

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45E341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Highland Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5819 Pecan Valley Dr San Antonio, TX 78223	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48366</p> <p>Based on observation, interviews, and record reviews, it was determined the facility failed to ensure each resident was provided the right to a dignified existence, self-determination, for 2 of 6 residents reviewed for Resident rights (Resident #1 and #2).</p> <p>The facility failed ensure Resident #1 and #2's guardian the right to choose Hospice Company C to evaluate these residents for their eligibility for hospice; instead of Hospice Company D.</p> <p>This failure could place residents at risk of their responsible party not being involved in their medical care and treatment.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's clinical record , date not legible, revealed Resident #1 was an [AGE] year-old female who was admitted to the facility on [DATE], with diagnoses to include dementia (a loss of cognitive functioning that interferes with daily life and activities) without behavioral disturbances. It further revealed Resident #1's guardian was Guardian A.</p> <p>Record review of Resident #1's BIMS, dated 09/24/2024, revealed Resident #1's BIMS score was 8 out of 15, indicating moderate cognitive impairment.</p> <p>Record Review of Resident #1's clinical records, dated 07/02/24 at 03:11 PM, reflected a fax to Doctor B with subject to include, As per [Guardian A] request resident evaluation for [Hospice Company C]</p> <p>Record Review of Resident #1's Nurse's Notes, dated 07/08/24 at 1:00 PM , author signature not legible, reflected Received call from [Doctor B] states [Hospice Company D] screened [Resident #1] and [Resident #1] doesn't qualify for hospice services . [Doctor B] states he did not give order for [Hospice Company C]</p> <p>2. Record review of Resident #2's clinical record, dated 07/22/24, revealed Resident #2 was a [AGE] year-old male who was admitted to the facility on [DATE], with diagnoses to include dementia (a loss of cognitive functioning that interferes with daily life and activities). It further revealed Resident #2's guardian was Guardian A.</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
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 45E341	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/06/2024
NAME OF PROVIDER OR SUPPLIER Highland Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5819 Pecan Valley Dr San Antonio, TX 78223	
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #2's BIMS, dated 11/22/2024, revealed Resident #2's BIMS score was 6 out of 15, indicating severe cognitive impairment.</p> <p>Record Review of Resident #2's clinical records, dated 07/02/24 at 03:43 PM, reflected a fax to Doctor B with subject to include, As per [Guardian A] request resident evaluation for [Hospice Company C]</p> <p>Record Review of Resident #2's Nurse's Notes, dated 07/08/24 at 01:00 PM, author signature not legible, reflected Received call from [Doctor B] states [Hospice Company D] screened [Resident #2] and [Resident #2] doesn't qualify for hospice services . [Doctor B] states he did not give order for [Hospice Company C] to eval [Resident #2].</p> <p>Written communication with Guardian A for both Resident #1 and #2, dated 12/04/24 at 11:48 AM, reflected, I had to have a meeting with [Doctor B] and he did not believe hospice was appropriate. I am not asking for [Doctor B] to assess or provide any services to the Ward. All [Doctor B] has to do is request [Hospice Company C] come out and assess for hospice services.</p> <p>Written communication with Guardian A, dated 12/06/24 at 11:16 AM, reflected, I am not aware of the visits being unofficial. I had requested hospice services for my Wards and verified that [Hospice Company C] was in contract. I am simply asking for the facility and [Doctor B] sign the order for [Hospice Company C] to evaluate. [Hospice Company C] will evaluate and determine if hospice is appropriate.</p> <p>During an interview and record review on 12/04/24 at 1:45 PM, LVN E revealed she remembered hearing about Resident #1's and #2's interest in hospice placement. She knew she was waiting for Hospice Company D. She did not recall anything about Hospice Company C. LVN E further revealed if the resident did not select a hospice company, they were told to use Hospice Company D, as was observed to be written on a paper that was hung up at the nurse's station . She revealed residents had the right to choose what hospice company they would like.</p> <p>During an interview on 12/04/24 at 3:39 PM, RN F revealed Hospice Company C came to the facility and concluded Residents #1 and #2 did not qualify for hospice services. RN F further revealed she let Guardian A know Hospice Company C came in unofficially to assess residents. RN F was aware Guardian A wanted Hospice Company C to evaluate Residents #1 and #2 instead of Hospice Company D.</p> <p>Record Review of the facility's policy Resident Rights, dated April 2008, reflected You have the right to make your own choices regarding personal affairs, care, benefits, and services.</p> <p>Record Review of the facility's policy Hospice Services, dated 12/03/24, reflected Our facility has entered into a contractual agreement for hospice services to ensure that residents who wish to participate in a hospice program may do so.</p>		