STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651 Based on Observations, Interview and record review , the facility failed to residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 2 of 2 residents (Residents #46 and #55) reviewed for call light. The facility failed to ensure Residents #46's and #55's call lights were within reach. This failure could place residents at risk of achieving independent functioning, dignity, and well-being. Findings include: 1. Record review of Resident #46's face sheet dated 6/11/24 revealed a [AGE] year old female admitted to the facility on [DATE] with a diagnosis that included: Schizoaffective disorder (is a mental health condition that is marked by a mix of hallucinations and mood disorder symptoms, such as depression, Dysphagia (difficulty swallowing), and Unsteady on feet (pattern of walking that is unsteady). Record review of Resident #46 Quarterly MDS assessment, dated 3/15/24, revealed a BIMS score of 10, indicating , moderately impaired cognition. Record review of Residents #46's care plan, dated 3/4/24, revealed that [Resident's Name] is at risk for injury interventions Keep the call light on and within reach. Review of Resident #46's Quarterly MDS assessment, dated 3/15/24, reflected under section G, G0300, option # 3, which stated that the patient was unsteady on her feet and required assistance X 1. Observation on 6/11/24 at 8:45 a.m. revealed the call light was not visible. Resident #46's call light was wrapped on the call light box on the wall. In an interview with Resident #46 on 6/11/24 at 9:25 a.m., she stated, They always move that call light away from me, So I don't call. (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
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/11/2024 at 9:58 a.m. with CNA B, she stated she was the assigned nursing assistant for Resident #46, and the call light was wrapped on the wall call light box. She said, I must have forgotten to move it back to resident #46's reach when I provided incontinent care this morning. She noted that the lack of accessibility of a call light could negatively affect any resident if they needed assistance. 2. Record review of Resident #55's face sheet dated 6/11/24 revealed a [AGE] year-old male admitted to the facility on [DATE] readmitted on [DATE] with the diagnosis that included Muscle weakness (a decrease in muscle strength and the ability to move your body), Insomnia (a sleep disorder in which you have trouble falling and/or staying asleep) and Type II Diabetes (a disease that occurs when your blood glucose, is too high). Record review of Resident #55 Quarterly MDS assessment, dated 2/20/24, revealed a BIMS score of 14, indicating intact cognition. Record review of Resident's #55 care plan, dated 9/26/19, revealed that [Resident's Name] is at risk for injury interventions Keep the call light on and within reach. Review of Resident #55's Quarterly MDS, dated [DATE], reflected under section G, G0300, option # 3, which stated that the patient was unsteady on hid feet and required assistance X 1. Observation on 6/11/24 at 8:55 a.m. revealed that the call light was not visible. Resident #55's call light was out of reach on the nightstand. In an interview with Resident #55 on 6/11/24 at 9:55 a.m., he stated, They always move that call light away from me, So I don't call. During an interview on 6/11/2024 at 10:10 a.m. with CNA B, she stated she was the assigned nursing assistant for Resident #55, and the call light was on the nightstand, as that was where it was usually kept. She noted that the lack of accessibility of a call light could negatively affect any resident who needed assistance. In an interview with the DON on 6/12/24 at 10:05 a.m., she stated it was her expectation that call lights should be within arm's length of all residents, She added the lack of a call light could possibly lead to a fall if a resident needed something. The DON stated charge nurses were responsible for overseeing call lights were within residents' reach, which was monitored daily during administration rounding. Record review of the facility's policy titled Answering the call light, dated 2001, revised July 2023, reflected, Ensure call light is accessible to the resident. 46131

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
