

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  02/13/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation, interview and record review the facility failed to provide a safe, sanitary, comfortable, and homelike environment for 1 of 6 residents (Resident #1). The facility failed to ensure Resident #1's room was clean, sanitary and did not have a strong smell of urine. This failure could place residents at risk of living in unsafe, unsanitary, and uncomfortable conditions which could lead to a decline of mental and physical health and decreased social interactions. Findings included: Record review of Resident #1's admission Record, dated 02.13.2026, revealed Resident #1 was admitted to the facility on 10.03.2024 with diagnoses of Acute Kidney Failure, Chronic Kidney Disease, Muscle Weakness and the Need for assistance with personal care. Record review of Resident #1's MDS, dated 2.2.2026, revealed Resident #1 has a BIMS of 15. MDS also revealed that Resident #1 sometimes refuses care 1-3 days a week, and substantial assist to the toilet. Record review of Resident #1's Care Plan, last revision 2.2.2026, revealed Resident #1 suffers from incontinence related to impaired mobility and behaviors. Further review of the Care plan revealed Resident #1 should use briefs through the review period. During observation on 2.13.2026 at 11:23 am on the second floor of facility there was a strong odor of urine in the hallway noted when exiting the elevator. The odor could be smelled down the hallway and appeared to come from Resident #1's room. Resident #1 was observed opening his room door and the odor became stronger with an odor similar to the smell of ammonia. Observation of Resident #1's room revealed, a strong presence of an odor of urine, the bed was unmade and had a mattress protector in place. The mattress protector and sheet were a faded yellowish/brown color. Resident #1 stated that he could not smell the odor. Surveyor also noted two housekeepers on hallway. During an observation on 2.13.2026 at 2:28 pm Resident #1's door was closed. The hallway still smelled of urine, despite the room being closed. Upon opening Resident #1's door, the surveyor was overcome with the smell of urine. The bed had been made but the smell of urine was still so strong that the surveyor could only stay in room for a few minutes. During an interview on 2.13.2026 at 2:28 pm, the Housekeeper stated she normally worked 12:00 pm - 8:00 pm and cleaned Resident #1's room around three times a day. Housekeeper also stated the 6:00 am - 2:00 pm shift also cleaned the resident's room once a day. The Housekeeper stated they changed out the resident's mattress before trying to help with the odor of urine, but it had not helped. The Housekeeper stated other residents had not complained to her about the smell, but the staff complained all the time. During an interview on 2.13.2026 at 3:00 pm, the Maintenance Director stated Resident #1's room had smelled like that for a while now. The Maintenance Director stated they were aware and had been cleaning the room, but it had not helped. Surveyor asked the Maintenance Director if they had tried to strip the floor as maybe the urine has imbedded in the flooring. The Maintenance Director stated the floors in the rooms could not be stripped. He stated all they could do was try to keep cleaning the room. During an interview with facility Administrator on 2.13.2026 at 2:45 pm, the Administrator stated there had issues with Resident #1 not getting</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
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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	out of bed to utilize the toilet. The Administrator stated this had been an on-going issue. The Administrator further stated Resident #1 refused to use the briefs that were provided to him.		