depressive Disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest), Epilepsy (a brain disease where nerve cells don't signal properly). Review of Resident #1's quarterly MDS assessment, dated 1/30/25, revealed a BIMS score of 10, which indicated that cognition was moderately intact. Record review of Resident # 1's quarterly MDS dated [DATE] revealed section GG - Functional Abilities/section toileting hygiene number 1 was selected, indicating that the resident is dependent - and requires the assistance of 2 staff. Record review of Resident # 1's care plan dated 4/4/24 revealed [resident's name] is at risk for falls with interventions X 2 staff assistance for all ADLs. Record review of progress note dated 03/14/2025 at 04:30 AM. CNA reported that the resident fell , upon entering the room, observed the resident lying down in a supine position with the back of the head against the dresser, MD notified and ordered for the resident to be sent to ER. Record review of hospital records for Resident # 1, dated 3/19/2025 at 12:31 PM, revealed Resident # 1 had been admitted to [Hospital Name] for a fall, no other diagnosis available . Interview with Resident #1 on 3/19/25 at 9:20 A.M. revealed when CNA A was providing incontinent care on 3/14/25 she could not recall the time when she was turned on her left, fell to the floor and was not in any pain . (continued on next page)

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with LVN B on 3/18/25 at 11:45 AM revealed she assessed resident for injuries, completed nursing assessment reported the incident to her administrator and sent Resident # 1 to hospital for evaluation as a safety precaution because she was on blood thinner. Interview with CNA A on 03/18/2025 at 1:30 PM, revealed she was aware Resident # 1 was to be a two-person assist but forgot on 3/14/25 at 4:30 AM when she was assisting with incontinent care. Interview with the DON on 03/18/2025 at 2:20 PM stated that CNA A should have provided incontinent care for Resident # 1 using 2 staff members as per Resident #1's Care Plan. The DON also stated that if CNAs do not follow the care plan, injury to residents may occur. The facility put interventions in place prior to the survey entrance on 3/18/25. Facility in-serviced all direct care staff on 3/14/25 - 3/16/25, inservice Always Follow POC (Plan of Care), CNAs reviewing the Kardex, Hoyer lifts being used when indicated, 2-person transfers, where to find POC (Plan of Care), and positioning competencies. Record review of CNA A performance improvement note 3/14/25 at 8:30 AM reflected she was counseled and retrained on following POC. The facility put a system into place for PRN (as needed) staff to review Kardex before their shift to identify the care needs of each resident. Record review of facility provided in-services that include Always Follow POC (Plan of Care), CNAs reviewing the Kardex, Hoyer lifts being used when indicated, 2-person transfers, where to find POC (Plan of Care), and positioning competencies, as well as demonstration of mechanical lift transfers. Record review revealed 40 of 40 staff members and 2 of 2 PRN. staff (as needed). Interviews with 16 staff members on 03/19/25 from 7:00 a.m. to 12:00 p.m. the following staff MA C, MA D, MA E, MA F, MA G, MA H, MA I, CNA J, CNA K, CNA L, CNA M, CNA N, CNA O, CNA P, CNA Q, CNA R confirmed completion of in services/training: Always Follow POC (Plan of Care), CNA's look at Kardex, mechanical lifts have to use if indicated 2 people, where to find POC (Plan of Care) and positioning competencies. Staff were able to verbalize understanding and the information provided in the in-service/training. Observations by the surveyor on 03/19/25 at 11:30 am - 12:30 PM of 2 of the residents (Resident # 2, # 3) revealed incontinent care was done with 2 staff members, MA E and CNA I, as indicated on POC. The non-compliance was identified as past non-compliance. The noncompliance began on 3/14/25 and ended on 3/16/25. The facility had corrected the non-compliance before the survey began. Record review of the facility's policy titled: Assistive Devices and Equipment, Undated , revealed Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the president's plan of care .