

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 04/11/2025
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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42031</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident's 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 1 of 6 residents (Resident #26), reviewed for resident rights.</p> <p>Resident #26's call light was on the floor and not within reach of the resident.</p> <p>This failure could place residents at risk of not receiving needed care and services in a timely manner.</p> <p>The findings were:</p> <p>Record review of Resident #26's face sheet dated 3/31/25 revealed the resident was an [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included Alzheimer's disease (general term for memory loss and other cognitive abilities serious enough to interfere with daily life), dementia, unspecified (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), and muscular Atrophy not otherwise specified (weakening, shrinking, and decreasing of muscle mass).</p> <p>Record review of Resident #26's quarterly MDS assessment dated [DATE] indicated the resident was unable complete the BIMS, and staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident required partial-moderate assistance for rolling left and right. The resident used a manual wheelchair, was impaired on one side of her upper body and both of her lower extremities, and the resident was always incontinent of bowel and bladder.</p> <p>Record review of Resident #26's undated care plan revealed a problem for urinary incontinence and interventions included to keep the call light within the resident's reach and to remind the resident to call for assistance.</p> <p>In an observation on 4/8/25 at 10:55 a.m. a facility maintenance staff member was in the hallway working on the call light for Resident #26's room. An unknown staff member had entered Resident #26's room at this time and exited within 30 seconds.</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
---	-------	-----------

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 04/11/2025
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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation and interview on 4/8/25 at 11:00 a.m., the maintenance staff member was no longer present. Resident #26 was in bed making a moaning noise when breathing but the resident appeared unaware of the moaning. The resident was able to answer a few questions appropriately but her speech was garbled and then the resident stated, I'm Good, thank you. The call light was plugged in to the wall and the cord was caught in the nightstand drawer and the end for the resident to press was on the floor next to the nightstand. The resident was able to lift her left arm and grab my hand with hers when I extended it in greeting . I was unable to understand the resident's answer when asked if she could use her call light as her speech remained garbled.</p> <p>In an observation and interview on 4/08/25 at 11:23 a.m., the call light remained on the floor in Resident #26's room. The DON stated the call light should not be on the floor. The DON stated the resident was able to talk and let the staff know if she needed assistance. The DON stated the consequences of the resident not having her call light in reach could be the resident would not receive the assistance she needed.</p> <p>In an interview on 4/11/25 at 4:35 p.m., the ADON stated Resident #30 could use the call light if given verbal reminders. The ADON stated the possible consequences of the resident not having her call light within reach could be the resident could fall trying to reach it.</p> <p>In an interview on 4/11/25 at 5:00 p.m., the DON stated maintenance had been working on Resident #26's call light and she was unsure what the issue had been but it had been fixed that same day.</p> <p>Review of the facility policy for ADL undated indicated Certified Nurse Aides (CNAs) must attend to the needs of all residents and provide the care that residents need at all times.</p>

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 04/11/2025
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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>26481</p> <p>Based on observations and interviews the facility failed to ensure each resident has a right to personal privacy and confidentiality of their personal and medical records.</p> <p>The facility failed to ensure the MAR binder (a binder with a list of residents' prescribed medications and when the medications were administered) on the west wing medication cart was kept confidential when it was left open and facing the hallway unattended while visitors and staff walked by.</p> <p>This could place residents at risk for private health information being viewed by unauthorized individuals.</p> <p>The findings were:</p> <p>In an observation on 4/8/25 at 9:25 a.m. in the hallway on the west wing slightly to the left of the entrance to the west wing hall there was a medication cart against the wall with the MAR binder open and facing the hallway, unattended. The MAR binder contained information on residents' medications. Multiple staff and visitors passed by the open binder on their way down the hallway.</p> <p>In an observation and interview on 4/8/25 at 9:26 a.m. revealed LVN D returned to the medication cart and stated she had just stepped away to put some laundry away. LVN D stated the MAR binder should not have been left open or unattended because unauthorized people could have access but she had stepped away briefly.</p> <p>In an interview on 4/8/25 at 4:45 p.m. the DON stated the MAR binder should not be left open and unattended to keep the resident information private.</p> <p>Medical records policy was requested and not received by time of exit.</p>

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 04/11/2025
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on observation, interview and record review, the facility failed to maintain safe environment, including but not limited to receiving treatment and supports for daily living safely for 1 of 7 Residents (Resident #17) who were observed for wheelchair use.</p> <p>The facility failed to ensure Resident #17's wheelchair armrest were in good repair. Both armrests were cracked and torn.</p> <p>This deficient practice could affect residents who used a wheelchair and could contribute to injuries; skin tears.</p> <p>The findings were:</p> <p>Review of Resident #17's annual MDS assessment, dated 3/6/25, revealed she was admitted to the facility on [DATE] with diagnosis of Cerebral Palsy. Her BIMS score was 9, reflective of moderate cognitive impairment, she had impaired range of motion on both lower extremities and she used a wheelchair for mobility.</p> <p>Review of Resident #17's Care Plan, revised 3/6/25, revealed Resident #17 had self-care deficit r/t cognitive deficit.</p> <p>Observation on 04/09/25 at 12:06 PM revealed Resident #17 sitting in a wheelchair. Both armrests were cracked and torn.</p> <p>Observation on 04/10/25 at 04:00 PM revealed Resident #17 sitting in a wheelchair in the dining room. Further observation revealed both armrests were cracked and torn exposing the padding.</p> <p>Interview on 04/10/25 at 05:00 PM with the Maintenance worker revealed he was in charge of replacing the armrests on the Resident's wheelchairs when torn. He stated he had not checked them in some time and staff had not reported there was a problem with Resident #17's wheelchair.</p> <p>Observation and interview on 04/10/25 05:05 PM revealed both armrests on Resident #17's wheelchair were cracked and torn. Interview with the Maintenance worker revealed Resident #17's wheelchair armrests were torn. He stated it was important to replace the torn armrests to ensure Resident #17 did not scratch her arms.</p> <p>Interview on 04/11/25 at 3:00 PM with the DON revealed the Maintenance worker would periodically check the Resident's wheelchairs to make sure they were functional and the armrests were not torn. The DON stated the Maintenance worker should replace any torn armrests because the Resident's could get skin tears.</p> <p>Requested a policy for maintaining resident equipment in good working order multiple times on 04/11/2025. A policy was not provided before exit.</p>		

