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	09/05/2025

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. (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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident assessment accurately reflected the resident's status for 3 of 6 residents (Resident #19, Resident #51, and Resident #55) who were reviewed for resident assessments. 1. The facility failed to document Resident #19's use of pain medication on the MDS assessment.2. The facility failed to document Resident #51's use of hypoglycemic medication on the MDS assessment.3. The facility failed to document Resident #55's use of antiplatelet medication on MDS assessment.This failure could place residents at risk of improper or incorrect care and services necessary for their physical, mental, and psychosocial well-being.The findings included:1. Record review of Resident #19's admission sheet dated 10/08/24 with an original date of 6/23/21 documented a [AGE] year-old female with diagnoses including cerebral infarction (stroke), hyperlipidemia (high cholesterol), seizures, dementia, hypothyroidism (when the thyroid gland does not produce enough hormone leading to a slowdown in metabolism), anxiety, and depression.Record review of Resident #19's MDS dated [DATE] documented a BIMS of 8 indicating moderate cognitive impairment and recorded the use of antidepressant, opioid, and anticonvulsant medications. Further review of Resident #19's MDS documented in section J0.100 Pain Management, an answer of 0 to the question At any time in the last 5 days, has the resident: A. Received scheduled pain medication regimen? 0. No 1. Yes.Record review of Resident #19's order summary documented an active order for Tylenol (a non-opioid analgesic and antipyretic indicated for the treatment of pain and fever).Record review of Resident #19's July 2025 MAR documented the resident had been receiving Tylenol as prescribed. Further review of the July MAR documented Tylenol was ordered as Tylenol 325mg, Give 2 tablet by mouth three times a day for pain.Record review of Resident #19's care plan documented the resident had chronic pain r/t hx of Lumbar fx, muscle wasting and atrophy with interventions including Anticipate need for pain relief and respond immediately to any complaint of pain. Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease ROM, withdrawal or resistance to care. Pain assessment every shift. Report to Nurse any change in usual activity attendance patterns or refusal to attend activities related to s/sx or c/o pain or discomfort.2. Record review of Resident #51's admission sheet dated 8/20/25 with an original date of 4/20/22 documented a [AGE] year-old female with diagnoses including diabetes mellitus, Alzheimer's disease, dementia, anxiety, hyperlipidemia, depression, and hypertension (high blood pressure).Record review of Resident #51's MDS dated [DATE] documented a BIMS of 10 indicating moderate cognitive impairment and recorded the use of antianxiety, antidepressant, antiplatelet, and anticonvulsant medications. Further review of Resident #51's MDS documented in section N0350. Insulin recorded an answer of 2 to the question A. Insulin Injections-Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days. The use of hypoglycemic medications was not recorded on the resident's MDS. Record review of Resident #51's order summary documented an active order for Basaglar ([insulin glargine] a long-acting human insulin analog indicated to improve glycemic control in diabetes mellitus).Record review of Resident#51's August 2025 MAR documented the resident had been receiving Basaglar as prescribed. Further review of the August MAR documented Basaglar was ordered as Basaglar 100units/mL, Inject as per sliding scale: if 1-119=0 units; 120-400=25 units, subcutaneously at bedtime for long-acting insulin. Further review of the Augus MAR documented the resident received 25 units of Basaglar on 8/21/25 for a blood glucose of 185 and 25 units of Basaglar on 8/22/25 for a blood glucose of 178.Record review of Resident #51's care plan documented the resident is at risk for infection, skin impairment, hypo/hyperglycemia, and multi-organ complications r/t DMT2 and Will have no complications related to diabetes.3. Record review of Resident #55's admission sheet dated 12/13/24 documented an [AGE] year-old male with diagnoses including cerebral infarction, dementia, hypertension, diabetes mellitus, and hyperlipidemia.Record review of Resident #55's MDS dated [DATE] documented a BIMS of 9 indicating moderate cognitive impairment and recorded an answer of None of the above in section N0415 High-Risk Drug Classes: Use and Indication 1. Is taking. Further review of the MDS revealed no drug classes were marked in section N0415 including the medication class Antiplatelet.Record review of Resident #55's order summary documented an active order for Clopidogrel (a platelet inhibitor indicated for acute coronary syndrome, recent MI [myocardial infarction or heart attack], recent stroke, or established peripheral arterial disease).Record review of Resident #55's June 2025 MAR documented the resident had been receiving Clopidogrel as prescribed. Further review of the July

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record review the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents for 1 (West Hall) of 8 shower rooms observed for environment. The facility failed to ensure resident shower room on the [NAME] Hall was clean, safe, and in good repair. This failure could place residents at risk for diminished quality of life due to the lack of a well-kept environment. Findings included: Observations made on 9/2/2025, 9/4/2025 and 9/4/2025 of resident room shower in the west hall revealed a missing shower tile in the resident room shower. The Maintenance Director interviewed on 9/4/2025 at 10:40 am. They stated that whoever sees an issue that requires maintenance attention, a work order is supposed to be entered, and that they also inform them verbally, then a work order was issued and completed. They stated that resident rooms should be inspected daily. They stated that the issue with missing tile was it could lead to structural damage if not fixed. Interview with the Administrator on 9/4/2025 at 11:00 am, he stated that for maintenance issues, maintenance should be given a work order to get it fixed. He stated that the residents shower room should not have missing tile, it could lead to damage to the wall structure. Record review of the facility policy titled, Preventive Maintenance Program, showed, Work orders are inputted by all staff which notified Plant manager of any non-working system. The TELS or equivalent will notify the plant manager weekly on inspections and monthly inspections.