STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675171	A. Building B. Wing	04/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meridian Care	7181 Crestway Dr San Antonio, TX 78239

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41937 Based on observations, interviews, and record reviews the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents for 5 of 79 residents (Resident #5, #7, #10, #11, and #12) reviewed for elopement. 1. Resident #5 was admitted on [DATE] with diagnoses which included dementia and was assessed on 02/26/2024 as a wander risk at 9 out of a possible 11 for high risk. Resident #5 walked out of the facility on 03/16/2024 around 3:00 to 4:00 PM and was discovered 13 miles away on a public street and returned to the facility at 9:40 PM. 2. Residents #7, #10, #11, and #12 have been assessed as at risk for wandering while the facility has a front door which was unlocked and unmonitored from 6:00 AM to 8:00 AM and 5:00 PM to 10:00 PM on Monday through Friday and unlocked and unmonitored from 6:00 AM to 8:00 AM and 7:00 to 10:00 PM on Saturdays and Sundays. The facility receptionist's monitors the front door from 6:00 to 5:00 Monday through Friday and from 6:00 AM to 7:00 PM on Saturdays and Sundays but are unaware of which residents are at risk for wandering and or elopement. An IJ was identified on 04/19/2024. The IJ template was provided to the facility on [DATE] at 02:44 PM. While the IJ was removed on 04/20/2024, the facility remained out of compliance at a scope of pattern and a severity level of no actual harm with the potential for more than minimal harm that was not an Immediate Jeopardy due to the facility staff had not been trained on measures to identify and support residents needs for safe outdoor activities. These failures could place residents at risk of harm, severe injury, and possible death to residents who require supervision to prevent elopement. The findings included: 1. A record review of Resident #5's admission record dated 04/18/2024 revealed an admitted [DATE] with diagnoses which included dementia (the loss of cognitive functioning and thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), altered mental status, restlessness and agitation, and noncompliance with medical treatment and regimen. (continued on next page)

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

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of Resident #5's admission MDS assessment, dated 03/01/2024, revealed Resident #5 was a [AGE] year-old male admitted for long term care with dementia safety needs and assessed with a BIMS score of 09 out of a possible 15 which indicated moderately impaired cognition. Further review revealed Resident #5 was assessed independent for indoor mobility (ambulation): code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. Further review revealed Resident #5 was assessed as Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort when assessed for Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. A record review of Resident #5's base line care plan dated 02/23/2024 revealed Resident #5 was assessed as needing no assistance with locomotion, Locomotion on unit: support provided 0. No setup or physical help from staff. A record review of Resident #5's Wander Risk assessment dated [DATE] revealed LVN D assessed Resident #5 as at Risk to Wander, out of a possible, low risk to wander, at risk to wander, and high risk to wander. During an interview on 04/17/2024 at 9:00 AM the Administrator stated on 03/16/2024 Resident #5 eloped from the facility and was returned the same evening around 9:00 PM. The Administrator stated after the elopement Resident #5 was placed on a 1 to 1 level of supervision and was discharged to another facility with a secured memory care unit. The Administrator stated she reported the incident to the state survey agency and provided in-service education for the staff for elopement protocols and provided a practice drill for elopement protocols. The Administrator stated she was in the process of securing bids to have a secured front door and back door to include a back fenced area. A record review of the facility's investigation report, dated 3/22/2024, revealed Resident #5 eloped from the facility on Saturday 03/16/2024 around 03:00 PM to 4:00 PM and was returned to the facility by Resident #5's POA around 10:00 PM. A record review of Resident #5's nursing progress notes dated 03/16/2024 revealed LVN C documented at 7:23 PM, 1713 (5:13 PM) went to assess resident and obtain vital signs for 2-10 PM shift but resident not in room; looked in dining room where residents are gathering for evening meal; resident not in dining room; searched for resident in all rooms on 100 and 200 hall; unable to locate resident; 1726 (5:26 PM) paged for CODE PINK overhead and informed weekend supervisor; all rooms, closets, shower rooms, storage rooms searched but unable to find resident; searched outside grounds, as well as convenience stores across street and across open field from facility; weekend supervisor notified administrator, DON, and family; placed call to IT (representative) to review camera footage; (Local) Sheriff Office notified and deputy dispatched; 1850 (6:50 PM) administrator called and informed weekend supervisor that resident had been located at (local) ER (emergency room); informed deputy who left to go make contact with resident at ER; 1950 (7:50 PM) deputy returned to facility and informed this nurse that administrator had been given incorrect information and that resident is not at (local) ER; deputy had notified maintenance director and requested that he return to facility to review camera footage to verify that resident did, in fact, leave premises; informed weekend supervisor who, in turn, informed administrator. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of Resident #5's nursing progress notes dated 03/16/2024 revealed LVN C documented at 9:37 PM, 2030 (8:30 PM) Resident #5's POA came to facility to report that resident had called him; resident had left facility on foot and got a ride to an old address, and got the people that live there now to take him to the west side; Resident #5's POA states that he is going to go try and find him in the not so nice place that he's at, and try and get him to come back, I will call y'all when I find him; 2140 (9:40 PM) Resident #5's POA arrived back at facility with resident; resident smiling and laughing; no acute distress noted; denies pain or discomfort; resident will be placed on 1:1 monitoring. During an interview on 04/20/2024 at 4:20 PM LVN C stated she was the charge nurse on 03/16/2024 and recalled she saw Resident #5 around 3:00 PM and then could not locate Resident around 5:00 and announced Code Pink which alerted the staff a Resident was missing. LVN C stated the staff began searching the facility and then searched the immediate neighborhood. LVN C stated she alerted the local police, the doctor, and Resident #5's POA. LVN C stated Resident #5's POA called the facility, around 8:00 PM and reported he had discovered Resident #5 downtown and would return shortly. During an interview on 04/18/2024 at 3:25 PM the DON stated Resident #5 was admitted on [DATE] and assessed as a wander risk due to his diagnoses of dementia and did not have any history of elopements and or verbalizations of ideations for elopement. The DON stated Resident stated the front doors are not locked from 6:00 AM to 10:00 PM and the receptionist monitors the doors from 8:00 to 5:00 PM. The DON stated the 10:00 PM to 6:00 AM nurse locked the front doors at 10:00 PM and unlocked the doors at 6:00 AM. The DON stated on 03/16/2024 at around 5:00 PM LVN C attempted to assess Resident #5 and discovered she could not find him and alerted the weekend Supervisor RN who initiated the elopement protocol. The DON stated the police were alerted and Resident #5's POA was alerted. The DON stated Resident #5's POA called the facility and reported he had discovered Resident #5 had boarded a public bus and traveled to an apartment he used to rent, and the landlord identified Resident #5 and drove Resident #5 to the downtown homeless shelter. The DON stated she and multiple facility staff independently used their vehicles to search the downtown homeless shelter area and Resident #5 was discovered by the homeless shelter and rode back to the facility with Resident #5's POA. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 04/19/2024 at 12:07 PM Resident #5's POA stated he had met Resident #5 several years ago and recognized Resident #5 had no family and or friends to look after him and so I began to follow his well-being .and became his POA. Resident #5's POA stated over the years Resident #5 was diagnosed with dementia and Resident #5's moments of clarity were becoming less and less. Resident #5's POA stated after Resident #5's recent hospitalization it was determined a safe discharge from the hospital would require long term care at the facility. Resident #5's POA stated on 03/16/2024 early evening he received a call from the facility reporting Resident #5 was missing. Resident #5's POA stated he was immediately concerned and drove to the facility to assist in Resident #5's search. Resident #5's POA stated during his time searching the facility's surrounding area for Resident #5 he recalled Resident #5 had a recollection of his previous address, so he decided to call Resident #5's previous landlord and learned from the previous landlord that Resident #5 had presented at the home and attempted to reside there. Resident #5's POA stated the landlord reported he drove Resident #5 downtown to a local charity and dropped him off. Resident #5's POA asked for specific details of a location and the landlord identified an area by a highway bridge. Resident #5's POA drove to the area and located Resident #5 on a public street by the local charity and a highway bridge. Resident #5's POA stated Resident #5 stated he did not know how he got there and was hungry. Resident #5's POA stated he drove Resident #5 back to the facility to be assessed. Resident #5's POA provided the address to Resident #5's previous address and the area where he found Resident #5. Resident #5's POA stated he learned from Resident #5 that he more than likely rode the bus to his previous address. A record review of the city's public transport system revealed a bus