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 04/11/2025
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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42031</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident was free from physical restraints imposed for purposes of convenience that are not required to treat the resident's medical symptoms for the least amount of time and document ongoing re-evaluation of the need for restraints for 4 of 4 days during the survey period (4/8/25, 4/9/25, 4/10/25, and 4/11/25) reviewed for freedom from abuse.</p> <p>Resident #30 was seated in a Geri-chair with a tray table on 4/8/25, 4/9/25, 4/10/25, and 4/11/25 . The tray table was always present when the resident was out of bed and not removed for meals, or activities. And there was no documentation of ongoing re-evaluation of the need for restraints.</p> <p>This failure could place residents at risk for feelings of frustration, anger, humiliation, and could result in the residents being unnecessarily restrained in violation of their rights.</p> <p>The findings were:</p> <p>Record review of Resident #30's face sheet dated 3/31/25 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included dementia (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), hypertension (elevated blood pressure), and diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces).</p> <p>Record review of Resident #30's quarterly MDS assessment dated [DATE] indicated the resident's BIMS was 99 indicating she was unable to complete the assessment. Staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident did not use any mobility devices including a wheelchair and no physical restraints or alarms were used and chair prevents rising was not used.</p> <p>Record review of Resident #30's undated care plan revealed a problem dated 9/15/23 for Geri-chair with or without tabletop and under this problem in the same column was Resident #30's name cannot walk and will try to get out of the Geri-chair. Tabletop is used to prevent a fall and to serve as a table for activities with a goal of resident safety will be maintained. Interventions included to check with the resident frequently to ascertain needs, toilet the resident per schedule and request, provide verbal reminder to the resident to call when needing assistance. (There were no interventions for removing the tabletop or assessing the continued need for the restraint.)</p> <p>Record review of Resident #30's physician orders dated 3/31/25 revealed an order for a Geri-chair with or without tabletop PRN (as needed) safety device to decrease falls with a date next to it for 9/1/23.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #30's informed consent for restraint use signed on 8/30/23 revealed Geri-chair was checked and under other was handwritten with or without tabletop. Under benefits of using this type of restraint was handwritten preventing potential life-threatening fall and initialed by the DON. Under the DON's initials were handwritten dates 2/5/24, and 4/9/25. Under less restrictive alternatives that had been used was handwritten wheelchair without tabletop.</p> <p>Record review of Resident #30's Treatment Administration Record for March 2025 revealed up in Geri-chair with or without tabletop for positioning comfort PRN with a start date of 9/1/23 and documented by unknown staff the resident only used this on 3/1/25, 3/4/25, 3/9/25, 3/13/25, 3/15/25, and 3/18/25.</p> <p>Record review of Resident #30's Treatment Administration Record for April 2025 revealed up in Geri-chair with or without tabletop for positioning comfort PRN with a start date of 9/1/23 and documented by unknown staff the resident only used this on 4/9/25, and 4/10/25.</p> <p>Record review of Resident #30's physical restraint elimination assessment form were the dates 1/5/24, 2/5/24, and 4/9/25 with no date for the 3rd column. All four columns were completed and were the exact same and had the score of 23 (21-35 indicating the resident was a good candidate for restraint elimination). On the 2nd page of the assessment for the dates 1/5/24, 2/5/24, and 4/9/25. Under item 1. there was a check mark for the resident being a good candidate. 2. Was the resident a candidate for restraint reduction or elimination was checked no. Under action plan was handwritten no restraint elimination at this time. Under additional comments was handwritten and signed by the DON the resident was unable to walk and tries to stand and walk if the tabletop is not on the Geri-chair. Under less restrictive measures to be used for 1/5/24 was handwritten fall risk, for 2/5/24 and 4/9/25 was left blank. For specific reason, medical symptom, or targeted behavior was blank for 1/5/24, and on 2/5/24, and 4/9/25 was handwritten fall risk.</p> <p>Record review of Resident #30's hospice addendum plan of care review/recert note dated 4/9/25 under interactivity was handwritten Tries to engage, in Geri-chair all day. On the 2nd page under Musculoskeletal was handwritten In Geri-chair all day, no falls reported.</p> <p>Record review of Resident #30's hospice plan of care review dated 3/26/25 under musculoskeletal was handwritten sits in Geri chair, does not ambulate.</p> <p>In an observation and interview on 4/8/25 at 1:30 p.m., Resident #30 was in the lobby-common area among other residents sitting on couches or in wheelchairs watching television. Resident #30 was seated upright in a Geri-chair with a tray table attached to the chair. Resident #30 was at the edge of the seat and had both her hands on the sides of the tray table and was periodically, vigorously shaking the tray table back and forth and looking around. The ADON was sitting at the nursing station facing the residents and stated the resident was always up in the Geri-chair with the tabletop when out of bed. The ADON stated the resident was not trying to remove the tray table but was restless. The ADON stated the resident would try to get up if the tray table was not attached and the resident was unable to walk.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation and interview on 4/9/25 at 2:00 p.m. Resident #30 was in the lobby-common area among other residents sitting on couches or in wheelchairs. Resident #30 was seated upright in a Geri-chair with a tray table attached to the chair. Resident #30 was in the middle of the seat and would periodically grab the tray table sides with both her hands and shake it side to side and would look around. The resident was able to move her upper body and trunk without difficulty and was seated upright without leaning to the side. The resident smiled when greeted but was unable to answer my questions. Resident #30 would attempt to speak but only unintelligible sounds would come out.</p> <p>In an observation on 4/10/25 at 2:30 p.m. Resident #30 was in the lobby-common area alone without any other residents or staff present. Resident #30 was seated in an upright Geri-chair with a tray table attached to it. The resident was seated in the middle of the seat with her upper back leaned back against the chair and had her hands on top of the tray table and would occasionally push against the tray table side closet to her.</p> <p>In an observation on 4/11/25 at 12:30 p.m. Resident #30 was in the dining room sitting upright in an upright Geri-chair with the tray table attached and the tray table was pushed under the half-moon feeding assistance table.</p> <p>In an observation on 4/11/25 at 2:00 p.m. Resident #30 was in the lobby-common area among other residents. Resident #30 was seated upright in a Geri-chair with a tray table attached and was moving around large adult Lego like blocks with her right hand. The resident was not pushing or shaking the tray table.</p> <p>In an observation on 4/11/25 at 4:00 p.m. Resident #30 was seated in a wheelchair at a table in the dining room without any physical restraint and was lifting items from the table during an activity and staff were supervising. Resident #30 was not attempting to get up out of the wheelchair.</p> <p>In an interview on 4/8/25 at 2:30 p.m. the DON stated the tray table attached to the Geri-chair was not a restraint and she had to mark it on the MDS. but the DON stated it was not a restraint due to the resident being unable to walk, and it was for her safety because the resident would get up and fall if the tray table was not attached. The DON stated it was also used for activities.</p> <p>In an interview on 4/11/25 at 4:35 p.m., the ADON stated she was unaware of any other interventions that were attempted for Resident #30 prior to or after Geri-chair with tray table use.</p> <p>In an interview on 4/11/25 at 5:30 p.m., the DON stated the RP for Resident #30 had come in and seen that the resident was not in a Geri-chair with the tray table for safety, and the RP was not pleased and was afraid Resident #30 would fall and get hurt. The DON stated the RP stated she would write a letter. The DON stated previous interventions attempted prior to the tray table were wheelchair alarms but the resident fell . The DON stated the resident's family suggested the tray table and it was used for activities, eating, and fall prevention.</p> <p>Review of the facility restraint policy undated indicated It is the practice of our facility to comply with federal and state laws governing the emergency use of restraints. In the absence of the law, our facility shall employ the following policy: Physical restraints may be used based on professional judgement to prevent harm to a resident or others, or to provide medical treatment to proceed unless the facility has notice that the resident has previously made a valid refusal of the treatment in question.</p>		

