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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45E312 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/30/2025 |
| NAME OF PROVIDER OR SUPPLIER San Jose Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 406 Sharmain Pl San Antonio, TX 78221 | |

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) |
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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>27520</p> <p>Based on interview and record review the facility failed to implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property for 2 of 5 staff (NA A and NA B) whose records were reviewed.</p> <p>The facility failed to ensure NA A and NA B were screened through the EMR and NAR registry to ensure they were employable.</p> <p>These deficient practices could affect any resident and contribute to resident abuse, neglect, exploitation and misappropriation of resident property.</p> <p>The findings were:</p> <p>This deficient practice could affect all residents and result in staff not being eligible to provide direct care to residents.</p> <p>The findings were:</p> <p>1. Review of pre-employment search revealed NA A had not been screened through the EMR and NAR registries during 2023 through 2024.</p> <p>Review of employee/staffing schedule from 1/29/25 to 1/31/25 revealed NA A worked from 10:00 PM to 6:00 AM on 1/29/25.</p> <p>A VM on 1/30/25 at 5:32 PM was left for NA A requesting she return the call. NA did not return the call by the end of the investigation period.</p> <p>2. Review of pre-employment search revealed NA A and NA B had not been screened through the EMR and NAR registries during 2023 through 2024.</p> <p>Review of employee/staffing schedule from from 1/29/25 to 1/31/25 revealed NA B was scheduled to work on 2:00 PM to 10:00 PM shift on 1/30/25.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview on 1/29/25 at 3:33 PM with the ADM revealed he provided original background checks at the time of hire for employees NA A and NA B . The ADM stated EMR and NAR checks had not been conducted from 2023 to 2024. He stated NA A and NA B had worked for in the capacity as CNA's for years and were supervised by nursing staff. He stated he had known the employees a long time and knew they are hirable. However, stated he understood they had to run EMR/NAR background checks every year to check their certifications and for any acts of misconduct as part of the abuse/neglect policy to ensure the safety of residents He stated he understood both NA A and NA B had received extensions to secure their certification but had not been certified.</p> <p>A VM on 1/30/25 at 5:49 PM was left for NA B requesting she return the call. She did not return the call by the end of the investigation period.</p> <p>Review of a facility policy, dated 10/2024, read in relevant part The facility has developed and implemented policies and procedures that include the following components R/T Abuse/neglect/ misappropriation of resident property.</p> <ol style="list-style-type: none"> 1. Screening 2. Training 3. Prevention 4. Identification 5. Investigation 6. Protection 7. Reporting <p>Procedure</p> <p>1. All staff hired at {Facility}will have two reference checks documented at the time of hiring. Each employee will have a criminal history check done, and be checked through the misconduct registry/nurse aide registry. All licensed staff will be checked through their prospective boards.</p> <p>Review of a facility policy, [Facility], undated, read In accordance to Chapter 253 of the Health and Safety Code the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commits acts of abuse, neglect, exploitation and misappropriation or misconduct against residents and customers are denied employment in HHSC- regulated facilities and agencies.</p> <p>HHSC-regulated facilities and agencies are required to check the Employee Misconduct Registry and the Nurse Aide Registry before hiring an individual and on an annual basis to determine if the individual is listed on either registry as having committed an act of abuse, neglect, exploitation, misappropriation or misconduct against a resident or consumer and is, therefore, unemployable.</p> |

