STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455804	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northgate Health and Rehabilitation Center	5757 N Knoll 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50760 Based on observation, interview, and record review, the facility failed to ensure the resident had a right to a safe, clean, comfortable, and homelike environment for 1 (Resident #1 room) of 4 resident reviewed for resident rights, in that: A pile of yellow liquid was seen on the restroom floor of Resident #1's room. This failure could result in physical and psychosocial harm due to diminished quality of life and increased risk for falls. The findings were: Record review of Resident #1's face sheet, dated 04/06/23, noted the resident was admitted to the facility on [DATE] with diagnoses including: Depression, Anxiety, Tremor, Lack of Coordination, Type 2 Diabetes Mellitus, Hyperlipidemia, Chronic Obstructive Pulmonary Disease (a lung disease that blocks airflow and makes it difficult to breath), Cognitive Communication Deficit (difficult with communication caused by an impairment in cognitive processes), Unsteadiness on Feet, Paranoid Schizophrenia, Seizures, and Abnormalities of Gait and Mobility. Record review of Resident #1's Quarterly MDS assessment, dated 12/23/24, noted a BIMS score of 08 which indicated moderate cognitive impairment. Record review of Resident #1's care plan, dated 01/13/25, noted Resident #1 exhibits functional bowel/bladder incontinence, with a goal, Resident #1 will be free from complications related to bowel incontinence through the review date. Approaches included Check resident frequently and assist with toileting, incontinent, and pericare needs as needed and to Provide loose fitting, easy to remove clothing and to Provide pericare after each incontinent episode. The care plan further noted Resident #1 is at risk for falling R/T unsteady gait. Approaches included Assure the floor is free of glare, liquids, foreign objects. and staff tor perform frequent housekeeping rounds. Observation on 01/22/25 at 11:10 AM revealed the presence of a pile of yellow liquid on the floor of the bathroom. A foul odor was noted in the room, and the floor of the room was sticky underfoot. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with LVN A on 01/22/25 at 11:10 AM, when asked what was on the floor of Resident 1's bathroom, LVN A stated it looked like urine. When asked what could happen if urine was on the floor, LVN A stated a resident could slip and fall and get a fracture. During an interview the DON, on 1/23/25 at 2:15 PM, the DON stated the facility uses the TAC Chapter 554, Subchapter R, Rule 554.1701 as their policy for homelike environment. During an interview with the Regional Consultant Nurse on 1/23/25 at 3:24 PM, the Regional Consultant Nurse stated the facility used the TAC Chapter 554, Subchapter R, Rule 554.1701 as their policy for homelike environment. Record review of the TAC Chapter 554, Subchapter R, Rule 554.1701 on 1/23/25 at 2:15 PM noted The facility must be designed, constructed, equipped, and maintained to protect the health and ensure the safety of residents, personnel, and the public. The TAC further states Resident rooms must be designed and equipped for adequate nursing care, comfort, and privacy of residents.

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 47564 Based on observations, interviews, and record reviews, the facility failed to store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys, for 1 of 2 medication carts (Medication Cart 2), reviewed for security, in that, An unassigned medication cart was unattended and unlocked with medication blister packs inside of the medication cart. This failure placed residents at risk for harm by misappropriation of property of their medications. The findings included: During an observation on 01/23/2025 at 10:51 AM, it was revealed that a medication cart near the nurses' station at the corner of the 100 and 200 hallways, was unattended and unlocked. The medication cart was observed to have the lock button unengaged and unlocked. During an interview and observation on 01/23/2025 at 11:08 AM, LVN A stated he was not assigned to the med cart and was not sure why it was unlocked. LVN A stated that the medication cart should have been locked and that he had not gone into the med cart that day. Observation with LVN A confirmed there was medication being stored inside of the cart, and stated he had been looking for medication and that he did not realize it was in the medication cart. During an interview and observation on 01/23/2025 at 2:16 PM, the DON stated that she was not sure why the med cart was unlocked and confirmed it was being used as medication storage at the time of the observation. The DON stated that the med cart was no longer used and they had planned to get rid of the medication cart but had not yet. The DON stated she also was not aware of the last time a staff member would have gone into the medication cart. The DON stated her expectation was that all medication carts would be locked if staff was not passing medications to residents. The DON stated no one was assigned to this medication cart, as it was only being used as storage for extra medications. Record review of the facility policy titled, Medication Storage - in the Home, dated 10/2020, revealed, It is the policy of this home that medications will be stored appropriately as to be secure from tampering, exposure or misuse.