

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER San Antonio West Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 636 Cupples Rd San Antonio, TX 78237	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to, in accordance with accepted professional standards of practices, maintain medical records on each resident that were complete, accurately documented, readily accessible, and systematically organized for 3 of 6 residents (Resident #6, Resident #7, and resident #8) reviewed for clinical records. The facility failed to accurately document on 28 medication administrations for Resident #6, Resident #7 and Resident #8 the holding of a blood pressure medication due to residents' blood pressure being out of parameters. The documentation shows the medication was administered despite parameter orders stated to hold the medication. This failure could place residents at risk of not receiving care and services needed or alteration to medication dosing by physicians due to inaccurate information being documented. The findings include: 1. Record review of Resident #6's admission Record, dated 04/28/2026, revealed a [AGE] year-old male that admitted to the facility 02/10/2026 with diagnoses that included Vascular Dementia (decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving it of oxygen and nutrients), Congestive Heart Failure (chronic, progressive condition where the heart muscle cannot pump blood efficiently, causing blood to back up and fluid to build up in lungs, legs, and other tissues), Hypertension (chronic condition where blood pressure constantly measures 130/80 or higher, forcing the heart to work too hard), and history of Cerebral Infarction (type of stroke which is the death of brain tissue caused by a sudden lack of oxygen and nutrients due to obstructed blood flow, usually from a clot). Record review of Resident #6's Annual MDS dated [DATE] revealed a BIMS score of 03, reflecting a severe cognitive impairment. Record review of Resident #6's Care Plan, dated 04/17/2026, revealed risk for falls related to balance issue with use of hypertensives, impaired physical and cognitive function related to past heart attacks, potential for decreased cardiac output related to heart failure, and potential for altered tissue perfusion related to hypertensive heart disease. Record review of Resident #6's Order Summary Report, dated 04/28/2026, revealed active orders for Lisinopril 20mg 1 tablet by mouth one time a day, HOLD for SBP less than 110 and Pulse less than 60; Carvedilol 6.25mg 1 tablet by mouth two times a day, HOLD for SBP less than 110 and Pulse less than 60. Record review of Resident #6's April MAR, dated 04/28/2026, revealed improper documentation of Carvedilol 6.25mg on 04/07/2026 for the 5:30pm medication pass on 04/07/2026, that despite the blood pressure being recorded at 109/57, the medication was marked as administered. MAR revealed parameters for hypertensive medication were Hold for SBP less than 110. Record review of Resident #6's Progress Notes, dated 04/28/2026, revealed no nurse note related to the SBP being 109 and out of parameters. 2. Record review of Resident #7's admission Record, dated 04/28/2026, revealed a [AGE] year-old male who admitted to the facility on [DATE], with diagnoses that included Vascular Dementia (decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving it of oxygen and nutrients), Cerebral Infarction (type of stroke which is the death of brain tissue caused by a sudden lack of oxygen and nutrients due to obstructed blood flow, usually from a clot), and Hypertensive Heart Disease (heart damage caused by long-term blood pressure, leading to thickened heart muscles, heart failure, and arrhythmias). Record review of (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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #7's Quarterly MDS dated [DATE], revealed a BIMS score of 99 indicating that the cognitive test could not be performed. Record review of Resident #7's Care Plan, dated 02/26/2026, revealed communication problem related to history of heart attack, fall risk related to balance concerns due to hypertension issues, and ADL self-care deficits due to history of heart attack. Record review of Resident #7's Order Summary Report, dated 04/28/2026, revealed active orders for Carvedilol 6.25mg 1 tablet by mouth two times a day, HOLD for SBP less than 100 or Pulse less than 60; Hydralazine HCl 100mg 1 tablet by mouth two times a day, HOLD if SBP less than 100 or Pulse less than 60; Losartan Potassium 50mg 1 tablet by mouth two times a day HOLD if SBP less than 110 or Pulse less than 60. Record review of Resident #7's March MAR, dated 04/28/2026, revealed improper documentation of Carvedilol 6.25mg, Hydralazine 100mg, and Losartan Potassium 50mg for the 9:30am medication pass on 03/18/2026 by LVN C, that despite the Pulse being recorded at 54, the medication was marked as administered. MAR revealed parameters for hypertensive medications were HOLD for Pulse less than 60. Record review of Resident #7's Progress Notes, dated 04/28/2026, revealed no nurse notes related to the Pulse being 54 and out of parameters. 