route from the facility to Resident #5's previous residence which ran directly without a need to change buses. Further review revealed the trip required 20 miles in distance, 1.5 hrs. in duration, and a walk of 7/10ths of a mile. 2. A record review of Resident #7's admission record dated 04/19/2024, revealed an admitted [DATE] with diagnoses which included schizophrenia (a serious mental disorder in which people interpret reality abnormally.) A record review of Resident #7's quarterly MDS assessment dated [DATE] revealed Resident #7 was a [AGE] year-old-male admitted from the hospital for long term care with needs for wandering and schizophrenia safety supports and assessed with a BIMS score of 12 out of 15 which indicated moderate cognitive impairment. Further review revealed Resident #7 used a wheelchair. A review of the Functional Abilities and Goals assessment, dated 04/08/2024, revealed Resident #7 was assessed to an ability to use a wheelchair as: Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns .Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity and Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space .Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as Resident completes activity. Assistance may be provided throughout the activity or intermittently. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of Resident #7's care plan dated 04/19/2024 revealed, Resident independent with ADLS (Activities of Daily Life). Maintain independence through review date: I may fluctuate on my ADL's Self-Performance score and fluctuate in my ADL. Support score because some days I may need more or less help due to my physical impairment and cognitive impairments .USES WALKER TO AMBULATE TRANSFERS-INDEPENDENT TO LIMITED ASSIST AT TIMES. A record review of Resident #7's Wandering Risk Scale dated 03/22/2024, revealed, Resident #7 was assessed by LVN D as At Risk for Wandering. A record review of Resident #10's admission record dated 04/19/2024 revealed an admitted [DATE] with diagnoses which included dementia (the loss of cognitive functioning and thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) and schizophrenia (a serious mental disorder in which people interpret reality abnormally.) A record review of Resident #10's quarterly MDS assessment dated [DATE] revealed Resident #10 was a [AGE] year-old-male admitted from the hospital for long term care with needs for wandering, dementia and schizophrenia safety supports and assessed with a BIMS score of 9 out of 15 which indicated severe cognitive impairment. A review of the Functional Abilities and Goals assessment, dated 01/22/2024, revealed Resident #10 was assessed with the ability to, Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space with, Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as Resident completes activity. Assistance may be provided throughout the activity or intermittently. A record review of Resident #10's care plan dated 04/19/2024 revealed Resident #10 was at risk for falls related to generalized weakness, impaired cognition, use of psychoactive meds and irregular gait, dementia, poor safety awareness, hearing and visual impairment, psychotropic med use, and prior falls with interventions: Monitor resident every shift or as needed and keep watch .I use a walker . ensure resident's safety at all times and keep watch . I am at risk of injury as I have impaired visual functioning due to Cataracts and macular degeneration A record review of Resident #10's Wandering Risk Scale dated 03/17/2024, revealed, Resident #10 was assessed by LVN D as At Risk for Wandering. A record review of Resident #11's admission record dated 04/19/2024 revealed an admitted [DATE] with diagnoses which included dementia (the loss of cognitive functioning and thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), and legal blindness (a person cannot attain 20/200 vision even with prescription eyewear.) A record review of Resident #11's quarterly MDS assessment dated [DATE] revealed Resident #11 was a [AGE] year-old-male admitted from another facility for long term care with needs for wandering, dementia and blindness. Resident #11 was assessed with a BIMS score of 14 out of a possible 15 which indicated intact cognition. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A review of the Functional Abilities and Goals assessment, dated 10/24/2023, revealed Resident #11 was assessed with the ability to, Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space with, Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as Resident completes activity. Assistance may be provided throughout the activity or intermittently. Resident #11 had a need for a walker (a device that gives support to maintain balance or stability while walking). A review of the Functional Abilities and Goals assessment, dated 10/24/2023, revealed Resident #11 was assessed with the ability to, Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space with, Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Assistance may be provided throughout the activity or intermittently. A record review of Resident #11's care plan dated 04/19/2024 revealed, I am at risk of injury as I have impaired visual