STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	45F410	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Francis Nursing Home	630 W Woodlawn Ave San Antonio, TX 78212

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 resident hall (Hall 200) of 4 resident halls reviewed, in that:Potentially harmful cleaning materials were unsecured in resident Hall 200.This deficient practice could result in an unsafe environment for residents, staff, and the public.The findings were:Observation on 01/20/2026 at 12:18 p.m. revealed a can of disinfectant spray on top of a cart located at the far end of Hall 200. Further observation revealed the disinfectant was labeled, Caution, keep out of reach of children. Further observation revealed no residents were present in the hallway at the time.During an interview with LVN C on 01/20/2026 at 12:20 p.m., LVN C confirmed the disinfectant spray with a caution label was potentially within reach of residents, stated that at least one resident from Hall 200 had a history of wandering, and confirmed the spray should have been secured so that no residents came into contact with it.Observation on 01/23/2026 at 11:05 a.m. revealed a container of disinfecting wipes on top of a cart located at the near end of Hall 200. Further observation revealed the container was labeled, Caution, keep out of reach of children, hazardous to humans and domestic animals, caution causes moderate eye irritation. Further observation revealed no residents were present in the hallway at the time.During an interview with LVN C on 01/23/2026 at 11:05 a.m., LVN C confirmed the disinfectant wipes with a caution label was potentially within reach of residents, stated that at least one resident from Hall 200 had a history of wandering, and confirmed the spray should have been secured so that no residents came into contact with it.During an interview with the DON on 01/23/2026 at 12:05 p.m., the DON stated she expected that potentially harmful cleaning materials remain secured when not in use so that residents would not come into contact with them.Record review of the facility policy, Policy and Procedure: Maintenance of Physical Environment - Safe Storage of Disinfectants and Alcohol-Based Products, reviewed 03/14/2025, revealed, [The facility] is committed to maintaining a safe, clean, and hazard-free physical environment for all residents, staff, and visitors. All disinfectants, alcohol-based products, and chemical agents shall be properly stored, labeled, secured and used in accordance with manufacturer instructions.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident's right to formulate an advance directive for one (Resident 40) of twenty-five residents reviewed, in that:Resident #40's OOH-DNR was not fully signed by Witness #1 and was therefore invalid.This deficient practice could result in residents' end of life wishes being unknown or dishonored.The findings were:Record review of Resident #40's facesheet, dated 01/23/2026, revealed the resident was admitted to the facility on [DATE] with diagnoses including: unspecified dementia, hyperlipidemia, and vitamin deficiency.Record review of Resident #40's annual MDS, dated [DATE], revealed the resident was rarely/never understood and a staff assessment for mental status was performed which indicated both short and long term memory problems.Record review of Resident #40's care plan, revised 12/10/2025, revealed Request for DNR measures [related to] resident /family choice.Record review of Resident #40's OOH-DNR form, dated 12/03/2025, revealed Witness #1's signature was incomplete. Witness #1 signed only her first name. The witness did not sign her last name, nor did she include the date of signing or her full printed name.During an interview with the Social Worker on 01/23/2026 11:07 a.m., the Social Worker stated she was responsible for advanced directives and confirmed Resident #40 OOH-DNR form was witnessed incorrectly. The Social Worker stated the error was an oversight and would be corrected.During an interview with the DON on 01/23/2026 12:05 p.m., the DON stated her expectation was that all OOH-DNR forms be completed fully and correctly.Record review of the Texas Health and Human Services webpage titled, Out of Hospital Do Not Resuscitate Program, updated 03/25/2019, revealed, An OOH DNR Order form must be properly executed.to be considered a valid form by emergency medical services personnel. The OOH-DNR Order must be signed and dated by two competent adult witnesses. Completing the Texas Out of Hospital Do Not Resuscitate Form: When Using Two Witnesses. Two witnesses or a notary public must sign that they have witnessed the patient's signature or the signature of a person(s) acting on the patient's behalf. Frequently Asked Questions for DNR: What happens if the form is not filled out correctly or EMS has doubts about any of the information? Health professionals can refuse to honor a DNR if they think: The form is not signed twice by all who need to sign it or is filled out incorrectly.Record review of the facility policy, Advance Directive Policy, undated, revealed, Residents have the right to.formulate an advance directive.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an Infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 2 of 6 residents (Residents #14, and #78) reviewed for infection control, in that: 1. The facility failed to ensure CNA A sanitize her hands while providing incontinent care for Resident #14 2.The facility failed to ensure Medication Aide B did not touch medications without wearing gloves while administering medications to Resident #78. These deficient practices could place residents at-risk for infection due to improper care practices. The findings include: 1.Record review of Resident #14's face sheet, dated 01/22/2026, revealed the resident was admitted to the facility on [DATE] and, readmitted on [DATE], with diagnoses which included: Quadriplegia (Paralysis of both the arms and legs), Chronic pain, Dementia (decline in cognitive abilities), Anxiety Disorder (A group of mental illnesses that cause constant fear