| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Keep residents' personal and medical records private and confidential.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447<br><br>Based on observations, interviews, and record reviews, the facility failed to ensure residents had the right to personal privacy which included accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups for two (Resident #2 and Resident #3) of seven residents reviewed for privacy.<br><br>1. The facility failed to ensure CNA A completely closed Resident #2's privacy curtain and obstructed Resident #2's AEM while providing incontinent care.<br><br>2. The facility failed to ensure Resident #3 had a signed consent and was not captured within view of his roommate's AEM.<br><br>These failures could place residents at risk of being exposed and at risk of having medical or personal information or conversations recorded or exposed to others, and cause residents to feel a loss of privacy, dignity, and decreased self-worth and self-esteem.<br><br>The findings included:<br><br>1. Record review of Resident #2's Admission Record, dated 02/20/2025, reflected a [AGE] year-old male. He was initially admitted to the facility on [DATE] and readmitted on [DATE]. He was noted to have a responsible party (RP) identified, other than himself.<br><br>Record review of Resident #2's Medical Diagnosis list, undated but accessed on 02/21/2025, reflected Resident #2 had diagnoses which included other specified trisomies and partial trisomies of autosomes (a genetic condition that results in abnormalities of the person's chromosomes which often cause severe physical and intellectual disabilities) and cerebral cysts (a fluid-filled sac in the brain that can be cancerous or noncancerous and may cause headaches, vision problems, or nausea).<br><br>Record review of Resident #2's Quarterly MDS, signed as completed on 01/29/2025 by the DON, reflected Resident #2 had a BIMS score of 15, which indicated he was cognitively intact. He was documented as having had upper extremity (shoulder, elbow, wrist, hand) impairment on one side and lower extremity (hip, knee, ankle, foot) impairment on both sides. He used a wheelchair and was dependent (requiring a helper for all of the effort) for toileting hygiene and lower body dressing. He was always incontinent of urine and bowel.<br><br>(continued on next page) |



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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #2's Care Plan, dated as last review completed 01/24/2025, reflected Resident #2 required assistance with his ADLs because of his cerebral cysts. Interventions included:<br><br>- Bed Mobility: I require limited to extensive assistance in self performance [sic] with 1 person [sic] physical assistance staff support.<br><br>- Personal Hygiene: I require supervision, limited assistance in self performance [sic] with 1 person [sic] physical assistance staff support during my personal hygiene.<br><br>- Toileting: I require limited to extensive assistance in self performance [sic] with 1 person [sic] physical assistance staff support.<br><br>Record review of Resident #2's Request For Authorized Electronic Monitoring, signed on 03/04/2024 by Resident #2's RP, reflected Resident #2's RP on behalf of Resident #2 had authorized electronic monitoring with a video surveillance camera. The form noted .the camera should .be obstructed, under the following circumstances .During peri care [perineal care, involving cleaning the private areas].<br><br>2. Record review of Resident #3's Admission Record, dated 02/25/2025, reflected a [AGE] year-old male. He was admitted to the facility on [DATE]. He was noted to have a responsible party (RP) identified other than himself.<br><br>Record review of Resident #3's Medical Diagnosis list, dated 02/25/2025, reflected Resident #3 had diagnoses which included other specified congenital malformation syndromes (structural or functional abnormalities that developed prior to birth and/or were identified at birth that impacted the body's development), mild intellectual disabilities (a condition that limits intelligence and disrupts the abilities necessary for independent living), and autistic disorder (a condition related to brain development which impacts how a person perceives and interacts with others).<br><br>Record review of Resident #3's Admission MDS, signed as completed on 12/13/2024 by the DON, reflected Resident #3 had a BIMS score of 12, which indicated he was mildly cognitively impaired. He was documented as highly hearing impaired with no speech clarity (an absence of spoken words) and impaired vision. He required partial to moderate assistance (a helper to provide less than half the effort) when moving from lying to sitting on the side of the bed, sitting to standing, and when walking 10 feet. He did not use a wheelchair and/or scooter.<br><br>Record review of Resident #3's Care Plan, dated as last review completed 01/24/2025, reflected Resident #3 required assistance with his ADLs. Interventions included:<br><br>- Bed Mobility: I require limited assistance in self performance [sic] with 1 person [sic] physical assistance staff support.<br><br>- Personal Hygiene: I require limited assistance in self performance [sic] with 1 person [sic] physical assistance staff support during my personal hygiene.<br><br>- Toileting: I require limited assistance in self performance [sic] with 1 person [sic] physical assistance for all transfers. I may require more help on days I feel weak.<br><br>Record review of Resident #3's EMR on 02/25/2025 did not reflect a completed AEM consent.