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. 41651 Based on observation, interview, and record review, the facility failed to protect the residents' right to reside in a safe, clean, comfortable, and homelike environment for 2 residents (Residents #14 and #33), in that: 1. Barrels of soiled linens and trash were stored in the shower area of Resident #14's restroom. 2. Resident #33's shower chair and the floor of the shower area in her restroom were soiled with a dark brown substance which appeared to be mud or feces. These deficient practices could lead to diminished quality of life and psychosocial harm. The findings were: 1. Observation of Resident #14's restroom on 06/10/2024 at 1:00 p.m., revealed the presence of two wheeled barrels, one with soiled linen and the other with trash. During an interview with the Director of Housekeeping on 06/10/2024 at 1:04 p.m., the Director of Housekeeping confirmed the presence of two wheeled barrels, one with soiled linen and the other with trash in Resident #14's restroom and stated, I keep telling them not to do that. 2. Observation of Resident #33's restroom on 06/10/2024 at 1:12 p.m., revealed Resident #33's shower chair and the floor of the shower area in her restroom were soiled with a dark brown substance which appeared to be mud or feces. During an interview with the ADON on 06/10/2024 at 1:15 p.m., the ADON confirmed Resident #33's shower chair and the floor of the shower area in her restroom were soiled with a dark brown substance which appeared to be mud or feces and should not have been. During an interview with the Administrator on 06/13/2024 at 3:36 p.m., the Administrator stated that her expectation is for resident living spaces to be clean, well-kept, and free of debris. Record review of the facility's policy titled, Resident Rights, dated 2/20/2021, revealed, 8. Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports of daily living safely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651 Based on observation, interview, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible for 1of 6 residents (Resident #55) reviewed for accidents and hazards. The facility failed to ensure Resident #55 did not have access to an electronic cigarette. This failure could place residents at risk of injury or harm, as well as contribute to avoidable accidents. Findings included: Record review of Resident #55's face sheet, dated 6/11/24, revealed a [AGE] year-old male admitted to the facility on [DATE] readmitted on [DATE] with the diagnosis that included Muscle weakness (a decrease in muscle strength and the ability to move your body), Insomnia (a sleep disorder in which you have trouble falling and/or staying asleep) and Type II Diabetes (a disease that occurs when your blood glucose, is too high). Record review of Resident #55 Quarterly MDS assessment, dated 2/20/24, revealed a BIMS score of 14, indicating intact cognition. Record review of Resident #55's care plan, dated 2/6/23, revealed [Name of Resident] was a supervised smoker Instruct resident on smoking locations. Observation of an interview with Resident #55 on 06/10/24 at 9:30 AM revealed Resident #55 lying in bed while smoking an electronic cigarette. He stated that he makes his own rules and smokes in his room. Interview with RN C on 6/11/24 at 10:15 a.m. RN C confirmed she was the assigned nurse for Resident #55 and he was assessed to be a supervised smoker and sometimes did not comply. Interview with the Administrator on 06/12/24 at 7:22 AM revealed facility staff were responsible for taking supervised smokers out side. She stated her DON was responsible for overseeing that, and she monitored it daily. The Administrator stated that Resident #55 risked a possible fire hazard if he was to continue using his electronic cigarette in the room. Review of the facility's policy titled, Safety and Supervision of Residents, dated 2001, revised July 2017, revealed, Due to their complexity and scope, certain resident risk factors and environmental hazards are addressed in dedicated smoking areas. 46131

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41651 Based on observation, interview, and record review, the facility failed to ensure that residents who needed respiratory care were provided such care, consistent with professional standards of practice, for 2 of 3 the residents (Residents #4 and #56) reviewed for oxygen in that: The facility faield to ensure Residents #4 and #56 did not have an empty oxygen humidifier bottle on the oxygen concentrator dated 5/12/24 while in use. This deficient practice could place residents who received oxygen therapy at risk for an increase in respiratory complications. The findings were: 1. Record review of Resident #4's face sheet, dated 6/10/24, revealed a [AGE] year old male admitted to the facility on [DATE] with the diagnosis that included: Acute Kidney Failure (when your kidneys suddenly become unable to filter waste products from your blood), Respiratory Failure (a serious condition that makes it difficult to breathe on your own), and Atrial Fibrillation (an irregular and often very rapid heart rhythm). Record review of Resident #4's Physician's monthly orders, dated June 2024, revealed an order with a start date of 03/22/24, Oxygen at 2 liters per nasal cannula as needed for Shortness of breath. Record review of Resident #4's Quarterly MDS assessment, dated 4/12/24, revealed a BIMS score of 15, indicating intact cognition. Observation on 6/10/24 at 10:55 a.m. revealed Resident #4 oxygen concentrator at the bedside, with the humidifier bottle empty, dated 5/12/24. 