and worry), Huntington's disease (causes nerve cells in the brain to decay over time. The disease affects a person's movements, thinking ability and mental health). Record review of Resident #14's Quarterly MDS, dated [DATE], revealed the resident had no BIMS score and, was indicated as severely cognitively impaired. Resident #14 required total care and was always incontinent of bowel and bladder. Record review of Resident #14's care plan, dated 04/09/2025, revealed a problem of Altered elimination R/T cognitive and mobilitydeficits AMB incontinent of bowel & bladder and, an intervention of Provide incontinent care every 2 hours & PRN after each incontinent episode Observation on 01/22/26 at 10:38 AM revealed while providing incontinent care for resident #14, CNA A was using two basins. One basin contained soapy water and the other contained clear water. After using the soapy water to clean Resident #14 who had a bowel movement, CNA did not change her gloves and put her gloved hands in the clear water to retrieve a washcloth. Her gloves were soiled from cleaning the resident. She, then, used the washcloth to rinse the resident's skin. During an interview with CNA A on 01/22/2026 at 10:42 AM, she stated she did not change her gloves before using the clear water because she did not realize she would potentially contaminate the water with the gloves she was using. She stated they had had a talk about infection control the day before and had receive infection control and incontinent care training. During an interview with the DON on 01/22/2026 at 2:18 PM, she stated the CNA should have changed her gloves before touching the clear water to rinse the resident. She contaminated the water with her soiled gloves and could cause an infection for the resident. She stated infection control and incontinent care training were provided at least yearly. Record review of the facility's policy titled, Hand Washing, dated February 2024, revealed Use an alcohol-based hand rub [.] for the following situations: [.] Before handling clean or soiled dressing [.] before moving from contaminated body site to a clean body site during resident care. 2. Record review of Resident #78's face sheet, dated 01/22/2026, revealed the resident was admitted to the facility on [DATE], with diagnoses which included: Heart failure, Cellulitis (Skin infection), Type 2 diabetes mellitus (high level of sugar in the blood), Hypertension (high blood pressure), Osteoporosis (weak and brittle bones). Record review of Resident #78's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 13 which indicated minimal cognitive impairment. Resident #78 required moderate assistance with care. Observation on 01/22/2026 at 9:10 AM, revealed while administering medications for Resident #78, Medication Aide B touched a pill with her bare fingers to separate the pill from the other pills in the cup. During an interview on 01/22/2026 at 9:12AM, Medication Aide B stated she touched the pill with her fingers, but she had sanitized her hands. She stated she was not wearing gloves and understood the risk of contaminating the medication before giving it to the resident. During an Interview on 01/22/2026 at 2:18PM with the DON, she stated the Medication aide should have worn gloves to touch the pills or use a utensil to pick up the pill from the cup. She confirmed the risk of infection for the resident. She stated infection (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	control training was done at least annually. Record review of the facility's policy titled, Medication Administration, undated, revealed Nurse follows facility infection control policies and procedures.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly for two of three refuse containers (Dumpster #1 and Dumpster #2 used for recyclable refuse) on the loading dock.The facility failed to ensure the doors to Dumpster #1 and Dumpster #2 were closed.This deficient practice could place residents at risk for illness from exposure to germs and diseases carried by vermin and rodents.The findings included: An observation on 01/23/2026 at 10:19 AM revealed Dumpster #1 and Dumpster #2 used for recyclable waste. Both dumpsters had V-shaped pull-down doors in front of the dumpsters, and the doors were in the open position for both dumpsters. Dumpster #1 was approximately halfway full and dumpster #2 was approximately 1/3 full. Both dumpsters contained food-related waste. During an interview on 01/23/2026 at 10:40 AM, the Maintenance Director stated the dumpsters were intended to be used strictly for recyclable waste but staff occasionally tossed regular waste inside them. It was possible to close the dumpsters doors by lifting the top lid, then lifting up the V-shaped door, and finally closing the top lid on top of the door and securing it with a latch. The doors should be closed at all times to keep pests out of the dumpsters, and he will educate staff on how to keep the dumpsters closed. Record review of the facility's policy Dietary Department Infection Control: General Procedures, undated, revealed: Handling and Disposing of Trash and Waste. Garbage containers should be leakproof, pest-proof, and easily cleaned. Lids should fit tightly. Appropriate control measures to eliminate insects and rodents should be used. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 5-501.113 Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (B) With tight-fitting lids or doors if kept outside the food establishment. 5-501.116 Outside receptacles must be constructed with tight-fitting lids or covers to prevent the scattering of the garbage or refuse by birds, the breeding of flies, or the entry of rodents. Proper equipment and supplies must be made available to accomplish thorough and proper cleaning of garbage storage areas and receptacles so that unsanitary conditions can be eliminated. 5-403.12 Other Liquid Waste and Rainwater. Liquid food wastes and rainwater can provide a source of bacterial contamination and support populations of pests. Proper storage and disposal of wastes and drainage of rainwater eliminate these conditions.