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 04/11/2025
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) program for residents with newly evident or possible serious mental disorder for 1 of 4 Residents (Resident #4) whose records were reviewed.</p> <p>The facility failed to refer Resident #4 for Level I screening after being diagnosed with a mental disorder.</p> <p>This deficient practice could affect residents with a mental diagnosis and can result in residents not receiving services as identified by PASARR.</p> <p>The findings were:</p> <p>Review of Resident #4's annual MDS assessment, dated 2/6/25, revealed he was admitted to the facility on [DATE]. His BIMS score was 2 of 15 reflective of severe cognitive impairment. His diagnoses included Hypertension (high blood pressure), Dementia, Depression and Psychotic Disorder.</p> <p>Review of Resident #4's Psychiatric Subsequent Assessment, dated 2/14/25, revealed diagnoses included Persistent mood (affective disorder) unspecified and Major Depressive Disorder, recurrent, moderate. Further review revealed Assessment/Plan: Generalized anxiety was being treated with Effexor XR 1 tablet, 150 mg, daily. Persistent mood (affective disorder) unspecified was being treated with Depakote PR 1 tablet 500 mg BID, Trileptal 1 tablet 300 mg BID, Depakote 1 tablet 1000 mg QHS and Haldol 1 tablet 2 mg BID, Major Depressive Disorder recurrent, moderate is being treated with Effexor XR 1 tablet, 150 mg, daily.</p> <p>Interview on 04/11/25 at 01:54 PM with the DON revealed she was responsible for referring all Resident's for level I PASARR screening if they had a mental illness. She stated she did not believe Resident #4 had a psychiatric condition to request for a level I PASARR screening. She stated she had not talked with the Psychiatric NP about his condition. The DON reviewed Resident #4's Psychiatric Subsequent Assessment, dated 2/14/25. The DON stated she would refer Resident #4 for an evaluation because he could qualify for resources. She further stated not referring residents with a mental illness for a Level 1 evaluation could result in not benefiting from resources.</p> <p>Review of facility policy, Policy for PASSR, undated, read: This facility follows the PASSR guidelines to ensure that people with a Mental Illness, Intellectual disability Disorder or Development Disorder who are admitted to a Nursing Facility are getting the specialized services that are available.</p>		

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 04/11/2025
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on interview and record review, the facility failed to revise residents comprehensive care plan for 4 of 12 Residents (Resident #4, Resident #19, Resident #27 and Resident #30) reviewed for Comprehensive Resident Centered Care Plan.</p> <ol style="list-style-type: none"> 1. The facility failed to revise Resident #4's Care Plan for the use of 1/2 SR and to provide timeframe's for the review period. 2. The facility failed to revise Resident #19's care plan for diet and care plan interventions after weight loss. 3. The facility failed to revise Resident #27's Care Plan for the use of 1/2 SR. 4. The facility failed to revise Resident #30's care plan interventions for physical restraint. <p>These deficient practices could affect any resident and could contribute to resident's not receiving needed care and services as identified in the residents medical record and or MDS.</p> <p>The findings were:</p> <ol style="list-style-type: none"> 1. Review of Resident #4's annual MDS assessment, dated 2/6/25, revealed he was admitted to the facility on [DATE]. His BIMS score was 2 of 15 reflective of severe cognitive impairment. His diagnoses included Hypertension (high blood pressure), Dementia, Depression and Psychotic Disorder. He had functional limitation in range of motion on one side on upper extremity and on both sides on lower extremities and he required partial to moderate assistance from staff for bed mobility; rolling left and right. <p>Review of Resident #4's Care Plan revised on 3/28/25 revealed problem: 1/2 SideRail to bed; Goal: Resident will be able to assist with transfers, repositioning and bed mobility; Interventions: Instruct resident on techniques on how to use 1/2 SideRail to change position while in bed and Show resident how to use 1/2 SideRail to assist with transferring. Further review revealed the Care Plan did not reflect Resident #4's medical condition for the use of the Side Rail, it did not include measurable timeframe's and interventions and it did not reflect Resident #4 should be reassessed for the use of the 1/2 Side Rail to ensure he used it safely.</p> <p>Interview on 04/11/25 at 01:54 PM with the DON revealed she and staff had worked with Resident #4 for years and knew him well. She stated Resident #4's condition had not changed and although she understood the requirement for the Care Plan to reflect the Resident's current condition, care and services needed. The DON stated she did not believe not updating the Care Plan would negatively impact Resident #4 in any way.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review of Resident #19's face sheet dated 3/31/25 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included dementia with behavioral disturbances (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life with behavior changes), diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces), and vitamin D deficiency (the level of vitamin D in the blood is insufficient to maintain proper health).</p> <p>Record review of Resident #19's quarterly MDS assessment dated [DATE] indicated the resident had a BIMS score of 99 indicating the resident was unable to complete the assessment and staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident had a poor appetite or overeating 7 - 11 days (more than half of the days), and the resident had weight loss of 5% or more in the past month or 10% in the last 6 months.</p> <p>Record review of Resident #19's care plan revised on 4/3/25 revealed a problem for dehydration and handwritten next to it was weight loss, last date on this problem was handwritten 10/3/23. On the problem column included the resident did not like nectar or honey thick liquids. Interventions included mechanical soft diet handwritten with no date, other interventions included to assist the resident to drink 8 ounces of honey or nectar thick liquids with each medication pass. A dietary care plan date initialed 6/20/19 with a problem of mechanically altered diet with interventions for diet as ordered and to monitor intake. There were no measurable timeframe's for any goals on the care plan.</p> <p>Record review of Resident #19's consolidated physician orders dated 4/1/25 revealed a diet order of Pureed no concentrated sweets with thin liquids and diabetic shakes dated 7/30/24.</p> <p>Record review of Resident #19's nutritional assessment dated [DATE] indicated the resident was on a pureed diet and may have mechanical soft snacks.</p> <p>3. Review of Resident #27's face sheet, dated 3/31/25, revealed he was admitted to the facility on [DATE] with diagnoses including Vascular Dementia and Depressive Disorder.</p> <p>Review of Resident #27's quarterly MDS assessment, dated 2/27/25, revealed his BIMS score was 15 of 15 reflective of no cognitive impairment. He had functional limitation of range of motion on both lower extremities and he required set up assistance from staff for bed mobility; rolling left and right.</p> <p>Review of Resident #27's Care Plan revised on 3/28/25 revealed problem: 1/2 SideRail to bed; Goal: Resident will be able to assist with transfers, repositioning and bed mobility; Interventions: Instruct resident on techniques on how to use 1/2 SideRail to change position while in bed and Show resident how to use 1/2 SideRail to assist with transferring. Further review revealed the Care Plan did not reflect Resident #27's medical condition for the use of the Side Rail and it did not include measurable timeframe's and interventions did not reflect Resident #27 should be reassessed for the use of the 1/2 Side Rail to ensure he used it safely.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/11/25 at 03:32 PM with the ADON revealed Resident #27 started using a 1/2 SR since his left leg was amputated over 1 year ago. She stated Resident #27's Care Plan did not include the Resident's medical condition to reflect why he was using a SR and timeframe's for using the SR. She stated there was no indication Resident #27 should be reassessed for the use of a SR. The ADON stated the Care Plan should be an accurate representation of Resident #27's medical condition and necessary care and services needed. She stated nursing staff should use the Care Plan as a guide when providing care and if not current, then staff may not provide Resident #27 with the care and services identified.</p> <p>4. Record review of Resident #30's face sheet dated 3/31/25 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included dementia (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), hypertension (elevated blood pressure), and diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces).</p> <p>Record review of Resident #30's quarterly MDS assessment dated [DATE] indicated the resident's BIMS was 99 indicating she was unable to complete the assessment. Staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident did not use any mobility devices including a wheelchair and no physical restraints or alarms were used and chair prevents rising was not used.</p> <p>Record review of Resident #30's undated care plan revealed a problem dated 9/15/23 for Geri-chair with or without tabletop and under this problem in the same column was Resident #30's name cannot walk and will try to get out of the Geri-chair. Tabletop is used to prevent a fall and to serve as a table for activities with a goal of resident safety will be maintained. Interventions included to check with the resident frequently to ascertain needs, toilet the resident per schedule and request, provide verbal reminder to the resident to call when needing assistance. (There were no interventions for removing the tabletop or assessing the continued need for the restraint.). There were no measurable time frames for care plan goals.</p> <p>Record review of Resident #30's physician orders dated 3/31/25 revealed an order for a Geri-chair with or without tabletop PRN (as needed) safety device to decrease falls with a date next to it for 9/1/23.</p> <p>In an observation and interview on 4/8/25 at 1:30 p.m., Resident #30 was in the lobby-common area among other residents sitting on couches or in wheelchairs watching television. Resident #30 was seated upright in a Geri-chair with a tray table attached to the chair. Resident #30 was at the edge of the seat and had both her hands on the sides of the tray table and was periodically, vigorously shaking the tray table back and forth and looking around. The ADON was sitting at the nursing station facing the residents and stated the resident was always up in the Geri-chair with the tabletop when out of bed. The ADON stated the resident was not trying to remove the tray table but was restless. The ADON stated the resident would try to get up if the tray table was not attached and the resident was unable to walk.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation and interview on 4/9/25 at 2:00 p.m. Resident #30 was in the lobby-common area among other residents sitting on couches or in wheelchairs. Resident #30 was seated upright in a Geri-chair with a tray table attached to the chair. Resident #30 was in the middle of the seat and would periodically grab the tray table sides with both her hands and shake it side to side and would look around. The resident was able to move her upper body and trunk without difficulty and was seated upright without leaning to the side. The resident smiled when greeted but was unable to answer my questions. Resident #30 would attempt to speak but only unintelligible sounds would come out.</p> <p>In an observation on 4/10/25 at 2:30 p.m. Resident #30 was in the lobby-common area alone without any other residents or staff present. Resident #30 was seated in an upright Geri-chair with a tray table attached to it. The resident was seated in the middle of the seat with her upper back leaned back against the chair and had her hands on top of the tray table and would occasionally push against the tray table side closet to her.</p> <p>In an observation on 4/11/25 at 12:30 p.m. Resident #30 was in the dining room sitting upright in an upright Geri-chair with the tray table attached and the tray table was pushed under the half-moon feeding assistance table.</p> <p>In an observation on 4/11/25 at 2:00 p.m. Resident #30 was in the lobby-common area among other residents. Resident #30 was seated upright in a Geri-chair with a tray table attached and was moving around large adult Lego like blocks with her right hand. The resident was not pushing or shaking the tray table.</p> <p>In an observation on 4/11/25 at 4:00 p.m. Resident #30 was seated in a wheelchair at a table in the dining room without any physical restraint and was lifting items from the table during an activity and staff were supervising. Resident #30 was not attempting to get up out of the wheelchair.</p> <p>In an interview on 4/11/25 at 4:35 p.m., the ADON stated the DON was responsible for revising all the resident care plans and the ADON did not participate in care planning.</p> <p>In an interview on 4/11/25 at 5:30 p.m., the DON stated she was responsible for care plan interventions and the care plans were updated and new interventions might be handwritten.</p> <p>A request was made for a Care Plan policy multiple times on 4/11/25 and it was not provided before exit.</p> <p>42031</p>		