2. Record review of Resident #56's face sheet, dated 6/10/24, revealed a [AGE] year old male admitted to the facility on [DATE] with diagnoses that included: Respiratory Failure (a serious condition that makes it difficult to breathe on your own), Cirrhosis of the Liver (permanent scarring that damages your liver and interferes with its functioning), and Depression (a common and serious medical illness that negatively affects how you feel, the way you think and how you act). Record review of Resident #56's Quarterly MDS, dated [DATE], revealed a BIMS score of 7, indicating severe cognitive impairment. Observation on 6/10/24 at 9:50 a.m. revealed Resident #56's oxygen concentrator at the bedside, with the humidifier bottle empty, dated 5/12/24. During an interview with RN C on 6/10/24 at 10:58 a.m., it was revealed that oxygen tubing and humidifier bottles for Residents #4 and #56 were changed and dated by the night shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview with the DON on 6/10/24 at 11:20 AM revealed Residents #4 and #56 oxygen concentrator bottles should have been changed by the night shift weekly. The DON was unaware of why the humidifier bottles were not changed for Residents #4 and #56. She added that the ADON oversaw this task and that she would be monitoring it for compliance. The DON stated that residents risked possible dry nasal passages by having their oxygen humidifier bottles emptied for Residents #4 and #56. Record review of the facility's policy titled, Departmental (Respiratory Therapy)-Prevention of Infection, dated 2001 and revised November 2011, revealed, [NAME] Bottle with date/initials upon opening and discard. 46131

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on interview and record review, the facility failed to ensure the resident was not given a psychotropic drug unless the medication was necessary to treat a specific condition as diagnosed and documented in the clinical record for 1 of 3 residents (Resident #20) reviewed for unnecessary medications, in that: The facility failed to ensure Resident #20 was prescribed a psychotropic drug for anxiety no longer than 14 days PRN . This deficient practice could place residents at risk of receiving unnecessary psychotropic medications. The findings were: Record review of Resident #20's face sheet dated 6/11/24, revealed a [AGE] year-old female admitted to the facility on [DATE] with the diagnosis that included: Congestive heart failure (is a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply), Chronic Pain Syndrome (long-standing pain that persists beyond the usual recovery period), and Muscle Weakness (a decrease in muscle strength or a reduced ability to move your body, even when you try hard). Record review of Resident #20's Quarterly MDS assessment, dated 4/13/24, revealed a BIMS score of 12, which indicated cognition was moderately impaired. Record review of Resident #20 care plan, dated 5/24/24, revealed, Potential for drug related complication associated with antianxiety medication. Record review of Resident #20 order summary, dated June 2024, revealed an order for Xanax oral tablet 2 mg, Give one tablet by mouth every 8 hours as needed for anxiety indefinite. During an Interview with the DON on 6/12/24 at 10:25 a.m., the DON confirmed that Resident # 20 had an order for Xanax 2 mg every 8 hours PRN indefinite, and the order should have only been for 14 days. She did not know why the order was written over 14 days as overuse can place Resident # 20 at risk for respiratory depression. The DON confirmed that ADON was responsible for overseeing this task daily and she currently monitors this at random which is why the deficient practice was an oversight. Record review of the facility's policy titled, Psychotropic Medication Use Policy, dated 2001 revised July 2022, revealed, .PRN orders for psychotropic medication are limited to 14 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131 Based on observation, interview, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 1 (refrigerator in resident room [ROOM NUMBER]B) of 3 residents' reviewed in that: The facilty failed to ensure the personal refrigerators in one residents' rooms contained food items which were unlabeled and undated. This deficient practice could place residents at risk of foodborne illness due to consuming spoiled foods. The findings were: Observation on 06/11/24 at 9:02 a.m. revealed the personal refrigerator in resident room [ROOM NUMBER] B contained open lunch meat undated. Further observation on 06/11/2024 at 10:36 a.m. revealed a container with lunch meat undated . During an interview with CNA A on 06/11/2024 at 10:45 a.m., CNA A confirmed that the personal refrigerator in resident room [ROOM NUMBER]B contained an open package of lunch meat which was unlabeled and undated. During an interview with the DON and ADON on 06/11/2024 at 1:47 p.m., the DON and ADON confirmed that perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled foods. The DON stated the night shift nurses were responsible for overseeing this and at thtat time it this was not being monitore . Record review of the facility's policy titled, Foods Brought by Family/Visitors, dated 2001 and revised March 2022, revealed, .Food brought to the facility by visitors and family is permitted. The nursing staff will discard perishable foods on or before the use by date .