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the facility's investigation file for incident #564291, received 02/20/2025, reflected a printed statement titled [CNA A] 2/15/2025. The statement included On Thursday [02/13/2025] when I was trying to transfer him [Resident #2] to the bed he started hitting everything, scratching his face. His friend from B bed [Resident #3] got up and was peeking through the curtain trying to talk to him and get his attention so I told him to go to the other side of the curtain.<br><br>During an observation on 02/20/2025 at 04:30 p.m. of 3 videos, which were not date stamped and submitted by Resident #2's RP on 02/18/2025, CNA A was observed changing Resident #2's incontinence brief while in his bed. Resident #2's private area was observed to be fully visible on one video and was not obstructed. The privacy curtain located between Resident #2's and Resident #3's beds was noted to not be pulled closed on all three videos, exposing Resident #2's lower body to Resident #3's view. Resident #3's face and upper torso (shoulders) was noted to be visible within the camera range on all three videos. Resident #3 was not observed to move out of bed during the video or interact with Resident #2 or CNA A. Due to the same clothing and positioning of CNA A, Resident #2, and Resident #3 were visible on the videos, two of the three videos appeared to have been recorded on the same day and were recorded back-to-back. Audio was noted to be present on the videos, but words were not individually understandable.<br><br>During an interview on 02/20/2025 at 12:20 p.m., Resident #2's RP stated the videos she submitted were from Tuesday (02/11/2025) and Thursday (02/13/2025) at around 06:30 p.m.- 07:30 p.m. She stated she picked the placement for the camera. She stated she was unable to provide the videos with date and time stamps. She stated the facility staff notified her after submitting the videos to the facility to review Resident #3, Resident #2's roommate, should not be captured within her camera's image range and audio had to be turned off.<br><br>During an interview on 02/21/2025 at 11:04 p.m., Resident #2's RP stated she did not believe Resident #2 would have cared about the privacy curtain having not been completely closed between himself and his roommate during peri care. She stated she observed, during facility visits, the facility staff would close the resident room door and knock prior to entry, but they did not consistently close the curtain. She stated she did not believe Resident #2 would have felt uncomfortable regarding the camera capturing peri care.<br><br>During an interview on 02/21/2025 at 11:07 p.m., Resident #2 stated he was aware of the camera in his room and did not indicate he had any concerns regarding the camera's placement. Resident #2 was unavailable for follow up questions regarding the open curtain between himself and his roommate during peri care.<br><br>During an observation and attempted interview on 02/21/2025 at 01:05 p.m. with Resident #3, Resident #3 was observed to be living in a single (one-person occupancy) room. During an attempted interview, Resident #3 acknowledged the presence of the State Surveyor and made up and down head gestures; however, movements did not appear to corelate with conversation and no verbal responses were given.<br><br>During an interview on 02/24/2025 at 11:55 a.m., Resident #3's RP stated Resident #3 was deaf and used sign language to communicate. He stated he was aware there was a camera in Resident #3's prior room because he noticed the camera during a facility visit. He stated he did not have any concerns about the camera having been present in Resident #3's prior room and did not believe Resident #3 would have understood or had concerns about having been captured on camera.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/24/2025 at 12:21 p.m., CNA A stated Resident #2 was one of her patients for the week of 02/10/2024 to 02/14/2025. She stated she worked the 2:00 p.m. to 10:00 p.m. shift, Monday to Friday, the week of Valentine's Day (02/10/2025- 02/14/2025). She stated after she assisted Resident #2 with a shower on Thursday, 02/13/2025, she put him on his bed to change his brief. She did not mention Resident #2's camera or closing the privacy curtain for Resident #2's privacy during incontinent care. She stated she completed facility training documentation that indicated she was trained on incontinent care, resident rights, and abuse/neglect.<br><br>During an interview on 02/24/2025 at 12:36 p.m., the LSW stated for residents with AEM, she let the residents and/or resident RPs know they could not capture audio (sound), she has them complete the permission documentation, and she made sure the resident's roommate was aware of the camera. She stated for Resident #3, she notified Resident #3's RP about the camera in the resident's prior room. She stated the facility staff did not have the ability to verify the roommate would not be captured within the camera's scope. She stated she would check the camera's placement and try to determine where the lens was located or what the view would be; and, if she suspected the roommate's image would be captured, she stated she would have asked the family to adjust the camera's placement. She stated the facility had to go on trust regarding what the camera's field of range was.<br><br>During an interview on 02/25/2025 at 01:03 p.m., the DON stated CNA A completed training on privacy. She stated her expectation for staff when performing incontinent care was to close the curtain and door. She stated part of the social worker's role was to speak with residents and families regarding AEM. She stated the facility had families with different requests regarding where they would prefer the camera to be placed. She stated some of the location preferences were due to how the camera's lens would have been impacted when the privacy curtain was closed. She stated the roommate would also have to sign the AEM consent form stating they knew the camera was there. She stated when a family signed a consent for AEM, the family would have to state the roommate would not be captured on camera.