

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455817	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER San Antonio North Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Ogden 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>39251</p> <p>Based on observation, interview, and record review the facility failed to store all drugs and biologicals in locked compartments for 1 of 4 medication carts (Med Cart 1) reviewed for medication storage.</p> <p>The facility failed to ensure Med Cart 1 was locked while unattended on 5/11/25.</p> <p>This failure could place residents at risk of medication misuse and drug diversion.</p> <p>Findings included:</p> <p>Observation on 5/11/25 at 10:07 am revealed Med Cart 1 was in front of the nurses', across from the elevator on the second floor. Further observation revealed Med Cart 1 was unlocked and contained OTC medications and supplies in the first draw and resident medications in the second drawer. Further observation revealed one resident sitting in a chair close to the nurses' station, another resident walking past the nurses' station, five residents in the TV room located next to the nurses' station, the housekeeper, and CNA A. At 10:09 am a resident was observed as he wheeled himself in his wheelchair toward Med Cart 1 and placed his right hand on Med Cart 1 as he wheeled by it.</p> <p>During an interview and observation on 5/11/25 at 10:10 am, CNA A said he was a CNA. Observation during the interview revealed four residents walking around the nurses' station. CNA A said there were residents walking about the facility.</p> <p>Observation and interview on 5/11/25 at 10:11 am, revealed LVN B stepping out of the elevator. LVN B said Med Cart 1 was assigned to her. LVN B further stated Med Cart 1 was not supposed to be unlocked because residents can get in there and take medications or supplies. LVN B said there were mobile/ambulatory residents in the halls. LVN B said if a resident accessed the medication cart, a variety of things could happen, such as adverse effects to medications.</p> <p>(continued on next page)</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: 455817	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/12/2025
NAME OF PROVIDER OR SUPPLIER San Antonio North Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 501 Ogden 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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/12/25 at 2:00 pm, the ADON said medication carts were not supposed to be unlocked when unattended. The ADON further stated the nurses and MAs assigned to the carts were responsible for ensuring medication carts were locked when unattended. The ADON said it was important to keep medication carts locked when unattended because they contained medications that residents/unlicensed staff could get in to and should not be taking. The ADON further stated some of the facility's residents were not completely alert and oriented. The ADON said resident could have allergies to medications or could get a hold of a blood pressure medication, the effects could be endless. The ADON said the facility had mobile/ambulatory residents.</p> <p>During an interview on 5/12/25 at 2:10 pm, the DON said she expected medication/treatments carts be locked and secured when unattended. The DON further stated the nurse or MA assigned to the cart was responsible for ensuring the cart was locked when unattended to ensure no one has access to medications or other items contained in the medication cart. The DON said residents could get a hold of anything in the medication cart, such as, medication and syringes. The DON further stated resident may have allergies and could had an adverse effect from any medication that was not prescribed to them. The DON said the facility had mobile/ambulatory residents throughout the facility.</p> <p>Record review of the facility's policy titled Medication Storage, copyright 2025, revealed: .1. General Guidelines: a. All drugs and biologicals will be stored in locked compartments (i.e., medication carts .) .</p>		