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 04/11/2025
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain good personal and oral hygiene for 1 of 7 Residents (Resident #35) for Quality of Life.</p> <p>The facility failed to assist Resident #35 with washing her face and brushing her teeth.</p> <p>This deficient practice could affect residents who were unable to carry out activities of daily living and result in resident's being dissatisfied and having poor self-esteem.</p> <p>The findings were:</p> <p>Review of Resident #35's face sheet, dated 3/31/25, revealed she was admitted to the facility on [DATE], with diagnoses including Parkinson's Disease and Dementia.</p> <p>Review of Resident #35's quarterly MDS assessment, dated 1/20/25, revealed her BIMS score was 10 of 15 reflective of moderate cognitive impairment. She had functional limitations in range of motion in both upper and lower extremities and she was dependent on staff for all ADL's including hygiene.</p> <p>Observation and interview on 04/09/25 11:00 AM revealed Resident #35 was lying in bed. Her face had a shine to it. Resident #35 presented as primarily Spanish speaking. She stated she was not able to get out of bed and needed assistance with all ADL's. She stated sometimes the CNA's would get upset when she asked for help and at times it would take an hour or two before they answered the call light. She stated she knew how long it took them because she had a clock on the wall and would look at the clock. Noted a clock mounted on wall by Resident #35's bed. Resident #35 stated the aides would usually wipe her face with a wash cloth and help brush her teeth. She stated they did not wipe her face down or wash her teeth today (04/08/25). She stated she felt dirty and was used to brushing her teeth daily. She stated she felt mal (English translation: bad).</p> <p>Interview on 04/09/25 at 11:15 AM with CNA F revealed they assisted residents with wiping their face down, swabbing their mouth, pericare and repositioning first thing in the morning. She stated she reported to work late and her partner assisted Resident #35 this morning (04/09/25).</p> <p>Interview on 04/09/25 at 11:46 AM with CNA G revealed she had worked at the facility for about 1 month. She stated some of her duties in the morning included wiping down the resident's face, cleaning their mouth and hands, changing them and repositioning them in bed. She stated she did not wipe down Resident #35's face or clean her mouth because she had to get another resident up from bed so she would not fall. CNA G stated she imagined Resident #35 felt bad and commented, I would feel bad. CNA G further stated not brushing a resident's teeth regularly could cause an infection. CNA G further stated she should complete these tasks daily.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/09/25 at 1:00 PM with the DON revealed Resident #35 was bed bound and required total care. She stated she required assistance with all ADL's and stated CNA's should assist Resident #35 with personal hygiene; washing her face and brushing her teeth in the morning, after meals or as needed. The DON commented not providing care I'm sure would make (Resident #35) feel bad because it was important to help the Resident's maintain good hygiene.</p> <p>Review of facility policy, Policy for Activity of Daily Living, undated, read: Certified Nurse Aides (CNAs) must attend to the needs of all resident and provide the care that residents need at all times.</p>