<br><br>During an interview on 02/25/2025 at 01:31 p.m., the ADMIN stated when a camera was in a resident's room, the facility would get consent from the roommate and verify who had access to the camera footage. The ADMIN stated the facility left the placement of the camera up to the family and resident, and a sheet would be posted in the resident room, notifying anyone who entered the room of the camera. The ADMIN stated the facility used a secure messaging application to communicate resident and family wishes to staff regarding the camera use.<br><br>During an interview on 02/25/2025 at 03:11 p.m., the ADMIN stated the LSW notified her that she did not obtain AEM consent for Resident #3. The ADMIN stated she called Resident #3's RP and he told her he saw the camera, was aware of its presence in the room, and did not have concerns.<br><br>Record review of the facility's policy Dignity, dated as revised February 2021, reflected a policy statement that stated, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Policy Interpretation and Implementation stated 11. Staff promote, maintain [sic] and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0583<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the facility's policy Videotaping, Photographing, and Other Imaging of Residents, dated as revised April 2017, reflected a policy statement that stated, Residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other facility activities. Policy Interpretation and Implementation stated 1. For the purpose of this policy, 'Resident image' means the likeness of a resident captured through still photography, videotaping, digital imaging, scans, audio recording, etc.3. Transmitting unauthorized images of any resident through email, internet or social media is considered a violation of resident rights. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447<br><br>Based on observations, interviews, and record reviews, the facility failed to ensure the resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation for one (Resident #2) of four residents reviewed for abuse.<br><br>The facility failed to keep Resident #2 free from abuse when CNA A roughly provided bed mobility assistance and incontinent care on 02/11/2025 and 02/13/2025.<br><br>The noncompliance was identified as past non-compliance IJ. The noncompliance began on 02/15/2025 and ended on 02/19/2025. The facility corrected the non-compliance before the investigation began.<br><br>This deficient practice could affect any resident and result in emotional and physical abuse.<br><br>The findings include:<br><br>Record review of Resident #2's Admission Record, dated 02/20/2025, reflected a [AGE] year-old male. He was initially admitted to the facility on [DATE] and readmitted on [DATE]. He was noted to have a responsible party (RP) identified that was other than himself.<br><br>Record review of Resident #2's Medical Diagnosis list, undated but accessed on 02/21/2025, reflected Resident #2 had diagnoses which included other specified trisomies and partial trisomies of autosomes (a genetic condition that results in abnormalities of the person's chromosomes which often cause severe physical and intellectual disabilities) and cerebral cysts (a fluid-filled sac in the brain that can be cancerous or noncancerous and may cause headaches, vision problems, or nausea).<br><br>Record review of Resident #2's Quarterly MDS, signed as completed on 01/29/2025 by the DON, reflected Resident #2 had a BIMS score of 15, which indicated he was cognitively intact. His mood was documented as having never felt lonely or isolated over the last 2 weeks and he did not have any documented behavioral symptoms. He was documented as having had upper extremity (shoulder, elbow, wrist, hand) impairment on one side and lower extremity (hip, knee, ankle, foot) impairment on both sides. He used a wheelchair and was dependent (requiring a helper for all of the effort) for toileting hygiene and lower body dressing. He was always incontinent of urine and bowel.<br><br>During an observation on 02/19/2025 at 04:30 p.m. revealed 2 pictures, with no date stamp and was submitted by Resident #2's RP on 02/18/2025, the first picture with deep purple bruising noted in multiple sites of upper right arm, ranging from mid upper interior side of right arm to the interior of the elbow. The second picture with deep purple bruising on the right hand, palm side of hand, extending from the little finger and ring finger to the palm of the hand. Source of bruising was not evident from pictures.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | During an observation on 02/20/2025 at 04:30 p.m. revealed 3 videos, with no date stamp and submitted by Resident #2's RP on 02/18/2025, CNA A was observed changing Resident #2's incontinence brief while in his bed. Due to the same clothing and positioning of CNA A, Resident #2, and Resident #3 visible on the videos, two of the three videos appeared to have been recorded on the same day and to have been recorded back-to-back. On one video, CNA A was observed to roughly grab Resident #2's left foot and with force push his foot against the right side of the bed, causing a visible bend in his foot and a compression of the mattress under his foot, and then she proceeded to grab Resident #2's right wrist, and roughly [NAME] Resident #2 onto his left side using only her handholds of the resident's right wrist and the pad of his left foot. On a separate video, which appeared to have occurred on a separate day, CNA A was observed to flick Resident #2's left leg, from a position of him turned onto his right side with both of his knees together, and then she abruptly pushed his left leg, still bent at the knee to the left side, which resulted in his legs to become fully opened at the hip. Audio on the videos was able to be heard but not sufficiently distinguished. Prior observation of images of Resident #2's bruises was not found to match possible injuries noted during video observation.