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| <p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>27520</p> <p>Based on interview and record review the facility failed to ensure before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements for 2 of 3 Staff (NA A and NA B) whose records were reviewed.</p> <p>The facility failed to ensure NA A and NA B completed a nurse aide program and received their certification.</p> <p>This deficient practice could affect all residents and result in staff not being eligible to provide direct care to residents.</p> <p>The findings were:</p> <p>1. Review of NA A's personnel file revealed there was no documentation NA A completed a nurse aide course and received a certification.</p> <p>Review of employee/staffing schedule from 1/29/25 to 1/31/25 revealed NA A worked from 10:00 PM to 6:00 AM on 1/29/25.</p> <p>A VM on 1/30/25 at 5:32 PM was left for NA A requesting she return the call. NA A did not return the call by the end of the investigation period.</p> <p>2. Review of NA B's personnel file revealed there was no documentation NA B completed a nurse aide course and received a certification.</p> <p>Review of employee/staffing schedule from 1/29/25 to 1/31/25 revealed NA B was scheduled to work on the 2:00 PM to 10:00 PM shift on 1/30/25.</p> <p>Interview on 1/29/25 at 3:33 PM with the ADM revealed NA A and NA B had worked for the facility in the capacity as CNA's for years and were supervised by nursing staff. He stated he understood both NA A and NA B had received extensions to secure their certification , but had not been certified. The ADM further stated NA B had actually completed the course and failed the test. He stated she told him, she was not going to test again. The ADM stated he understood it was required by State that an NA complete a course and become certified to work in the capacity of a CNA to ensure they had the skills necessary to provide residents with direct care.</p> <p>A VM on 1/30/25 at 5:49 PM was left for NA B requesting she return the call. She did not return the call by the end of the investigation period.</p> | | |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>27520</p> <p>Based on interview and record review the facility failed to provide training to their staff that at a minimum educated these staff on procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property for 2 of 5 staff (NA A and NA B) whose records were reviewed for abuse training.</p> <p>Staff NA A and NA B did not have their training for abuse or neglect for the year 2024.</p> <p>This deficient practice could affect any resident and contribute to resident abuse and or neglect.</p> <p>The findings were:</p> <p>1. Review of employee personnel file revealed NA A had not completed training for resident abuse or resident neglect for the year 2024.</p> <p>Review of in-service dated 10/4/24 for ANE, Resident Rights, Restraints, and Fall prevention revealed NA A did not attend the in-service.</p> <p>A VM on 1/30/25 at 5:32 PM was left for NA A requesting she return the call. NA did not return the call by the end of the investigation period.</p> <p>2. Review of pre-employment search revealed NA B had not completed training for resident abuse or resident neglect for the year 2024.</p> <p>Review of in-service dated 10/4/24 for ANE, Resident Rights, Restraints, and Fall prevention revealed NA B did not attend the in-service.</p> <p>Interview on 1/30/25 at 5:00 PM with the DON and Administrator revealed NA A and NA B had not completed abuse training during 2024. The DON stated she conducted the in-services and was responsible for ensuring all staff was trained on abuse and neglect upon hire and annually to ensure the resident's safety.</p> <p>A VM on 1/30/25 at 5:49 PM was left for NA B requesting she return the call. She did not return the call by the end of the investigation period.</p> <p>Review of a facility policy, dated 10/2024, read in relevant part The facility has developed and implemented policies and procedures that include the following components R/T Abuse/neglect/ misappropriation of resident property.</p> <p>1. Screening</p> <p>2. Training</p> <p>3. Prevention</p> <p>(continued on next page)</p> | | |

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| <p>F 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>4. Identification</p> <p>5. Investigation</p> <p>6. Protection</p> <p>7. Reporting</p> <p>Procedure</p> <p>1. All staff hired at {Facility} will have two reference checks documented at the time of hiring. Each employee will have a criminal history check done, and be checked through the misconduct registry/nurse aide registry. All licensed staff will be checked through their prospective boards.</p> <p>2. All staff will be trained on hire and at least twice yearly on issues such as:</p> <p>Abuse prohibition practices.</p> <p>Intervention with aggression/catastrophic reactions</p> <p>Reporting allegations</p> <p>Recognizing burnout/stress</p> <p>Definitions of abuse, neglect, and misappropriation</p> <p>Page 2</p> <p>3. Reporting concerns/incidents/grievances by residents providing residents/families/staff with information on reporting and resolving concerns/grievances.</p> <p>Identifying those residents at risk, correcting situations in which abuse/neglect. Misappropriation may occur.</p> |