STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455969	A. Building B. Wing	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patriot Heights Health Care Center	5000 Fawn Meadow 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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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
	455969	A. Building B. Wing	10/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Patriot Heights Health Care Center	5000 Fawn Meadow 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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure the resident had the right to be free from abuse and neglect for 2 of 6 residents (Resident #1 and Resident #2) reviewed for resident abuse. The facility failed to ensure a safe environment free from sexual abuse when Resident #1, who had a history of alleged sexual behaviors, placed his mouth on Resident #2's breast on 10/28/2025 at 04:15 p.m. The noncompliance was identified as past non-compliance IJ. The IJ began on 10/28/2025 and ended on 10/29/2025. The facility had corrected the noncompliance before the investigation began, 10/29/2025 at 12:30 p.m. This failure could place residents at risk of physical harm, pain, mental anguish, and/or emotional distress. The findings included: Resident #1 Record review of Resident #1's admission Record, dated 10/29/2025, revealed a [AGE] year-old male admitted on [DATE]. Resident #1 was noted to have two contacts listed, including his [family member]. MD C was noted as his attending physician. Record review of Resident #1's Medical Diagnosis tab on the EMR, undated and accessed 10/29/2025 at 03:26 p.m., revealed diagnoses including traumatic subdural hemorrhage (a type of bleeding near your brain due to a traumatic head injury which could impact memory, motor skills, physical mobility, and ability to speak and language processing), functional quadriplegia (complete inability to move due to severe disability or frailty), and vascular dementia (a change in thinking and memory that occur when the brain experiences a disruption in blood flow) with mood disturbance. Record review of Resident #1's quarterly MDS, dated [DATE], revealed Resident #1 had a BIMS score of 06, indicating he had severe cognitive impairment. He had not exhibited physical, verbal, or other behavioral symptoms over the 7 days reviewed. He used a wheelchair for mobility and could wheel himself with supervision or touching assistance. Record review of Resident #1's Care Plan Report, undated and accessed 10/29/2025 at 03:28 p.m., revealed the following focuses and interventions:- [Resident #1] engages in sexually inappropriate remarks and uninvited physical contact with female staff members. He has a traumatic brain injury and displays poor impulse control and decision-making.10/28/25: Resident was seen by staff inappropriately touching a resident's breast.Psych services and PCP have noted that resident will not benefit from psychotropic medications because his behaviors are caused by his TBI., date initiated 04/21/2025 and revised on 10/29/2025 with interventions: - If reasonable, discuss behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable., date initiated 04/21/2025. - Remain calm and professional and gently yet firmly redirect the behavior by telling him it is inappropriate and unacceptable, date initiated 04/21/2025. - A care plan meeting will be conducted with the resident and responsible party to assess inappropriate behaviors and ensure the safety of other residents., date initiated 08/25/2025. - Psych Services as needed, date initiated 08/25/2025. - Firmly and respectfully redirect the resident away from the inappropriate behavior and set clear, consistent boundaries using simple language, date initiated 08/25/2025 and revised on 09/22/2025. - An additional staff member must accompany female employees to prevent inappropriate comments or actions directed at them when assisting resident., date initiated 09/22/2025. - 1:1 staff observation of resident while out of his room, date initiated 10/28/2025 and revised on 10/29/2025. - Expedited discharge to another SNF initiated, date initiated 10/29/2025. - New Psych referral requested:Psych services and PCP have noted that resident will not benefit from psychotropic medications because his behaviors are caused by his TBI., date initiated 10/29/2025 and revised on 10/29/2025. - Sent to ER for evaluation, date initiated 10/28/2025 and revised on 10/29/2025.- [Resident #1] is at risk for aggressive behaviors with staff, family and other resident r/t Poor impulse control and cognitive status., date initiated 05/12/2025 and revised on 05/14/2025 with interventions: - Analyze key times, places, circumstances, triggers, and what de-escalates behavior and document., date initiated 05/12/2025. - Assess resident's understanding of the situation. Allow time for the resident to express self and feelings towards the situation., date initiated 05/12/2025. - Document observed behavior and attempted interventions., date initiated 05/12/2025. Record review of Resident #1's Order Summary Report, active orders as of 10/29/2025, revealed:- [psychiatry/psychology company name] for Eval and Treat, order status noted as Active with order dated, 05/13/2025.- Send to [local hospital name] ER for eval/treat per Dr. [MD C], order status noted as Active with order dated 10/28/2025.- Refer to [psychiatry/psychology company name] for Eval and treat, order status noted as Active with order dated 10/29/2025. Record review of Resident #1's [psychiatry/psychology company name] visit note, encounter dated 10/21/2025, Patient reports to 'fine' Staff report no worsening behaviors Inappropriate behaviors is likely due to hx of TBI and vascular dementia s