<br><br>During an interview on 02/20/2025 at 12:20 p.m., Resident #2's RP stated the videos she submitted were from Tuesday (02/11/2025) and Thursday (02/13/2025) at around 06:30 p.m.- 07:30 p.m. She stated she was unable to provide the videos with date and time stamps. She stated she last saw Resident #2 on Monday, 02/10/2025 and he did not have the bruises noted in the pictures at that time. She stated Resident #2 could not provide a lot of information regarding the incident, but he could give her the person's name. He named CNA A. She stated when she asked Resident #2 about the bruises, he mostly replied it happened during his showers, on Tuesdays and Thursdays. She stated the source or cause of the bruising on Resident #2's arm was still unknown. She stated Resident #2 was not aggressive, and he did not like to complain or accuse anyone of hitting him.<br><br>During an interview on 2/20/25 at 11:40 a.m., the DON revealed that CNA A was terminated.<br><br>During an observation and interview on 02/21/2025 at 11:07 p.m., revealed Resident #2 was observed to be sitting in his wheelchair in the hallway. His arms were noted to be covered up to his wrist, but light, dark purple bruising was noted on his right hand. Resident #2 stated he was pinched by CNA A in the shower hard and indicated an injury to his upper right arm. He stated the facility staff were nice except for CNA A. He stated, she hurt me, and I don't feel safe with CNA A. When asked about the bruise on his hand, Resident #2 stated he had blood taken last month and pointed toward the area in the facility where bloodwork would have been taken.<br><br>During an interview on 02/24/2025 at 12:21 p.m., CNA A stated she worked the 2:00 p.m. to 10:00 p.m. shift, Monday to Friday, the week of Valentine's Day (02/10/2025- 02/14/2025). She stated she was assigned to work with the residents on 300-hall for those shifts. She stated Resident #2 was one of her patients for the week of 02/10/2025 to 02/14/2025. She stated after she assisted Resident #2 with a shower on Thursday, 02/13/2025, she put him on his bed to change his brief. She stated Resident #2's behaviors would start when he was taken back to his room following the shower. She stated he could be difficult if you didn't do what he said. She stated, he didn't want to go back into bed, and he didn't want to turn. She stated he tried to hit her, and she had stopped him by putting her arm up to block him. She stated any bruising or scratches he had was not from her. She stated she did see bruising on Resident #2 on Friday, 02/14/2025 but was under the impression they had already been reported. She stated she completed facility training documentation which indicated she was trained on incontinent care, resident rights, and abuse/neglect. She stated she knew the procedures.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | During an interview on 02/24/2025 at 12:36 p.m., the LSW stated she was familiar with Resident #2, since he had a tendency to come visit her during the day. She stated she had not observed any changes in his behaviors following the incident reported on 02/15/2025. She stated he had not expressed any concerns or fears of other staff members. She stated following the incident, she came into the facility and completed safe surveys with other residents and spoke with Resident #2. She stated no other residents reported concerns during the safe surveys. She stated she completed a trauma assessment on Resident #2 on 02/15/2025. She stated she documented that he reported to have had nightmares because that was the closest way to document on that specific form that he reported to her that the incident still bothered him, but he didn't want to think about it. She stated the nursing department had already started abuse and neglect training with staff by the time of her response to the incident.<br><br>During an interview on 02/24/2025 at 05:11 p.m., LPN E stated he worked on the 300-hall, Monday to Friday during the 02:00 p.m. to 10:00 p.m. shift. He stated he recalled observing Resident #2's bruises but thought they were due to Resident #2's recent lab draw. He stated Resident #2 was upset with CNA A and CNA A did tell him Resident #2 was aggressive; however, he stated he did not observe Resident #2 having been aggressive. He stated CNA A told him Resident #2 did not want his shower and when he spoke with Resident #2, Resident #2 said he wanted his shower later. LPN E stated CNA A did shower Resident #2 later that shift. LPN E stated when he gave Resident #2 his 08:00 p.m. medications, Resident #2 did not say anything to him. LPN E stated he believed he first saw Resident #2's bruises on Thursday and asked Resident #2 what had happened. He stated Resident #2 reported to him that it was CNA A, but this report occurred after the facility had started an investigation. LPN E did not provide a date for when he observed Resident #2's bruises or a date for when he had a conversation with Resident #2 regarding CNA A.