functioning due to Blindness and cataracts . I am at risk for injuries or falls related to generalized weakness, use of psychoactive meds, dementia, and blindness . I require assistance with Activity Daily living due to due to impaired cognition related to diagnosis of Dementia, generalized weakness, blindness, depression . Pt requires INDEPENDENT WITH TRANSFERS AND LOCOMOTION/AMBULATION AT TIMES NEEDS supervision of one with Transfers, dressing, toileting, and walking in room. A record review of Resident #11's Wandering Risk Scale dated 03/17/2024, revealed, Resident #11 was assessed by LVN D as At Risk for Wandering. A record review of Resident #12's admission record revealed an admitted [DATE] with diagnoses which included dementia (the loss of cognitive functioning and thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), bipolar II disorder (a mental health condition that involves periods of depression and periods of elevated mood), and unspecified psychosis (thoughts and perceptions are disrupted and they may have difficulty recognizing what is real and what is not). A record review of Resident #12's quarterly MDS assessment dated [DATE] revealed Resident #12 was a [AGE] year-old-male admitted from a nursing facility for long term care with support needs for wandering and dementia. Resident #12 was assessed with a BIMS score of 13 out of a possible 15 which indicated intact cognition. Further review revealed Resident #12 had a need for a walker (a device that gives support to maintain balance or stability while walking). A review of the Functional Abilities and Goals assessment, 12/29/2023, revealed Resident #12 was assessed with the ability to, Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space with, Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. Assistance may be provided throughout the activity or intermittently. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of Resident #12's care plan dated 04/19/2024 revealed, I require assistance with activities of daily living due to lack of coordination, abnormal gait, muscle weakness which can impair my performance with mobility tasks (PMHx (past medical history): HTN (high blood pressure), Bipolar d/o (disorder), Neuropathy (nerve pain), Severe mood swing) .Ambulates with a walker .Encourage resident to perform as much of the activity as possible . I use walker for locomotion related to generalized weakness . Provide supervision at all times when resident is able to move around using his Walker . I am at risk for elopement related to wandering risk assessment score .Discuss with resident/family risks of elopement and wandering . A record review of Resident #12's Wandering Risk Scale dated 03/17/2024, revealed, Resident #12 was assessed by LVN D as At Risk for Wandering. During an interview on 04/20/2024 at 2:23 PM LVN D stated she used the facility's electronic program Wander Risk Scale for assessing residents for elopement risks. LVN D stated residents could be assessed as 1. Low risk, 2. at risk for wandering, and 3. high risk to wander. An observation on 04/18/2024 at 4:01 PM revealed Resident #7 use his wheelchair to ambulate out the facility's front automatic sliding front doors. Further observation revealed Resident #7 enjoying the outdoor weather and returning into the facility, several minutes later During an interview on 04/18/2024 at 4:10 PM Receptionist A stated she observed Resident #7 ambulate outside and return inside. Receptionist A stated residents are free to go outside and return when they choose. Receptionist A stated she had no list of residents who could and or could not go outdoors unsupervised. Receptionist A stated she worked from Monday through Friday from 08:00 AM to 5:00 PM and when she arrived the front doors were already opened, and the doors remained open when she left. During an interview on 04/18/2024 at 4:50 PM Receptionist B stated she was the receptionist on the weekends and was on duty from 8:00 AM to 7:00 PM. Receptionist B stated when she arrived the front doors were already opened, and the doors remained open when she left. Receptionist B stated she had worked at the facility 3 years and Resident #5 was new to her, but she was not concerned for his safety because he could walk and make his needs known. Receptionist B stated she had no list of residents who could and or could not go outdoors unsupervised. Receptionist B stated she worked on the day Resident #5 eloped and could not recall the exact time she saw Resident #5 outside of the facility but did recognize the time of day which was after lunch and before dinner . Receptionist B stated she recalled she heard the announcement Code Pink which indicated a Resident was missing and learned Resident #5 was missing. Receptionist B stated she and the staff began a search for Resident #5 to include the immediate neighborhood surrounding the facility. During an interview on 04/20/2024 at 1:55 PM the Director of Rehabilitation stated Residents #7, #10, #11, and #12 were not safe to ambulate out of the facility without supervision due they were all at risk for falls with severe injuries complicated by the various outdoor terrains and their inabilities to cope with those varied terrains. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	During an interview on 04/19/2024 at 2:40 PM the Administrator and the DON stated Resident #5 was not at risk for wandering due to a lack of elopement history, verbalizations of elopement, and his was alert and oriented to himself, his surroundings, and time. The Administrator and the DON stated Residents #7, #10, #11, and #12 were not at risk for wandering due to a lack of elopement histories, verbalizations of elopement, and were alert and oriented to themselves, their surroundings, and time. A record review of the facility's Elopements policy dated December 2007, revealed, staff shall investigate and report all cases of missing residents . staff shall promptly report any resident who tries to leave the premises or is suspected of being missing to the charge nurse or director of nursing. if an employee observes a resident leaving the premises, he or she should: attempt to prevent the departure in a courteous manner; get help from other staff members in the immediate vicinity, if necessary; and instruct another staff member to inform the charge nurse or director of nursing services that a resident has left the premises This was determined to be an Immediate Jeopardy (IJ) on 04/19/24 at 02:44 PM. The facility Administrator and the DON were notified. The Administrator was provided with the IJ template on 4/19/24 at 02:44 PM & a POR was requested. The following Plan of Removal submitted by the facilityApril 19, 2024, at 6:20pm as follows: The facility respectfully submits this plan of removal to abate the allegations of immediate jeopardy identified on April 19, 2024. Facility failed to have current interventions in place to monitor residents who are at risk for wandering out the front door as the front doors are not secured. Resident #5, with a BIMS of 8 and Wandering Risk Assessment score of 9 indicating Resident #5 was at risk to wander. Resident #5 ambulated outside to the facility front patio and from there left the premise to return to his previous home. Inservice completed on 3/17/24 - covering Elopement. Elopement drill completed on 3/21/24. Resident #5 was placed on 1:1 monitoring from the time of his return to the facility on [DATE] until his transfer to a secured unit on 4/5/24. Residents with the potential to be affected by the alleged deficient practice: The Facility immediately completed a 100% re-assessment of all residents' wander risk on 3/18/24. Any residents who were noted at risk for wandering at this time, were reviewed by the IDT Team and found not at risk for elopement . Each residents' care plan was updated to reflect this determination . Staff were in-serviced on Elopement , and an elopement drill was also subsequently completed. Bids were solicited and received for a keypad locking mechanism for the front entrance doors as well as the Hall 200 exit door. The incident was referred to the QAPI committee for review on the next scheduled QAPI meeting. Resident identified to have been affected by the alleged deficient practice: Resident #5 was located and returned to the facility on [DATE]. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident #5 was assessed for injury with none noted. Resident #5 was interviewed and stated he decided to go visit his previous home to inquire if it would be available for him to return to upon discharge from the Facility. The Facility launched an in-depth investigation to determine how and when Resident #5 left the premises. The Facility interviewed staff and residents to determine the details of Resident #5 leaving Facility property. The Facility interviewed Resident #5 to learn the reason why, and the way, Resident #5 left. Alternate placement was sought for security of Resident #5. The IDT team determined Resident #5 was aware of when he left premises and why (to visit his previous home). The IDT team felt Resident #5 had the potential to attempt to leave the premise again to visit and inquire about his previous home. As such, Resident #5 was placed on 1:1 monitoring in the Facility and alternate placement at a secured facility was obtained. Resident #5 transferred to the secure facility on 4/5/24. Systemic Measures: Receptionist Hours Extended: The Facility immediately extended the hours of Reception at the front entrance of the building. This will include the hours of 6am-8am and 5pm-8pm. Coverage of the front entrance will now include a total daily timeframe of 6am-8pm. The front entrance door will be locked between the hours of 8pm and 6am. Should the Receptionist need to leave the desk, he/she will either call for relief to step-in in his/her absence or lock the front door until returning to duty. Hall 200 Exit Door alarm/lock: The Facility immediately implemented a temporary door alarm that will sound when the door is opened. The bid for the keypad for this exit door was signed by the Administrator and will be placed by (contractor) Engineering on 4/23/24. Wander Risk Binder: The Facility immediately implemented a Wander Risk Binder that includes pictures of the five (5) residents whose Wander Risk Assessment currently scores each at risk for wandering, although all five (5) residents