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. 27923 Based on observation, interview, and record review, the facility failed to maintain the garbage storage area in a manner to prevent the harborage of pests for 1 of 1 facility. The facility failed to close a garbage bin lid on a separate garbage disposal unit on two separate occasions. This deficient practice could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment. Findings included: An observation with the Dietary Director on 06/11/24 at 11:15a.m, revealed that one of the two garbage bins used by the facility had a side-lid covering which measured 35x23 inches which was left open exposing bags of garbage. An observation with the Dietary Director on 6/12/24 at 11:00a.m., revealed that one of the two garbage bins used by the facility had a side-lid covering which was left open exposing bags of garbage. During an interview with the Dietary Director on 06/12/24 at 11:00a.m., she stated that she was aware that the garbage bin lids had to stay closed at all times to prevent problems with pests. During an interview with the Administrator on 6/12/24 at 4:30 p.m., she stated that she understood the regulation that the garbage bins had to remain closed to prevent problems with pests. Record review of the facility's policy on Food-Related Garbage and Refuse Disposal revealed that all garbage and refuse containers must be kept covered with a tight-fitted lid when stored and not in continuous use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923 Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 1 facility reviewed for environmental concerns. The facility failed to repair a broken electrical outlet in a Resident's room, fix a roof leak in a resident's room, repair a section of broken floor paneling in a resident hallway corridor, replace a damaged section of ceiling tile in a resident hallway corridor. This deficient practice could place residents at risk of not living in a safe, functional, sanitary, and comfortable environment. The findings included: During an observation on 06/10/24 from 10:10 a.m. to 10:55 a.m. revealed the following: 1. Resident room [ROOM NUMBER] had a broken electrical outlet that showed an open electrical connection without an outlet cover. 2. Resident room [ROOM NUMBER] had a roof leaf that involved a 3x3 section of roof panels with an active leak occurring which created a puddle of water on the floor near the room entrance. 3. Hallway E had a missing section of floor paneling in front of room [ROOM NUMBER] which measured 2x2 feet. 4. Hallway E had a section of ceiling paneling which measured 2x1 feet with water stain marks on the ceiling panel in front of room [ROOM NUMBER] located in the hall corridor. During an interview with Resident # 62 on 6/10/24 at 1100a.m., he stated that the roof ceiling in his room had been leaking for several weeks. He did not state that he had informed facility staff about the leakage. During an interview with the Maintenance Director on 6/10/24 at 2:15p.m., he stated that he had just moved the bed in room [ROOM NUMBER] that morning which broke the electrical outlet. He stated that he had just become aware on 6/10/24 of the roof leakage and would check on it. The Maintenance Director stated that he would repair the missing floor paneling in front of room [ROOM NUMBER] in the hall corridor and would replace the ceiling panel that had water marks on it in front of room [ROOM NUMBER] in the hall corridor. During an interview with the Administrator on 6/10/24 at 2:20p.m., she stated that she had just become aware of the roof leakage in room [ROOM NUMBER] on 6/10/24. The Administrator stated that the roof leakage in room [ROOM NUMBER] would be investigated, the floor paneling repaired in the hall corridor in front of room [ROOM NUMBER], and the ceiling paneling replaced in the hall corridor in front of room [ROOM NUMBER]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455817	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
San Antonio North Nursing and Rehabilitation	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility's policy on Maintenance Service dated 2001 revealed that maintenance service was to be provided to all areas of the building, grounds, and equipment. Maintenance personnel should follow established safety regulations to ensure the safety and well-being of all concerned.