

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675138	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2026
NAME OF PROVIDER OR SUPPLIER  Inspiration Hills Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1939 Bandera Rd San Antonio, TX 78228	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews, the facility failed to establish and 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 infections for 1 of 4 resident (Residents #1) reviewed for infection control. The facility failed to ensure CNA A washed her hands before donning gloves and failed to change soiled gloves prior to touching clean brief and linens during an incontinent care observation for Resident #1 on 03/04/2026. This deficient practice could place residents at risk of cross contamination and infections. Findings included: Record review of Resident # 1's electronic face sheet dated 03/04/2026 reflected Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included: unspecified cerebral infarction (medical condition occurs when blood flow to a part of the brain is obstructed which leads to the death of brain cells due to lack of oxygen and essential nutrients), contracture of the left hand (permanent fixed tightening or shortening of muscles, tendons, skin or tissues), unspecified neuromuscular dysfunction of bladder (condition where the normal communication between the bladder and the nervous system is disrupted, leading to bladder control issues such as incontinence ), unspecified dementia with psychotic disturbance (syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities with psychotic manifestations ), constipation (a condition characterized having fewer than 3 bowel movements a week). Record review of Resident #1's quarterly MDS assessment, dated 02/07/2026, revealed a BIMS score of 06, which indicated severe cognitive impairment. Further review of the MDS revealed the resident was dependent on staff for her toileting hygiene and was frequently incontinent of bowel and bladder. Record review of resident #1's care plan, dated 05/17/2026, did not reveal a focus or problem for incontinent care. The Care Plan revealed Resident #1 had potential actual impairment to skin integrity related to fragile skin, incontinence, limited mobility and hemiplegia w/ interventions to include, keep skin clean and dry. Observation on 03/04/2026 at 4:13 pm revealed CNAs A and B performed incontinent care for Resident #1. CNA A washed her hands, then with bare hands grabbed Resident #1's bed control and positioned Resident #1 for incontinent care, CNA A then grabbed the corner of the bed frame and pulled the bed away from the wall. Further observation revealed CNA A (without washing her hands) donned clean gloves and proceeded to grab clean wet wipes from a zip locked bag and arraigning the wet wipes on a clean surface. After completing incontinent care of Resident #1's perineal area CNA A, with the same gloves used to perform incontinent care, grabbed and prepared the clean brief and clean bed pad. After CNA A prepared the clean brief and clean pad with soiled gloves, she removed the soiled gloves and proceeded to wash her hands. After washing her hands, CNA A donned clean gloves and placed the prepared brief and bed pad under Resident #1. CNA A and CNA B continued and completed incontinent care for Resident #1. During an interview with CNA A on 03/04/2026 at 4:35 pm, CNA A stated she had worked as a CNA in the facility for almost one year. CNA A stated after touching the bed control and bed frame of Resident #1's bed, she should have washed her hands before applying gloves. CNA A stated after cleaning Resident #1, she should have removed her gloves, washed her hands, and applied new gloves (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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>before touching the clean brief and bed pad. CNA A further stated she should wash her hands between all glove changes. CNA A stated the purpose of washing hands after touching room items and applying clean gloves was because the items were considered dirty. CNA A stated it was the facility's policy to wash hands after every glove change to avoid contamination. CNA A stated not washing hands per policy could lead to residents getting infections to include UTI's (urinary tract infections).During an interview with the Director of Nurses on 03/04/2026 at 5:15 pm, the Director of Nurses stated CNAs should always wash their hands before donning gloves per facility policy and staff training. The Director of Nurses stated staff should remove all dirty items first and completely and then wash hands and replace gloves before handling or putting new linens in place. The Director of Nurses stated CNAs should always wash their hands between glove changes. The Director of Nurses stated staff were provided with a minimum of 2 in-services a year regarding incontinent care and hand washing.During an interview with the Assistant Director of Nurses LVN (Infection Preventionist) on 03/04/2026 at 5:35 pm, the Assistant Director of Nurses LVN stated she had an active role in providing in-services and training to staff for handwashing and incontinence care. The Assistant Director of Nurses LVN stated training was done every six months and as needed. The Assistant Director of Nurses LVN stated staff should wash their hands after each glove change. The Assistant Director of Nurses LVN stated staff should wash their hands after touching items in the room and before gloving. The Assistant Director of Nurses LVN stated the risk to residents related to this failure was infection.Record review of CNA A's training file revealed a competency evaluation dated 01/08/2026 that CNA A was evaluated for handwashing by the Director of Nurses on 01/08/2026.Record review of CNA A's training file revealed a competency evaluation dated 01/08/2026 that CNA A was evaluated for Donning PPE (personal protective equipment) and removing PPE by the Director of Nurses on 01/08/2026.Record review of CNA A's training file revealed a competency evaluation dated 01/08/2026 that CNA A was evaluated for PeriCare (incontinent care of perineal and rectal area) by the Director of Nurses on 01/08/2026.Record review of CNA A's training file revealed a Certificate of Completion for CNA A for completion of Infection Control Guidelines training course dated 07/01/2025.Record review of the facility's policy titled, Handwashing/Hand Hygiene, dated August 2015, read: Policy Statement, This facility considers hand hygiene the primary means to prevent the spread of infections. 2. All staff shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. 7. Use alcohol-based hand rub containing at least 62% alcohol: or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: . b. Before and after direct contact with residents, d. Before performing any non-surgical invasive procedures: e. before and after handling an invasive device (e.g., urinary catheters, IV access sites), f. before donning sterile gloves, g. Before handling clean or soiled dressings, gauze pads, etc., h. Before moving from a contaminated body site to a clean body site during resident care, i. After contact with resident's intact skin.l. after contact with objects (e.g., medical equipment) in the immediate vicinity of the resident, m. after removing gloves.</p>		