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 04/11/2025
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42031</p> <p>Based on observation, interview, and record review, the facility failed to ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 6 residents (Resident #26), reviewed for quality of care.</p> <p>Resident #26's nebulizer mask was uncovered and the elastic that holds it on to the resident's face was stretched around the uncovered nebulizer machine. The nebulizer mask had an unknown white substance on it.</p> <p>This failure could place residents at risk of cross contamination and respiratory illness.</p> <p>The findings were:</p> <p>Record review of Resident #26's face sheet dated 3/31/25 revealed the resident was an [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included Alzheimer's disease (general term for memory loss and other cognitive abilities serious enough to interfere with daily life), dementia, unspecified (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), and muscular Atrophy not otherwise specified (weakening, shrinking, and decreasing of muscle mass).</p> <p>Record review of Resident #26's quarterly MDS assessment dated [DATE] indicated the resident was unable complete the BIMS and staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident required partial-moderate assistance for rolling left and right. The resident used a manual wheelchair, was impaired on one side of her upper body and both of her lower extremities, and the resident was always incontinent of bowel and bladder. The resident had not received respiratory therapy for at least 15 minutes a day for the 7 previous days prior to this assessment.</p> <p>Record review of Resident #26's undated care plan revealed no problems or interventions for nebulizer treatments.</p> <p>Record review of Resident #26's physician orders dated 3/31/25 revealed an order for DuoNeb (a combination of two medicines called bronchodilators. It contains albuterol sulfate, and ipratropium bromide. These two medicines work together to help open the airways in your lungs.) 1 unit dose per nebulizer every 6 hours PRN for wheezing or shortness of breath with a date next to it of 11/29/22.</p> <p>Record review of Resident #26's physician orders revealed physician telephone orders dated 4/2/25 to continue DuoNeb every 6 hours PRN and schedule DuoNeb 1 unit dose every 6 hours for 5 days.</p> <p>Record review of Resident #26's MAR for April 2025 revealed the resident received DuoNeb every 6 hours for 5 days from 4/2/25 at 12pm and last dose on 4/7/25 at 6am. No PRN DuoNeb treatments were given.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation and interview on 4/8/25 at 11:00 a.m. ,Resident #26 was in bed making a moaning noise when breathing but the resident seemed unaware of the noise she was making. The resident was able to answer some questions but most of her speech was garbled. The resident was able to state clearly I'm Good, thank you. The resident stopped making the moaning noise when paying attention to me and attempting to answer questions. The resident's respirations were even and unlabored. There was a colorful fish shaped nebulizer machine sitting on the resident's nightstand. The nebulizer mask and tubing was attached to the machine and excess tubing caught in nightstand drawer. The nebulizer face mask side that goes over the nose and mouth was against the side of the fish shaped nebulizer machine and the elastic band on the mask that holds it on the resident's face was stretched around the fish shaped nebulizer machine holding it against the side of the machine. There was no cover on the nebulizer machine or the nebulizer mask. The nebulizer mask had a dried white colored substance on the mask where the resident's nose would be if she were wearing it. I was unable to determine if the substance was on the outside or inside of the mask. There was no date on the nebulizer mask or tubing.</p> <p>In an observation and interview on 4/8/25 at 11:23 a.m., the nebulizer mask and tubing remained uncovered with the white substance still present and stretched around the nebulizer machine. The DON stated she did not believe the resident was still on nebulizer treatments when asked if the mask should be covered or in a bag. The DON stated, again, she did not think the resident was still receiving nebulizer treatments. When asked what the consequences of the mask not being covered, the DON stated she was no longer receiving treatments.</p> <p>In an interview on 4/11/25 at 11:15 a.m., LVN E stated oxygen and nebulizer masks and tubing were changed once weekly on Sundays or sooner if needed. LVN E stated there was no specific place to document the changing of the masks and tubing, but they were all done weekly on Sundays regardless and the tubing and or masks would be dated and covered in a bag.</p> <p>In an interview on 4/11/25 at 11:18 a.m., LVN B stated the oxygen tubing and nebulizer masks were changed once weekly, but there was no place to specifically document it. LVN B stated the tubing should be dated and covered. LVN B stated if she found tubing not dated or soiled, she would replace it with a new one so not to introduce bacteria to the resident.</p> <p>A facility policy for Respiratory care was requested from the DON on 4/11/25 at 5:30 p.m. and was not received before exit.</p>		

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 04/11/2025
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)
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on observation, interview and record review, the facility failed to attempt to use appropriate alternatives prior to installing a side or bed rail and review the risks and benefits of bed rails with the resident or resident representative for 4 of 7 Residents (Resident #4, Resident #14, Resident #17 and Resident #27) whose records were reviewed.</p> <ol style="list-style-type: none"> Nursing staff failed to attempt to use the least restrictive alternatives before using a ,d+[DATE] SR for Resident #4. They also failed to indicate the benefits and risks for using a ,d+[DATE] SR or to assess Resident #4 for its use. Nursing staff failed to obtain a consent for the use of ,d+[DATE] SR for Resident #14 and failed to assess her once a ,d+[DATE] SR was implemented. Nursing staff failed to obtain a consent or to assess Resident #17 for the use of ,d+[DATE] SR. Nursing staff failed to attempt to use least restrictive alternatives before using ,d+[DATE] SR for Resident #27, to indicate the benefits and risks for using ,d+[DATE] SR and failed to assess him for use. <p>These deficient practices could affect residents who used side rails and could result in avoidable accidents and or injuries.</p> <p>The findings were:</p> <ol style="list-style-type: none"> Review of Resident #4's annual MDS assessment, dated [DATE], revealed he was admitted to the facility on [DATE]. He had a BIMS score of 2 out of 15 reflective of severe cognitive impairment. He had impaired vision and he required partial to moderate assistance for bed mobility (rolling left and right). <p>Review of Resident #4's Care Plan, dated [DATE], revealed problem: ,d+[DATE] SR to bed., Goal Resident will be able to assist with transfers, repositioning and bed mobility. Interventions: Instruct resident on techniques of how to use ,d+[DATE] side rails to change position while in bed. Show resident how to use , d+[DATE] side rails to assist with transferring.</p> <p>Review of Resident #4's, Informed Consent for Restraint Use, dated [DATE], revealed The facility, with a physician order may need to use a restraining device after a trial of less restrictive measures have failed, at it has been determined through consultation with appropriate health team professional that it may be used for specific time periods to enable and promote great functional independence. (The definition of a restraint is any device from which the resident is able to free self). Further review revealed there was no indication of the risks and benefits or the less restrictive alternatives that had been used. Further review revealed the physician did not sign the consent.</p> <p>(continued on next page)</p>