<br><br>During an interview on 02/24/2025 at 08:47 p.m., LPN F stated she worked double weekends on the 300-hall. She stated the only prior behaviors she observed from Resident #2 was his preference to hang around in the hallways and he liked to talk and be social. She stated she was present at the time CNA B first reported Resident #2's allegation of abuse from another CNA. She stated CNA B told her of Resident #2's allegation and she went to assess and speak with Resident #2. She stated she noted quite a few bruises of differing size that were purple to brownish in color on his arm. She stated Resident #2 initially wouldn't tell her what happened but then he told her the same report he had given CNA B, that CNA A hit him. She stated she was unable to get a straight answer on when the incident occurred, but Resident #2 repeatedly stated it happened on his shower day and CNA A was mean, she hit him, and he was trying to fight back. LPN F stated Resident #2 did not appear to be scared or apprehensive of other CNAs. She stated following her assessment, she identified around 5 scattered bruises on Resident #2's arm and hand and 3 tiny bruises on his abdomen, which she stated Resident #2 identified as resulting from where CNA A pinched him. She identified a bruise on his ear, which Resident #2 stated was where CNA A pinched and pulled his ear. She stated an abuse allegation had to be reported within 2 hours and she immediately reported the allegation to the weekend supervisor, RNJ, who reported it to the administrator, who was the abuse coordinator. She stated the facility staff were in-serviced on abuse that same day she initially reported the allegation.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | During an interview on 02/24/2025 at 09:16 p.m., CNA B stated he worked weekends and primarily on 300-hall. He stated Resident #2 was typically talkative, happy, and wanted to say hi to everyone. He stated Resident #2 liked to get up in the morning, be in his wheelchair, and go to all the activities. He stated Resident #2 never refused care from him and always wanted his showers. CNA B stated he was the one to initially report Resident #2's allegation of abuse. He stated he noticed the bruising on Resident #2's right arm and even though Resident #2 tended to bruise easily when the facility did bloodwork, he asked Resident #2 what had happened because there were more bruises than normal. He stated Resident #2 replied that CNA A did it. CNA B stated he had never heard Resident #2 have hate towards anyone, but Resident #2 told him he hated CNA A. CNA B stated he noticed the additional bruising on Resident #2's right arm, bicep, ear cartilage, and right hand, but was more concerned about Resident #2 having stated he hated CNA A and she had hit him. CNA B stated following Resident #2 reporting what occurred, he finished Resident #2's shower, got him into his wheelchair, and then reported the allegation to LPN F. He stated following his report to LPN F, he observed LPN F reported the incident to the weekend supervisor and then the report escalated from there. He stated he felt as if the facility responded to the allegation appropriately, they immediately took action, which included having assessed Resident #2. He stated the staff had an in-service on abuse and neglect that same weekend of his initial report.<br><br>During an interview on 02/25/2025 at 10:43 a.m., the DON stated Resident #2 attended bingo on 02/13/2025, which would have finished up around 03:00 p.m. She stated bingo was not scheduled on the activity calendar at that time, but the residents really loved bingo, so it was held more often. She stated CNA A had documented under Resident #2's Tasks his shower was taken at 02:49 p.m., but CNA A may have documented at that time because she was planning on going to get him for his shower at that time. The DON stated the Task screen was not visible under surveyor EMR access.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | During an interview on 02/25/2025 at 01:03 p.m., the DON stated the facility process for screening when hiring was human resources completed background, license, and reference checks upon hire and then background and license checks as scheduled. She stated CNA A had not had any noted concerns or complaints for possible abusive behaviors. She stated she was first notified of Resident #2's CNA A abuse allegation by the weekend supervisor. She stated the weekend supervisor had already called Resident #2's RP, his PCP, and taken CNA A's statement. She stated CNA A was put on leave at that time. She stated the weekend supervisor asked Resident #2's RP if she could review the camera footage from Resident #2's room. The DON stated the facility turned in a self-report of the incident and spoke to Resident #2's RP about wanting to do a police report. The DON stated the LSW ended up putting in the police report on Monday, 02/17/2025. The DON stated she came in on Saturday following the incident having been reported to her and the LSW and administrator also became involved in the investigation. The DON stated she believed the incident happened during the Thursday, 02/13/2025, 02:00 p.m. to 10:00 p.m. shift. She stated LPN E had gone into Resident #2's room that night and Resident #2 had told him he was okay. She stated LPN E did not report having had identified any indicators on Thursday night or Friday. She stated Resident #2 was not seen to have bruises on Friday, 02/14/2025 and he seemed fine during the facility Valentine's Day party, which he attended. She stated he did not report bruising or pain at that time. She stated the incident seemed to come back up for Resident #2 on Saturday, 02/15/2025 because it was another of his shower days and he really loved that CNA, CNA B. The DON stated it was her expectation the nurse would get involved when a resident refused a shower, to determine why they refused and to find out if there was a way to alleviate that reason. She stated for when a resident had behaviors, the CNA was supposed to separate themselves from the situation and go inform the nurse. She stated she would expect the nurse to intervene and possibly let her know if she needed to switch staffing assignments or follow up with the resident. The DON stated she did view the camera footage and would say that it was abuse, CNA A was rough with Resident #2. She stated that was not how she would want anyone to be treated.