had previously been reviewed by the IDT Team at the time of the incident and deemed not at risk for elopement due to no documented attempts of exit seeking in the past. All five (5) residents' care plans were updated to reflect the wander risk assessment result, and the fact that the resident was not deemed an elopement risk by the IDT Team. The Wander Risk Binder will be placed at the front Receptionist desk and at the nurses' station. The binder will be updated by DON or designee. The binder will be reviewed daily. Locking Log: The Facility immediately implemented a locking log for staff to document the locking and unlocking of the front entrance door. Training: Will be completed by 4/20/24 as follows: a. Initiate staff in-servicing of the Wander Risk Binder located at front Reception and the nurses' station. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675171	A. Building B. Wing	04/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meridian Care	7181 Crestway Dr San Antonio, TX 78239

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	b. Initiate staff in-servicing of Elopement protocol. c. Initiate staff in-servicing of new door alarm placed on 200 Hall exit door. d. Initiate staff in-servicing on Locking Log. Inservice sign in sheet will be cross reference with employee roster. Quality Assurance Performance Improvement: On 4/19/24 the Quality Assessment and Assurance Committee members to include the Medical Director, Administrator, and Director of Nursing, and the Regional Director of Clinical Services met to review and approve this plan. The Administrator and/or Designee will review the Locking Log daily for 3 months. The Administrator and/or Designee will review the Wander Risk Assessment Binders located at the reception and nurses' station daily for 3 months. The results of the Administrator and/or Designee reviews will be presented to the Quality Assessment and Assurance Committee for review of trends and/or negative findings and further recommendations during the scheduled meetings for 3 months. The committee will make recommendations for further education as warranted and develop further performance improvement plans as necessary. Date of Correction: April 19, 2024 Monitoring of the POR as follows: The facility respectfully submits this plan of removal to abate the allegations of immediate jeopardy identified on April 19, 2024. Plan submitted on April 19, 2024, at 6:20pm. Facility failed to have current interventions in place to monitor residents who are at risk for wandering out the front door as the front doors are not secured. Resident #5, with a BIMS of 8 and Wandering Risk Assessment score of 9 indicating Resident #5 was at risk to wander. Resident #5 ambulated outside to the facility front patio and from there left the premise to return to his previous home. Inservice completed on 3/17/24 - covering Elopement. Elopement drill completed on 3/21/24. Resident #5 was placed on 1:1 monitoring from the time of his return to the facility on [DATE] until his transfer to a secured unit on 4/5/24. Residents with the potential to be affected by the alleged deficient practice: (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	The Facility immediately completed a 100% re-assessment of all residents' wander risk on 3/18/24. Any residents who were noted at risk for wandering at this time were reviewed by the IDT Team and found not at risk for elopement. Each residents' care plan was updated to reflect this determination. Staff were in-serviced on Elopement, and an elopement drill was also subsequently completed. Bids were solicited and received for a keypad locking mechanism for the front entrance doors as well as the Hall 200 exit door. The incident was referred to the QAPI committee for review on the next scheduled QAPI meeting. Resident identified to have been affected by the alleged deficient practice: Resident #5 was located and returned to the facility on [DATE]. Resident #5 was assessed for injury with none noted. Resident #5 was interviewed and stated he decided to go visit his previous home to inquire if it would be available for him to return to upon discharge from the Facility. The Facility launched an in-depth investigation to determine how and when Resident #5 left the premises. The Facility interviewed staff and residents to determine the details of Resident #5 leaving Facility property. The Facility interviewed Resident #5 to learn the reason why, and the way, Resident #5 left. Alternate placement was sought for security of Resident #5. The IDT team determined Resident #5 was aware of when he left premises and why (to visit his previous home). The IDT team felt Resident #5 had the potential to attempt to leave the premise again to visit and inquire about his previous home. As such, Resident #5 was placed on 1:1 monitoring in the Facility and alternate placement at a secured facility was obtained. Resident #5 transferred to the secure facility on 4/5/24. Systemic Measures: Receptionist Hours Extended: The Facility immediately extended the hours of Reception at the front entrance of the building. This will include the hours of 6am-8am and 5pm-8pm. Coverage of the front entrance [TRUNCATED]