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 04/11/2025
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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on [DATE] at 10:15 AM revealed Resident #4 lying in bed with one ,d+[DATE] SR up on right side of the bed by the wall. Attempted interview with Resident #4 revealed he was alert to self. Resident #4 was asked if was able to lower the SR. He was not able to answer the question. Resident #4 had a blank stare.</p> <p>Interview on [DATE] at 01:54 PM with the DON revealed she reviewed Resident #4's side rail consent, dated [DATE]. The DON stated nursing staff should reassess Resident #4 periodically to determine if he could still use the SR safely, to ensure he would not get stuck or have other accidents. The DON stated the consent did not reflect the benefits, risks or devices used prior to using the SR. The DON stated not following procedure could result in resident's getting injured or worse.</p> <p>2. Review of Resident #14's face sheet, dated [DATE], revealed she was admitted to the facility on [DATE] with diagnoses including Senile Dementia with cognitive impairment, Mood Disorder unspecified, Psychosis/Confusion NOS and Anxiety State NOS.</p> <p>Review of Resident #14's MDS assessment revealed her BIMS was 9 of 15 reflective of moderate cognitive impairment.</p> <p>Review of Resident #14's Care Plan, dated [DATE], revealed problem: ,d+[DATE] SR to bed., Goal Resident will be able to assist with transfers, repositioning and bed mobility, Interventions Instruct resident on techniques of how to use ,d+[DATE] side rails to change position while in bed. Show resident how to use , d+[DATE] side rails to assist with transferring.</p> <p>Review of Resident #14's consolidated physician's orders, dated [DATE], revealed an order ,d+[DATE] side rails to bed to assist with repositioning and mobility when in bed Q shift, dated [DATE].</p> <p>Review of Resident #14's consents revealed there was not a consent for SR use.</p> <p>Review of Resident #14's assessments revealed a Side Rail Assessment, last reviewed on [DATE] read no SR in use.</p> <p>Interview on [DATE] at 01:54 PM with the DON revealed the use of SR's required nursing staff to obtain physician's order, consent which included risks and benefits and other interventions used prior to using SR's, complete an assessment, re-assessment periodically and to include in the care plan. The DON reviewed Resident #14's medical chart related to SR use and stated a physician's order and care plan were the only documents in place for Resident #14. She stated a SR should not be used until at a minimum a consent was obtained and the resident was assessed for safety to avoid accidents and the resident getting injured.</p> <p>3. Review of Resident #17's quarterly MDS, dated [DATE], revealed she was admitted to the facility on [DATE]. Her BIMS score was 9 of 15 reflective of moderate cognitive impairment. Her diagnoses included Cerebral Palsy and Seizure Disorder or Epilepsy. She had functional limited range of motion on one side on her upper extremity and on both sides on her lower extremities, she was dependent on staff for bed mobility; rolling left to right.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #17's Care Plan, revived [DATE], revealed she used SR as an enabler and safety device r/t confusion, weakness, forgetful, s/p CVA, hemiplegia, paraplegia and seizure d/o. Interventions: Assess for use of SR, notify family, get consent, apply ,d+[DATE] SR as indicated, make sure mattress fits snugly against SR to avoid gap. for entrapment. Maintenance and nursing staff to monitor daily. SR to help avoid injury when necessary. Reassess SR use every 90 days. Reduce/remove SR only if indicated no longer needed.</p> <p>Review of Resident #17's consolidated physician's orders for [DATE] revealed an order ,d+[DATE] side rails to bed to assist with repositioning and mobility when in bed Q shift.</p> <p>Review of Resident #17's medical chart revealed there was not a consent for the use of ,d+[DATE] SR.</p> <p>Review of Resident #17's assessments revealed she was not assessed for the use of ,d+[DATE] SR.</p> <p>Interview on [DATE] at 01:54 PM with the DON revealed the use of SR's required nursing staff to obtain a physician's order, consent which included risks and benefits and other interventions used prior to using SR's, to complete an assessment, re-assessment periodically and to include in the care plan. The DON reviewed Resident #17's medical chart related to SR use. She stated nursing staff obtained a physician's order and included the use of SR's in Resident #17's Care Plan. She stated a SR should not be used until at a minimum a consent was obtained and the resident was assessed for safety to avoid accidents and injuries.</p> <p>4. Review of Resident #27's face sheet, dated [DATE], revealed he was admitted to the facility on [DATE] with diagnoses including Vascular Dementia and Depressive Disorder.</p> <p>Review of Resident #27's quarterly MDS assessment, dated [DATE], revealed his BIMS score was 15 of 15 reflective of no cognitive impairment. He had functional limitation of range of motion on both lower extremities and he required set up assistance from staff for bed mobility; rolling left and right.</p> <p>Review of Resident #27's Care Plan, dated [DATE], revealed Problem: ,d+[DATE] SR to bed. Goal revealed Resident will be able to assist with transfers, repositioning and bed mobility. Interventions: Instruct resident on techniques of how to use ,d+[DATE] side rails to change position while in bed. Show resident how to use ,d+[DATE] side rails to assist with transferring.</p> <p>Review of Resident 27's consolidated physician's orders for [DATE] revealed an order May have ,d+[DATE] side rails on bed for mobility and repositioning Q shift.</p> <p>Review of Resident #27's informed consent for restraint use, dated [DATE], revealed it did not reflect the benefits and risks for using ,d+[DATE] side rail and there was no indication a least restrictive alternative was used.</p> <p>Review of Resident #27's Side Rail Assessment, dated [DATE], revealed he was not using a SR at the time. Further review revealed there was not a current reassessment for Resident #27.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on [DATE] at 03:06 PM revealed Resident #27 sitting in a wheelchair. He stated he used the side rail while in bed. He would use it to turn during care or to sit up in bed. He stated he was not able to release the side rail, but was not able to get out of bed on his own related to both his legs being amputated.</p> <p>Interview on [DATE] at 03:32 PM with the ADON revealed Resident #27 started using a SR when his left leg was amputated over 1 year ago. She stated in reviewing Resident #27's consent in his chart, dated [DATE], it did not reflect the benefits and risks involved. She stated the assessment completed on [DATE], reflected he was not using SR's at the time. The ADON stated the use of SR's required a physician's order, a consent, an assessment and it should be included in the care plan. She stated residents who used SR's should also be reassessed periodically to determine if the SR's were benefiting the resident and to ensure the resident was using safely otherwise the resident could sustain injuries.</p> <p>Review of facility policy, SideRails Policy, undated, revealed Residents using siderails for bed mobility or transfer. will get an order from their Physician so they can use the siderails. Staff will instruct the resident on how to use them as indicated in the residents' care plans.</p>

