

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455789	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
NAME OF PROVIDER OR SUPPLIER  Oak Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7302 Oak Manor Dr San Antonio, TX 78229	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to review and revise Resident Care Plans after each assessment for 1 of 7 Residents (Resident #1) whose records were reviewed for care plans. The facility failed to ensure Resident #1's care plan was revised to reflect the use of oxygen. This deficient practice could place Residents at risk of not receiving the care and services they needed. Findings included: Record review of Resident # 1's face sheet, dated 11/5/25 revealed a 74 - year old male admitted on [DATE] with diagnosis included : Unspecified Dementia (a condition where the cause of cognitive decline is unknown), respiratory failure with hypoxia (a condition where the body does not receive enough oxygen), and general anxiety disorder (a mental health condition marked by persistent worry about everyday life events) Record review of Resident # 1's quarterly MDS, dated [DATE], revealed a BIMS score of 2 which indicated a severe cognitive deficit. Record review of Resident #1's physician orders dated 11/5/25 revealed an order for oxygen dated on 9/26/25 at 2-4 liters as needed. Record review of Resident #1's care plan which was dated 7/25/25 revealed there was not a care plan update to include the resident's use of oxygen. During an observation on 11/05/2025 at 8:30 a.m., Resident #1 was sleeping with an oxygen concentrator set up on the floor besides the resident's bed; the resident was not interviewed due to his overall cognitive status. During an interview on 11/5/25 at 8:35am C.N.A.-A stated Resident #1 used oxygen on an as needed basis sometimes in the a.m. hours. During an interview on 11/5/25 at 9:00am ADON-B stated Resident #1's current care plan did not include the use of oxygen. ADON-B stated he thought only a resident's use of oxygen on a full-time basis was care planned. During an interview on 11/5/25 at 9:20am with DON stated that Resident #1's oxygen use was not included in the current care plan. The DON stated oxygen use on an as needed basis needed to be care planned to reflect the resident's total treatment. Record review of the facility's policy named Care Plans, Comprehensive Person-Centered dated 12-2016 revealed Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p>

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:  455789	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
NAME OF PROVIDER OR SUPPLIER  Oak Park Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7302 Oak Manor Dr San Antonio, TX 78229	
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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 3 of 4 resident hallways (Hallway 100/300/400) reviewed for physical environment. 1. The facility failed to ensure resident room [ROOM NUMBER], located on hallway 100, had repaired a yellow stain around the toilet bowl with missing caulking 2. The facility failed to ensure resident room [ROOM NUMBER], located on hallway 100, had repaired a black stain mark on the lower bathroom door measuring 2x1 ft. 3. The facility failed to ensure resident room [ROOM NUMBER] located on hallway 300 had repaired a chipped piece of bathroom tile which measured approximately 2x2 inches and a broken piece of floor molding which measured approximately 2x2 inches on the right side wall adjacent to the bathroom. 4. The facility failed to ensure resident room [ROOM NUMBER] located on hallway 300 had repaired a missing section of the lower door jam on the left side entry of the bathroom which measured approximately 1x1 inches. 5-On the 300 hallway ceiling adjacent to room [ROOM NUMBER] there was a 2x2 ft water stain mark and a section of peeling paint. 6-The facility failed to ensure resident room [ROOM NUMBER] located on hallway 400 had repaired a door penetration which measured approximately 2x1 inches. near the bathroom door handle. 7. The facility failed to ensure resident room [ROOM NUMBER] located on hallway 400 had repaired a broken bathroom ceiling light which did not turn on. These failures could place residents at risk of a diminished quality of life due to exposure to an environment that was unpleasant, unsanitary, and unsafe. Findings included: During an observation in the facility's conference room on 11/5/25 at 9:30 a.m. revealed a posted list of the facility's pending work orders for completion. During observation rounds with the Maintenance Director and Administrator on 11/5/25 from 10:00am-10:20am revealed the following:a. In room [ROOM NUMBER] on hallway 100 there was a yellow stain around the parameter of the toilet bowl that had missing caulking.b. In room [ROOM NUMBER] on hallway 100 there was a black stain mark on the lower bathroom door which measured approximately 2x1 ft. c. In room [ROOM NUMBER] on hallway 300 there was a chipped piece of bathroom tile which measured approximately 2x2 inches and a broken piece of floor molding which measured 2x2 inches on the right side of the wall adjacent to the bathroom. d. In room [ROOM NUMBER] on hallway 300 there was a missing section of the lower door jam entry to the bathroom which measured approximately 1x1 inches.e. On the 300-hallway adjacent to room [ROOM NUMBER] there was a section of the ceiling with a 2x2 ft water stain that had a section of paint which was peeling.f. In room [ROOM NUMBER] on hallway 400 there was a door penetration which measured approximately 2x1 inches near the bathroom door handle.g. In room [ROOM NUMBER] on hallway 400 there was a broken bathroom ceiling light that did not engage when turned on. During an interview with the Maintenance Director and Administrator on 11/5/25 at 10:25 a.m. the Maintenance Director and Administrator stated the observed areas which needed repair were scheduled for repair on the work order process named TELS. The Maintenance Director and Administrator stated completing the repairs would improve the resident's home environment. Record review of the facility policy titled Work Orders, Maintenance dated 04/2010 stated The Maintenance Director will review work orders, assessing priority, and ensure appropriate follow-up and completion.</p>		