<br><br>During an interview on 02/25/2025 at 01:31 p.m., the ADMIN stated staff were trained on abuse and neglect upon hire and as needed following every incident. The ADMIN stated she was notified of the incident involving Resident #2 and CNA A on Saturday, 02/15/2025 around 03:00 p.m. to 04:00 p.m. She stated the investigation, and the incident response was a group effort with the DON completing the investigation and interviews, and safe surveys were conducted. She stated with abuse allegations, the staff member would be immediately suspended with the primary goal to protect the resident until the investigation was completed. She stated CNA A had not had any previous complaints and as soon as they were notified of the abuse allegation, CNA A was put on suspension. The ADMIN stated the allegation of abuse was confirmed following their facility investigation and the facility was planning to refer CNA A. She stated Resident #2's RP did decide for a police report to be submitted for this incident. The ADMIN stated following this incident, Resident #2 did not require treatment other than responding to his emotional distress and his request for CNA A to not be back in his room. The ADMIN stated for any reason, if a resident was having behaviors, staff were trained and in-serviced to monitor for resistance to care and to let the nurse know. She stated her expectation was for staff to stop attempting the care and to notify the nurse. They may try to approach at a different time. The ADMIN stated CNA A's care did appear abusive on the camera footage, she [CNA A] was flopping his legs back and forth. The ADMIN stated following viewing of the camera footage it was pretty evident CNA A's behaviors were unprovoked by Resident #2.<br><br>Record review of Resident #2's Progress Notes reflected the following entries:<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | - Incident Note written by the DON, dated 02/15/2025 at 02:30 p.m., reflected On 2/15/25 Resident verbalized to [CNA B] and [LPN F] that [CNA A] made him leave bingo to take a shower. While in shower [CNA A] pulled his ear and pinched his stomach. Stated he tried to punch and kick her back. Then CNA put resident in bed after he stated he did not want to go to bed. Stated Employee [sic] punched him on arm in room. Resident has camera in room. [Resident #2 RP] notified of allegation and stated she would review footage. Resident with bruising to RUA [right upper arm], L [left] ear and abdomen. [Resident #2's PCP] notified. Skin and pain assessment completed. Employee suspended pending investigation.<br><br>- Nursing note written by RN K, dated 02/15/2025 at 04:05 p.m. and noted as LATE ENTRY, reflected Resident's [Resident #2's RP] reviewed footage of personal camera that is in resident's room. Footage provided to this nurse by [Resident #2's RP]. 8 videos sent. In clips there are no obvious incidents of staff member hitting resident or of resident being combative. Noted resident pushed over to side, legs allowed to fall to bed instead of supporting through turns during peri care. [Resident #2's RP] states she will come by facility to visit resident tomorrow to see how he is doing. Informed RP resident is in good spirits and not complaining of pain or any other discomfort at this time. Staff continuing to monitor.<br><br>- Nursing note written by RN K, dated 02/15/2025 at 04:11 p.m. and noted as LATE ENTRY, reflected Resident is up in power chair propelling self-down [sic] hall. Noted smiling and speaking to another resident at nurses [sic] station. No s/s of distress at this time. Will continue to monitor.<br><br>- Incident Note written by LPN H, dated 02/15/2025 at 09:33 p.m. and noted as LATE ENTRY, reflected Patient presents with no behaviors at this time. Patients' [sic] vitals remain stable and states no pain to Rt arm. Received all nighttime medications. Will continue to monitor for changes. Patient is now in bed asleep.<br><br>- Incident Note written by LPN H, dated 02/15/2025 at 10:21 p.m., reflected Patient presents with no behaviors at this time. Patients' [sic] vitals remain stable and states no pain to Rt arm. Received all nighttime medications. Will continue to monitor for changes. Patient is now in bed asleep.<br><br>- Activities Note written by LPN H, dated 02/16/2025 at 05:39 a.m., reflected Patient slept through the night and presented with no behaviors. Vitals remain stable.<br><br>- Incident Note written by LPN H, dated 02/16/2025 at 06:00 a.m., reflected Patient slept through the night and presented with no behaviors. Vitals remain stable.<br><br>- Nursing Note written by RN K, dated 02/16/2025 at 03:14 p.m., reflected .Resident in a cheerful mood. No complaints verbalized to me or other staff members at this time.<br><br>- Nursing Note written by LPN H, dated 02/16/2025 at 08:40 p.m., reflected Patient is in chair engaging in conversation with people. No signs of distress noted. Vitals are stable and no aggressive behavior observed.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | - Social Services Note written by the LSW, dated 02/18/2025 at 04:40 p.m., reflected This SW met with [officer name and badge number], with [county name] sheriff office. Case #[number documented]. He met with this resident to discuss the incident that occurred between himself and the CNA. [Officer M] also spoke with the DON and me, as well as this resident's [Resident's RP]. The officer is turning over his report to the Detective [sic] and he will follow up, after he reviews the case.