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 04/11/2025
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>27520</p> <p>Based on observation, interview and record review the menus were not followed, were not updated periodically and were not reviewed by the facility's dietician in 1 of 1 kitchen.</p> <ol style="list-style-type: none"> 1. Dietary Staff failed to follow the menu on 04/08/25 for 1 of 1 meal; lunch meal. 2. The facility failed to ensure the Dietician reviewed the updated facility menus at the time the menus were made available. for about 5 months <p>These deficient practices could affect all residents and could contribute to residents not being satisfied with their meal options.</p> <p>The findings were:</p> <ol style="list-style-type: none"> 1. Observation on 04/08/25 at 09:15 AM revealed the monthly menu at a glance for April 2025 was not posted outside the kitchen or around the dining room. <p>Observation on 04/08/25 at 12:18 PM revealed Dietary Staff serving baked ham, pinto beans, mixed vegetables, canned fruit and tea/water.</p> <p>Review of the menu (followed for 04/08/25 included baked ham, pirogues, mixed vegetables, canned fruit and tea/water.</p> <p>Interview on 04/08/25 at 2:45 PM with the FSS revealed she did not post the monthly menu at a glance for April 2025. She stated she did not know if they had one and stated she followed the extended menu dated June 2024. The FSS stated this was the only monthly menu she had available. She stated the lunch menu on, 04/08/25, called for baked ham, mixed vegetables and pirogues (filled dumpling) She stated she served pinto beans instead of pirogues because she did not believe the residents would like them. She stated she did not know what it was and did not try to find out what they were. She stated the Dietician told her it was ok to make changes as long as she added it to the substitution log. The FSS stated she had not kept a substitution log in months.</p> <p>Interview on 04/10/25 at 03:21 PM with the DON and FSS revealed they used a company that provided the facility with menus. The DON stated they should provide updated menus but the Assistant ADM was the FSS's direct supervisor and would have more information.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 04/10/25 at 03:30 PM with the Assistant ADM and the FSS revealed the facility received updated menus from a food company including monthly meals at a glance and extended menus. She stated the menu at a glance was usually posted by the kitchen window. The FSS stated she did not know what happened to them and it had been some time since she had seen one posted She stated she had been using the extended menu's dated June 2024. The Assistant ADM stated the food company provided new menus every 6 months. The FSS again stated she would change the menu if she did not believe the residents liked specific food items. She stated, at times, she would let the Assistant ADM know about the changes. The Assistant ADM stated she would remind the FSS to add the changes to the substitution log. The FSS stated she had not been keeping a substitution log. She further stated she did not discuss changes with the Dietician prior to changing the menu. The Assistant ADM stated administrative staff would meet weekly and she would remind the FSS to follow the menu. She stated she did not have a copy of the most recent menus and had not looked to see if the menu at a glance was posted</p> <p>2. Review of the current menus were presented for the months of February 2025 through September 2025.</p> <p>Interview on 04/10/25 at 4:00 PM with the ADM revealed the updated menus were sent to their sister facility instead of to them. He stated he knew they would send updated menus every 6 months or so but had not looked or called to find out about the most recent menus.</p> <p>Interview on 04/11/25 at 10:12 AM with the Dietician Consultant revealed she had been asking the ADM for about 5 months if he had printed the menus sent by the food company. She stated she told the ADM she had not reviewed or signed them. The Dietician stated the menus at a glance were not posted so the residents had no idea what they would be served. They only had the menu the dietary staff posted the day of. The Dietician stated dietary staff had been serving meals based on last years menu's; using the extension menu. She stated they did not have menu recipes, substitution options and the purchase guide used to help dietary staff plan their meals. The Dietician stated she believed the new menus came out during August 2024. She stated she understood the FSS was out intermittently last year due to illness and she learned most recently she was exchanging out food items. The Dietician stated she had told the FSS to change out meat for meat, starch for starch etc if she was going to make changes.</p> <p>Review of facility policy, PURPOSE OF DIETARY DEPARTMENT, undated, revealed;</p> <p>The purpose of the Food service Department is to prepare and serve meals in a safe, effective and pleasingly manner and under the standards of sanitation. The meals are prepared in accordance with physician's orders and to meet as far as possible the recommended dietary allowances of the Food and Nutrition.</p> <p>I. The Food Service Supervisor will be responsible for the total operation of the Department. The duties are:</p> <p>A. The supervision of all food service personnel.</p> <p>B. Participation in meeting of heads of department.</p> <p>C. Planning of general diets (Dietitian will approve menus),, and preparation and serving of all diets.</p> <p>(continued on next page)</p>		

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 04/11/2025
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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>II. A qualified dietary consultation will serve as consultation to the Administrator and Food Service Supervisor.</p> <p>3. To provide guidance to the Food Service Supervisor and staff regarding all procedures and problems in the department.</p> <p>4. To approve all menus.</p> <p>11. MENUS AND NUTRITIONAL ADEQUACY.</p> <p>a. Menus shall be planned and followed to meet nutritional needs in accordance with the attending physician's orders and the National Research Council recommended dietary allowances.</p>

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 04/11/2025
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>26481</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen.</p> <p>The facility failed to serve the cold chicken penne pasta salad and the mechanical vegetable mixture at 41 F or below for the evening meal service.</p> <p>This failure could place residents at risk for food borne illness.</p> <p>The findings were:</p> <p>In an interview on 04/11/2025 at 5:00 PM, [NAME] A reported the evening meal consisted of a cold plate of a chicken penne pasta salad and soup. [NAME] A stated she had cooked the chicken and pasta earlier in the afternoon for the evening meal and placed them in the refrigerator to cool down, then placed the chicken penne pasta salad on ice on the steamtable.</p> <p>Observation on 04/11/2025 at 5:01 PM revealed [NAME] A took the temperatures of the food on the steamtable with a thermometer. The temperature of the chicken penne pasta salad was 62 degrees F and the mechanical vegetable mixture of cooked broccoli, cauliflower, and carrots was 70 degrees F. The chicken penne pasta salad and the mechanical vegetable mixture were in steamtable pans with ice under the pans.</p> <p>In an interview on 04/11/2025 at 5:02 PM, [NAME] A stated the vegetable mixture of cooked broccoli, cauliflower, and carrots were for residents who received a mechanical soft diet, and was to be served as a cold dish.</p> <p>In a further interview on 04/11/2025 at 5:08 PM, [NAME] A stated the temperature of the cold food (chicken penne pasta salad and the cooked mechanical vegetable mixture) should be 40 degrees F or below when served.</p> <p>In an interview on 04/11/2025 from 5:11 PM to 5:13 PM, the FSS stated the temperature of the chicken penne pasta salad should be 40 degrees F to 45 degrees F when served, and the harm of not serving it below 41 degrees F was the food product could go bad and the residents could get sick. The FSS stated the chicken penne pasta salad was prepared the afternoon of 04/11/2025.</p> <p>Observation on 04/11/2025 at 5:15 PM of the menu board on the wall across from the kitchen revealed the evening menu was soup, crackers, chicken penne pasta salad, tomato/cucumber salad and spice cake.</p> <p>Observation on 04/11/2025 from 5:17 PM to 5:36 PM revealed [NAME] A served the chicken penne pasta salad, that was above 41 degrees F, to residents who received a regular diet and mechanical soft diet; and served the mechanical vegetable mixture, that was above 41 degrees F, to residents who received a mechanical soft diet.</p> <p>(continued on next page)</p>

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 04/11/2025
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 04/11/2025 at 5:38 PM, the FSS stated she had assisted [NAME] A prepare the chicken penne pasta salad earlier around 3 PM when the pasta was cooked and the FSS had grilled chicken thighs for the salad which was why the FSS thought the salad was still warm by the evening meal service time despite being placed in the refrigerator prior to the meal service.</p> <p>In a joint interview on 04/11/2025 at 6:55 PM with the Administrator and Assistant Administrator, the Administrator stated the cold food served at the evening meal (the chicken penne pasta salad and the mechanical vegetable mixture) should have been served at a temperature of 41 degrees or below. The Assistant Administrator stated previously when a pasta meat salad was on the menu, the salad would be made the day before so the salad would be cold enough to serve the next day.</p> <p>Record review of the FDA Food Code 2022, Chapter 3-501.16(A)(2), pages 75-76, revealed Except during preparation, cooking or cooling, time/temperature control for safety food [sic] shall be maintained: (2) at 5 degrees Celsius (41 degrees F) or less.</p> <p>Record review of the facility's undated Dietary Policy on Preparation and Service of Food revealed Food shall be prepared by methods which insure (sic) retention of flavor, appearance, quality and nutrients. The food service supervisor and cooks will be responsible for quality of food .7. Hot foods will be served at a minimum temperature of 140 degrees F. and cold foods will be served as a maximum of 45 degrees F.</p>

