STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455754	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast Rehabilitation and Healthcare Center	603 Corinne St San Antonio, TX 78218

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447 Based on observation, interview, and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 2 of 8 residents (Residents #1 and #2) reviewed for resident assessments, in that: 1. The facility failed to ensure Resident #1 was coded on his Quarterly MDS, dated [DATE], for a physical behavior that occurred on 06/12/2024. 2. Resident #2's Discharge MDS , dated 06/30/2024, was inaccurately coded as discharged to Home/Community instead of to Hospital. These failures could place residents at risk of improper or incorrect care and services necessary for their physical, mental, and psychosocial well-being. The findings included: 1. Record review of Resident #1's Admission Record, dated 08/07/2024, reflected Resident #1 was initially admitted on [DATE] and readmitted on [DATE]. He was [AGE] years old. Record review of Resident #1's Medical Diagnoses from the resident's electronic medical record, accessed 08/07/2024, reflected Resident #1 had diagnoses of chronic systolic (congestive) heart failure (a long-lasting condition resulting from heart failure in which the left side of the heart cannot pump blood efficiently), dementia (a general term for impaired ability to remember, think, or make decisions), and muscle wasting and atrophy (shrinking of muscle or nerve tissue). Record review of Resident #1's Quarterly MDS assessment, dated 06/17/2024 reflected Resident #1 had a BIMS (Brief Interview of Mental Status) score of 15 indicating he was cognitively intact and a PHQ-2 to 9 (Resident Mood Interview) score of 00 indicating he had not experienced symptoms of little interest or pleasure in doing things, feeling down, depressed, or hopelessness. Resident #1 was coded with 0 or Behavior not exhibited for Physical behavioral symptoms directed toward others under Behavioral Symptom-Presence and Frequency. Record review of Resident #1's Comprehensive Care Plan, accessed 08/07/2024, reflected a focus of [Resident #1] had a COC [Change of Condition] witnessed striking another resident [family member]. The focus was initiated and created on 06/12/2024. (continued on next page)

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
	455754	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast Rehabilitation and Healthcare Center	603 Corinne St San Antonio, TX 78218

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #1's Change in Condition Evaluation, dated 06/12/2024 at 12:32 p.m., reflected Resident #1's change in condition was behavioral symptoms that started on 06/12/2024 morning. Resident #1's mental status evaluation was noted as increased agitation and his behavioral evaluation was noted as physical aggression, described as aggression (biting, hitting, kicking, or spitting). Record review of Resident #1's Nursing Progress Note, dated 06/12/2024 at 01:19 p.m., reflected Resident #1 was attempting to encourage his [family member] to take a shower which resulted in his [family member] telling him he was not going to tell her what to do and he proceeded to hit her across the left side of her face and neck. During an interview with Resident #1 on 08/07/2024 at 10:56 a.m., Resident #1 stated that prior to the incident he was not experiencing any concerns but his [family member] was experiencing increased problems due to increased confusion. Resident #1 stated that the facility separated him from his [family member] by putting them in separate rooms which helped him. Resident #1 denied experiencing any ongoing concerns and stated that he did not sustain any injuries during the incident. During an interview on 08/09/2024 at 11:43 a.m., MDS Nurse D stated a resident's behaviors would be documented into a resident's MDS Assessment only if the incident occurred within the last 7 days, which would be the look-back period. MDS Nurse D stated Resident #1's physical behavior incident, dated 06/12/2024, should have been captured in Resident #1's Quarterly MDS Assessment, dated 06/17/2024. MDS Nurse D stated she was working PRN (as needed) at the time of the incident and would not have attended the IDT (interdisciplinary team) meetings. MDS Nurse D stated that due to not attending the IDT meetings, it was possible that the incident was not communicated to her prior to her completing Resident #1's Quarterly MDS Assessment. MDS Nurse D stated that if the incident and behaviors were care planned and as long as the staff knew about the incident, she did not see that the incorrect coding in the MDS Assessment would have impacted Resident #1's care or the facility's actions taken for interventions. 2. Record review of Resident #2's Admission Record, dated 08/07/2024, reflected Resident #2 was admitted on [DATE] and he was [AGE] years old. Record review of Resident #2's Medical Diagnoses from the resident's electronic medical record, accessed 08/07/2024, reflected Resident #2 had diagnoses of type 2 diabetes mellitus (a condition that develops with the way the body regulates and uses sugar as fuel), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and atherosclerotic heart disease (a buildup of fats in the arterial walls). Record review of Resident #2's Discharge MDS, dated [DATE] reflected Resident #2 had an unplanned discharge on 07/20/2024. Resident #2's discharge status coded as to Home/Community. Record review of Resident #2's Nursing Home to Hospital Transfer Form, dated 07/20/2024, reflected Resident #2 was transferred to [local hospital] on 07/20/2024 due to abnormal vital signs. Resident #2 noted with a blood pressure of 100/51 mm Hg (120/80 mm Hg would be considered a normal blood pressure range), considered low. Emergency transport services was noted to be called on 07/20/2024 at 10:05 a.m. for Resident #2 to be transferred to [local hospital]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455754	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast Rehabilitation and Healthcare Center	603 Corinne St San Antonio, TX 78218