<br><br>- Social Services Note written by the LSW, dated 02/19/2025 at 08:29 a.m., reflected This SW spoke with this resident, about how he was doing and if he was feeling anxious or upset about the situation, that he had with his CNA. He said that he was fine and that he was happy.<br><br>Record review of Resident #2's Care Plan, dated as last review completed 01/24/2025 and accessed 02/20/2025, reflected the following focuses with interventions:<br><br>- Resident #2 required assistance with his ADLs because of his cerebral cysts. Interventions included:<br><br>- Bed Mobility: I require limited to extensive assistance in self performance [sic] with 1 person [sic] physical assistance staff support.<br><br>- Personal Hygiene: I require supervision, limited assistance in self performance [sic] with 1 person [sic] physical assistance staff support during my personal hygiene.<br><br>- Toileting: I require limited to extensive assistance in self performance [sic] with 1 person [sic] physical assistance staff support.<br><br>- Resident #2 is known to become upset very easily when I feel I am in trouble or done something wrong . Interventions included:<br><br>- Approach in a calm and reassuring manner<br><br>- Explain care procedures in simple terms<br><br>- Staff to redirect resident in gentle manner when behaviors are noted.<br><br>- 2/13/2025 Suspected physical abuse of resident by staff member as evidenced by: Resident report 2/15/25. Interventions included:<br><br>- Arrange for psych consultation as ordered by primary MD.<br><br>- Assess/record/report [sic] to MD prn noted s/sx of suspected abuse: Unexplained bruising, bleeding, swelling, other s/sx of trauma Unusual [sic] or unexplained behavioral symptoms (fearfulness, aggressiveness, acting out sexually) [sic] Vaginal bleeding or discharge Penile [sic] discharge Resident [sic], staff or family member reports of abusive behavior.<br><br>- Discuss with resident/family concerns, fears or issues related to suspected abuse.<br><br>- Document resident, family or staff member statements concerning the alleged abuse.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | - Immediately notify regulatory agencies of suspected abuse.<br><br>Record review of facility investigation file for incident #564291, received 02/20/2025 upon entry for investigation, reflected the following documents:<br><br>- an Employee Disciplinary Action Form, dated 02/15/2025 for counseling with CNA A. Notation of Decision on document included Suspension and Termination boxes checked with plan of correction written, Employee terminated due to investigation- intake #564261.<br><br>- a document titled, Self-Reporting Protocol - Abuse and/or Neglect, dated 02/15/2025. The document reflected:<br><br>- Notifications checked as completed included: abuse coordinator, the DON, Resident RP, Resident PCP, facility Medical Director, local law enforcement, and a report to THHS was completed within specified timeframe,<br><br>- CNA A was suspended pending investigation on 02/15/2025,<br><br>- Resident #2 was interviewed, a BIMS was conducted, and a head-to-toe skin assessment was completed on 02/15/2025,<br><br>- Resident Safe Surveys were conducted,<br><br>- incident reports in [EMR] were completed, and<br><br>- abuse/neglect in-servicing was started for all staff.<br><br>- a printed statement titled [CNA A] 2/15/2025. The statement included On Tuesday [02/11/2025] I did not have any issues with [Resident #2]. On Thursday [02/13/2025] when I was trying to transfer him [Resident #2] to the bed he started hitting everything, scratching his face. His friend from B bed [Resident #3] got up and was peeking through the curtain trying to talk to him and get his attention so I told him to go to the other side of the curtain. He was banging his arm on the rail. That's how he acts when I put him back to bed. I told the nurse he was acting out again. The nurse went in the room but by that time he was settled in bed and calm. I gave him a shower in the shower room and I didn't have any problems, it's when I try to put him in bed. I never hit [Resident #2], I put my arm up to keep him from hitting me. I did notice a healing bruise to his right shoulder area when I changed him.<br><br>- a printed statement titled 8/15/2025 [Resident #2's] Statement. The statement included I don't like [CNA A] no more. I got mad with [CNA A] because she did not let me play games .I was trying to keep playing the games and [CNA A] don't let me play. She keeps punching me. Look, see? (shows bruising to right upper arm.) I hit [CNA A] and then she hit me on purpose.<br><br>- Six Resident Safe Surveys, dated 02/15/2025, completed by RN K and the LSW on residents with rooms on 300-hall [hall Resident #2's room was located and CNA A's assigned hall]. All residents noted to select that they felt safe in the facility.<br><br>- a copy of the self-report for incident #564291, sent by the ADMIN on 02/15/2025 at 03:32 p.m.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0600<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | - a copy of Resident #2's Trauma Informed Care Assessment, dated 02/15/2025 at 03:12 p.m. and signed by the DON. The assessment reflected Resident #2 had experienced an unusually or especially frightening, horrible, or traumatic event and he had nightmares about the event(s), but he did not need to try hard to not think about the event(s), was not on constant guard, did not feel detached from people or activities, or feel guilty or unable to stop blaming himself.