3. Record review of Resident #8's admission Record, dated 04/28/2026, revealed a [AGE] year-old female that admitted to the facility on [DATE] with diagnoses that included vascular Dementia (decline in thinking skills caused by conditions that block or reduce blood flow to the brain, depriving it of oxygen and nutrients), Hypertension (chronic condition where blood pressure constantly measures 130/80 or higher, forcing the heart to work too hard), and Other Chest Pain (symptom requiring immediate medical attention if it is severe, crushing, or accompanied by dizziness, nausea, or shortness of breath). Record review of Resident #8's admission MDS, dated [DATE], revealed a BIMS score of 03 indicating severe cognitive impairment. Record review of Resident #8's Care Plan, dated 04/20/2026, revealed potential for altered tissue perfusion related to Hypertensive Heart Disease. Record review of Resident #8's April MAR, dated 04/28/2026, revealed active orders for Lisinopril 5MG 1 tablet by mouth one time a day, HOLD for BP less than 110/60 and Pulse less than 60; Nifedipine ER 60mg 1 tablet by mouth one time a day HOLD if BP less than 110/60 and Pulse less than 60; Metoprolol Tartrate 25mg 1 tablet by mouth two times a day HOLD if BP less than 110/60 and Pulse less than 60 until Resident #8 was discharged to the hospital on [DATE] related to UTI. Record review of Resident #8's April MAR, dated 04/28/2026, revealed improper documentation of Lisinopril 5mg, Nifedipine ER 60mg, and Metoprolol Tartrate 25mg for the 7:00am and 9:00am medication pass on 04/02 despite Pulse 57; 04/13 despite Pulse 59; 04/15 despite Pulse 58; 04/16 despite BP 130/59 and Pulse 59; 04/17 despite BP 138/58 and Pulse 58; 04/21 despite BP 133/58; 04/22 despite BP 111/58; and 04/23 despite BP 132/59 Pulse 58. MAR revealed parameters for hypertensive medications were HOLD for BP less than 110/60 and Pulse less than 60. LVN C was nurse who administered medications. Record review of Resident #8's Progress Notes, dated 04/28/2026, revealed no nurse notes related to the BP or Pulse being out of parameters. During an observation on 04/29/2026 at 8:17am, CMA A was observed obtaining the blood pressure and pulse of an unknown resident before administering medications. CMA A entered the blood pressure and pulse into PCC before opening medication cart to pull the unknown residents' medications out for administration. When the blood pressure and pulse were entered into PCC, CMA A checked the parameters before selecting each medication for hypertension to be administered. This process follows professional guidelines for medication administration. During an observation on 04/30/2026 at 7:28am, CMA B was observed obtaining the blood pressure and pulse of an unknown resident before administering medications. CMA B entered the blood pressure and pulse of the unknown resident into PCC before opening the medication cart to pull the unknown residents' medications out for administration. When the blood pressure and pulse were entered into PCC, CMA B checked the parameters before selecting each medication for hypertension to be administered. This process follows professional guidelines for medication administration. During an observation on 04/30/2026 at 7:36am, CMA C was observed obtaining the blood pressure and pulse of an unknown resident before administering medications. CMA C entered the blood pressure and pulse of the (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>unknown resident into PCC before opening the medication cart to pull the unknown residents' medications out for administration. When the blood pressure and pulse were entered into PCC, CMA C checked the parameters before selecting each medication for hypertension to be administered. This process follows professional guidelines for medication administration. During an observation on 04/30/2026 at 8:24am, LVN B was observed obtaining the blood pressure and pulse of Resident #6 before administering medications. LVN B entered the blood pressure and pulse of Resident #6 into PCC before opening the medication cart to pull Resident #6's medications out for administration. When the blood pressure and pulse were entered into PCC, LVN B checked the parameters before selecting each medication for hypertension to be administered. This process follows professional guidelines for medication administration. During an observation on 04/30/2026 at 8:31am, LVN C