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #2's Nursing Progress Note, dated 07/20/2024 at 09:56 a.m. by LPN C, reflected during wound care treatment on Resident #2, LPN C noted she was unable to obtain blood pressure manually related to faint heart rate. Apical heart rate (heart rate taken from the pulse point on the left side of the chest) faint, irregular. Notified DON. Notified weekend supervisor. Supervisor assumed care and called 911 (emergency services number). 911 transported [to local hospital] patient via stretcher. During an interview on 08/09/2024 at 12:11 p.m., MDS Nurse E stated planned discharges were discussed during the facility's morning stand-up meeting; however, unplanned discharges, such as a resident going to the hospital, would require a doctor's order to the nurses, the nurses would notify their nursing managers, the ADONs and DON, and then the nurses would send a secure message to a secure chat group, that included the DON, ADONs, unit managers, and MDS nurses about the unplanned discharge. MDS Nurse E stated she did not recall completing Resident #2's Discharge MDS on 07/20/2024 but stated the Discharge MDS should have been coded as Resident #2 having been discharged to the hospital. MDS Nurse E stated she had not experienced an incorrect coding for discharge impacting a resident's care but had observed miscoding for planned or unplanned discharges impacting the facility's scheduling when readmitting the same resident or possibly impacting billing. During an interview on 08/09/2024 at 02:24 p.m., the DON stated a resident having been miscoded on his Quarterly MDS for behaviors would not have impacted the care provided him because the nursing staff work off the resident's reports and progress notes. The DON stated a resident having been miscoded on his Discharge MDS for having been transferred to the hospital would not impact the resident's care because the nursing staff would have had to document his emergency transfer within their own nursing documentation. During an interview on 08/09/2024 at 02:48 p.m., the OM stated he did not believe a resident having been miscoded on his Quarterly MDS for behaviors would have impacted the resident's care, only their documentation. The OM stated the documentation wouldn't match up if it was wrong; however, the nursing staff would continue to address the resident's needs. The OM stated a resident having been miscoded on his Discharge MDS for having been transferred to the hospital would not impact the resident's care because the care would have been picked up by the hospital staff. The OM stated a miscoding for discharge could however impact the resident upon readmission because the care would be picked up from a hospital setting versus home setting. Record review of the facility's policy, Section: Resident Assessment, Subject: Comprehensive Assessment, revealed It is the policy of this facility to complete a comprehensive assessment of the resident's needs which are based on State's specific Resident Assessment Instrument (RAI) and the facility's interdepartmental assessment forms .Data collection time period has a no more than fourteen (14) day span . The second seven (7) days of the assessment period will be inclusive of the completion of the Minimum Data Set (MDS), as specified by the State.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455754	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast Rehabilitation and Healthcare Center	603 Corinne St San Antonio, TX 78218

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 46447 Based on observation, interview, and record review, the facility failed to post daily information that included the facility name, current date, total number and actual hours worked by registered nurses, licensed practical or licensed vocational nurses, certified nurse aides directly responsible for resident care per shift and the resident census for 6 days (07/31/2024 to 08/05/2024). The facility did not post the required current nurse staffing information from 07/31/2024 to 08/05/2024. This failure could place all residents, their families, and facility visitors at risk of not having access to information regarding staffing data and the facility census. Findings included: Observation on 08/06/2024 at 09:23 a.m., revealed a document labeled [facility name] DAILY NURSING CARE HOURS dated 07/30/2024, was posted on a wall across from the nurses' station. During an observation and interview on 08/06/2024 at 09:23 a.m., ADON A confirmed the posted nurse staffing document was dated 07/30/2024. ADON A stated the staffing coordinator (SC) was responsible for posting the daily census and nurse staffing document. ADON A was observed removing the posted document from the wall during the conversation. During an interview on 08/09/2024 at 10:16 a.m., the SC confirmed she was normally responsible for posting the daily census and nurse staffing document but stated she had been on vacation since 07/30/2024. The SC stated the ADONs were supposed to post the document while she was on vacation. The SC stated that the impact of the daily nurse staffing and census form not being posted would be that it would mainly ensure that the facility had safe nursing to resident ratios. The SC stated she had not seen residents or facility guests look at the posted document and therefore did no feel that it, not being posted for a few days, would impact resident care. During an interview on 08/09/2024 at 02:24 p.m., the DON stated that the SC was responsible for posting the daily census and nurse staffing information when she was in the facility and the ADONs were responsible when the SC was not present. The DON stated that the weekend treatment nurse was responsible for posting the daily census and nurse staffing information on the weekend. The DON stated she was not sure why the daily census and nurse staffing posting was not posted since 07/30/2024. The DON stated the posting was important so that staff knew the staffing hours for the day and daily census. The DON stated she was unsure if residents or facility guests understood the document and therefore did not feel that they would have been impacted by it not being posted for several days. During an interview on 08/09/2024 at 02:48 p.m., the OM stated that the SC was responsible for posting the daily census and nurse staffing document with the ADONs covering as her back-up. The OM stated that this document was how they determined the facility's staffing levels, based on census. The OM stated that due to the staffing levels having not fluctuated much during the dates the document was missed and because he did not believe the facility guests looked at the document, he did not feel that missing a few days would have made much of an impact in resident care or staffing ratios. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455754	A. Building B. Wing	08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northeast Rehabilitation and Healthcare Center	603 Corinne St San Antonio, TX 78218

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Record review of facility policy, Section: Personnel, Subject: Schedule/Staffing, revealed It is the policy of this facility to ensure there is enough staff in facility to provide resident care .3. Staffing for halls will be based off on daily census.