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 04/11/2025
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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42031</p> <p>Based on observation, interview, and record review the facility failed to, in accordance with accepted professional standards and practices, maintain medical records on each resident that were complete, accurately documented, and failed to safeguard medical record information against loss, destruction, or unauthorized use for 1 of 6 residents (Resident #19) reviewed for administration.</p> <p>Resident #19's nutrition assessment form had the correct resident name but the wrong admitted , wrong date of birth, the wrong height and ideal body weight range.</p> <p>This could place residents at risk for inaccurate health records and incorrect plans of action.</p> <p>The findings were:</p> <p>Record review of Resident #19's face sheet dated 3/31/25 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident's diagnoses included dementia with behavioral disturbances (general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life with behavior changes), diabetes (chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces), and vitamin D deficiency (the level of vitamin D in the blood is insufficient to maintain proper health).</p> <p>Record review of Resident #19's quarterly MDS assessment dated [DATE] indicated the resident had a BIMS of 99 indicating the resident was unable to complete the assessment and staff assessment of the resident's cognitive daily decision making indicated the resident was severely impaired cognitively. The resident had a poor appetite or overeating 7 - 11 days (more than half of the days), and the resident had weight loss of 5% or more in the past month or 10% in the last 6 months.</p> <p>Record review of Resident #19's care plan revised on 4/3/25 revealed a problem for dehydration and handwritten next to it was weight loss, last date on the problem was handwritten 10/3/23. On the problem column included the resident did not like nectar or honey thick liquids. Interventions included mechanical soft diet handwritten with no date, other interventions included to assist the resident to drink 8 ounces of honey or nectar thick liquids with each medication pass. A dietary care plan date initialed 6/20/19 with a problem of mechanically altered diet with interventions for diet as ordered and to monitor intake.</p> <p>Record review of Resident #19's nutrition assessment form reflected assessments dated 10/2/24, and 1/23/25 and signed by the Dietician. The top of the form had Resident #19's name, an admitted [DATE] was incorrect and the date of birth was 8/17/54, which was also incorrect he height of 65 inches had been lined through and 58 inches was written in, and the ideal body weight range of 112-138 was lined through and 85-105 was written in the same blue marker pen as the assessment information below it.</p> <p>(continued on next page)</p>

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 04/11/2025
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)
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/11/25 at 10:10 a.m. the Dietician stated the nutritional assessments for Resident #19 were completed by her and she crossed out the ideal body weight range and wrote in the correct height and IBWR . The Dietician stated she was not aware the admitted and DOB were wrong. The Dietician stated those were the correct nutritional assessments for Resident #19. The Dietician stated she had been having computer issues.</p> <p>In an interview on 4/11/25 at 5:30 p.m. the DON stated the possible consequences of the nutritional assessments not having the correct resident information could be they would not have a true weight and dietary assessment of the resident.</p> <p>Medical records policy was requested and not received by time of exit.</p>

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 04/11/2025
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)
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42031</p> <p>Based on interview and record review the facility failed to ensure the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services and failed to have a communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day for 1 of 3 residents (Resident #88), reviewed for hospice services.</p> <p>Resident #88's hospice binder and medical record had no hospice visit nursing notes and the facility staff nurses were not aware the hospice documentation was needed as part of the medical record.</p> <p>This failure could place residents at risk of decreased continuity of care, not receiving necessary care and services in a timely manner.</p> <p>The findings were:</p> <p>Record review of Resident #88's face sheet dated 4/1/25 revealed the resident was a [AGE] year-old female admitted to the facility on [DATE] with hospice services already in place. The resident's diagnoses included anxiety state not otherwise specified (ongoing anxiety and worry that does not meet the specific diagnostic criteria), chronic pain (wide range of persistent discomfort lasting beyond 3 months and originates from various sources, including injury, disease, or unknown causes), insomnia (trouble falling asleep, staying asleep, or getting good quality sleep), and depression (a common mental disorder that involves a depressed mood or loss of pleasure or interest in activities for long periods of time).</p> <p>Record review of Resident #88's Medical Record revealed no MDS information due to the resident being a new admission.</p> <p>Record review of Resident #88's Interdisciplinary Care Plan dated 3/31/25 revealed it was a one-page form with general areas with boxes to check under the specific areas. The resident being on hospice care was not on the resident's care plan.</p> <p>Record review of Resident #88's consolidated physician's orders dated 3/31/25 revealed an order to contact the specific hospice with phone number for change of condition, transfer, and death.</p> <p>Record review of Resident #88's hospice binder revealed information on contacting the hospice, CNA sign in sheets for care and showers. There were no licensed nurse visit notes in the hospice binder.</p> <p>Record review of Resident #88's Medical Record revealed no hospice licensed nursing visit notes.</p> <p>In an interview on 4/11/25 at 9:09 a.m. LVN B stated they did not have any notes from hospice nurses. LVN B stated the resident's hospice start date was 9/26/24 per the resident's medical records. LVN B stated the hospice nurses gave the facility nurses a verbal report.</p> <p>(continued on next page)</p>

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 04/11/2025
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)
<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/11/25 at 10:16 a.m. LVN B stated she had contacted Resident #88's hospice provider to send the hospice nursing notes and she was waiting for them to fax them.</p> <p>In an observation on 4/11/25 at 2:35 p.m. revealed the hospice nursing visit notes from her admitted to 4/9/25 for Resident #88 were in the resident's hospice binder.</p> <p>In an interview on 4/11/25 at 5:30 p.m. the DON stated the consequences of not having the hospice notes on the Resident #88's medical record was there would be better communication .</p>

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 04/11/2025
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)		
<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27520</p> <p>Based on interviews and record review, the facility failed to provide a minimum of 80 square feet per resident in 16 of 32 double occupancy resident rooms (Rooms 5, 15, 16, 17, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31), in that:</p> <p>Rooms 5, 15, 16, 17, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31 did not have the required 80 square feet per resident.</p> <p>This deficient practice could place residents at risk of problems in their activities of daily living.</p> <p>The findings were:</p> <p>Interview on 04/08/2025 at 9:53 AM with the Administrator revealed the facility had 16 resident rooms with square footage less than the 80 feet per resident required and identified the resident rooms as rooms 5, 15, 16, 17, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31. The Administrator stated there was a room waiver in effect for these rooms and stated the measurements of the rooms had not changed.</p> <p>Observation of the 16 rooms revealed they measured as followed:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] - 79.3 square feet per resident (3 resident occupancy) - room [ROOM NUMBER] - 77.9 square feet per resident (2 resident occupancy) - room [ROOM NUMBER] - 61.9 square feet per resident (2) - room [ROOM NUMBER] - 72.0 square feet per resident (2) - room [ROOM NUMBER] - 69.6 square feet per resident (2) - room [ROOM NUMBER] - 74.9 square feet per resident (3) - room [ROOM NUMBER] - 72.0 square feet per resident (2) - room [ROOM NUMBER] - 72.0 square feet per resident (3) - room [ROOM NUMBER] - 76.0 square feet per resident (2) - room [ROOM NUMBER] - 69.6 square feet per resident (2) - room [ROOM NUMBER] - 69.6 square feet per resident (2) - room [ROOM NUMBER] - 70.8 square feet per resident (2) <p>(continued on next page)</p>		

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 04/11/2025
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)
<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - room [ROOM NUMBER] - 72.0 square feet per resident (2) - room [ROOM NUMBER] - 72.0 square feet per resident (2) - room [ROOM NUMBER] - 72.0 square feet per resident (2) - room [ROOM NUMBER] - 72.0 square feet per resident (2) <p>Record review of the Resident Room and Bed Report, dated provided by the facility, revealed 19 residents resided in Rooms 5, 15, 16, 17, 22, 23, 24, 25, 26, 27, 28, 29, 30, and 31. No residents were residing in rooms [ROOM NUMBERS] during the annual survey.</p>