was observed obtaining the blood pressure and pulse of Resident #8 before administering medications. LVN C entered the blood pressure and pulse of Resident #8 into PCC before opening the medication cart to pull Resident #8's medications out for administration. When the blood pressure and pulse were entered into PCC, LVN C checked the parameters before selecting each medication for hypertension to be administered. This process follows professional guidelines for medication administration. During an observation on 04/30/2026 at 8:32am, LVN C was observed obtaining the blood pressure and pulse of an unknown resident before administering medications. LVN C entered the blood pressure and pulse of the unknown resident into PCC before opening the medication cart to pull the unknown residents' medications out for administration. When the blood pressure and pulse were entered into PCC, LVN C checked the parameters before selecting each medication for hypertension to be administered. During an interview on 04/29/2026 at 8:17am, CMA A revealed that she had been a medication aide for 40 years, 11 years at this facility. CMA A stated that she always checks the blood pressure and pulse of a resident before giving the medication. CMA A stated that she also notifies the charge nurse if she sees a medication that should have parameters without any and if a residents' blood pressure or pulse is outside of parameters she will notify the nurse and not give the med. CMA A confirmed that she has had training at the facility for blood pressure medications and checking parameters before administering. During an interview on 04/29/2026 at 1200pm, LVN A stated that when a new resident admits, or a previous resident readmits or returns from the hospital to the facility, they go over their medication list with the physician. If blood pressure medication is on the list the nurse asks the physician for parameters. If the physician does not want parameters, then that is put into the order that shows on the MAR in PCC. LVN A confirmed training at the facility regarding blood pressures and following physician orders for parameters. During an interview on 04/30/2026 at 7:28pm, CMA B stated that she had been a CMA B for 37 years and will never give blood pressure medication without checking that residents' blood pressure first. CMA B stated that she understands the importance of checking their blood pressure first, as not checking could lead to injury or death. CMA B confirmed training for parameters and stated I will not cut corners period. These are MY people. If the blood pressure or pulse is out of parameters then I will not give the medication and will let the nurse know. During an interview on 04/30/2026 at 7:36am, CMA C stated that she always checks blood pressure to input into PCC for parameters. CMA C stated that she will put the blood pressure pills into a separate medication cup and combine them if the blood pressure is good per the order. CMA C stated that the majority of the parameters in the facility are to hold the medication for SBP less than 110 and Pulse less than 60. If it is less than those numbers I hold the medication and tell the nurse. During an interview on 04/30/2026 at 8:24am, LVN C stated that she always checks the blood pressure to see if it meets the parameters. LVN C stated she never gives blood pressure medications outside of parameters. LVN C stated that if the medications are at separate times but both on her shift she will recheck the blood pressure and pulse before administering. LVN C stated that even if the MAR may say it was given, she always holds for parameters, she just may have clicked the wrong box. LVN C stated that she knows that that leads to incorrect documentation. During an interview on 04/30/2026 at 11:42am, DON stated that they do not have a process to verify (continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>that staff gave or held medications per the MAR for vitals outside of parameters. DON stated that staff know, and are expected, to hold medications that do not meet parameters for administration. For CMA's the nurse for that hall will verify or check that everything looks okay, but if a nurse is passing medications, they are responsible for themselves. DON also stated that they do not have a policy requiring parameters, it is just best practice. Their medication policy does cover holding per parameter if there are any. Record Review of Medication Administration policy dated 05/2025, revealed that staff are to obtain and record vital signs, when applicable or per physician's orders. When applicable, hold medication for those vital signs outside of physicians prescribed parameters. Policy review also revealed that staff should correct any discrepancies and report to nurse manager.</p>		