<br><br>- a copy of Resident #2's Pain Evaluation, dated 02/15/2025 at 03:12 p.m. and signed by the DON. The evaluation reflected, Resident #2 denied pain or hurting at any time in the last 5 days. Under Conclusion, NO pain, intervention is not necessary. Re-assess quarterly or with onset of pain. was selected and a documented note, assessment completed due to abuse allegation and bruising noted. Resident states he currently does not have pain. was included under Progress Notes.<br><br>- a copy of Resident #2's Weekly Skin Assessment Report, dated 02/15/2025 at 03:14 p.m. and signed by the DON. The report reflected Resident #2 had three light yellow bruises on his abdomen, a purple bruise on his left ear, five yellow to purple bruises on his right upper arm. He did not have any open injuries and was not in pain. Resident #2's PCP and RP were noted to have been notified on 02/15/2025.<br><br>Record review of the facility's document, Inservice Attendance Record, labeled with topic Abuse, Neglect, Self Report, Involuntary Exclusion, received 02/20/2025 but dated 02/25/2025, reflected 82 of 146 staff had completed the training. Of the clinical staff that completed the training, 16 of 34 were CNAs from multiple shifts, 13 of 22 were LPNs from multiple shifts, 2 were weekend RNS of 7 RNs, and 15 of 32 were therapy staff. 45 of the total facility staff were identified as not full-time staff with 10 staff labeled as part-time employees, 32 staff labeled as working PRN (as needed), and 3 staff labeled as LOA (on leave of absence).<br><br>Record review of the police report, dated as reported 02/18/2025 at 03:24 p.m., reflected Resident #2's RP reported Resident #2 was assaulted by a staff member. The general report noted the officer spoke with the facility LSW, the DON, and Resident #2's RP at the facility. The report noted the officer was advised by his supervisor sergeant to notify the criminal investigation department.<br><br>Record review of the facility's policy Abuse Prevention Program, dated as revised December 2016, reflected a policy statement which stated, Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. Policy Interpretation and Implementation stated As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone including, but not necessarily limited to: facility staff . 4. Implement measures to address factors that may lead to abusive situations, for example: a. Provide staff with opportunities to express challenges related to their job and work environment without reprimand or retaliation; .<br><br>The noncompliance was identified as past non-compliance IJ. The noncompliance began on 02/15/2025 and ended on 02/19/2025. The facility corrected the non-compliance before the investigation began. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447<br><br>Based on observations, interviews, and record reviews the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and time frames to meet a resident's medical, nursing and mental and psychosocial needs that were identified in the comprehensive assessment for 1 (Resident #4) of 5 residents reviewed for care plans.<br><br>The facility failed to implement and ensure Resident #4 was assessed for physical and occupational therapy as care planned, dated 10/25/24.<br><br>This deficient practice could place residents at risk of not being provided with the necessary care or services and implementing personalized plans developed to address their specific needs.<br><br>The findings included:<br><br>Record review of Resident #4's Admission Record, dated 02/25/2025, reflected a 61- year-old male. He was admitted to the facility on [DATE].<br><br>Record review of Resident #4's Medical Diagnosis list, undated but accessed 02/25/2025, reflected Resident #4 was noted to have diagnoses which included cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery (a stroke caused by a blood vessel blockage on the right side of the brain) and age-related physical debility (a condition of worsening functional status such as increased muscle weakness, exhaustion, and frequent falls).<br><br>Record review of Resident #4's Quarterly MDS, signed as completed on 02/24/2025 by the MDS Nurse, reflected Resident #4 had a BIMS score of 11, which indicated he was mildly cognitively impaired. He was documented as not having potential indicators of psychosis or behavioral symptoms. He was documented as having had upper extremity (shoulder, elbow, wrist, hand) impairment on one side and lower extremity (hip, knee, ankle, foot) impairment on both sides. He did not use a wheelchair and was dependent (requiring a helper for all of the effort) for all self-care abilities, to roll left and right, and for tub/shower transfers. He received zero (0) minutes of speech-language pathology and audiology services, occupational therapy, and physical therapy. He received seven (7) of seven (7) days of respiratory therapy.<br><br>Record review of Resident #4's Care Plan, dated as last review completed 02/24/2025, reflected Resident #4 had the following focuses and interventions:<br><br>- He required assistance with ADL's due to cognitive and physical impairment, with interventions including, Bed Mobility: I require assistance in self performance [sic] with 2 person [sic] physical assistance staff support.<br><br>- He was at risk for falls due to an unsteady gait, with interventions including, Rehab Therapy will screen me PRN, or quarterly, or per facility protocol if I am needing any rehab therapy.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #4's Order Summary Report, dated 02/24/2025, reflected Resident #4 had an active order, dated 11/15/2024 for PT/OT/ST to evaluate and treat.<br><br>Record review of Resident #4 Interdisciplinary Screen, dated 11/2024 with day of month not legible and year documented incorrectly, and signed by ST L. The screen was completed to indicate Resident #4 was recommended for referral to PT, OT, and ST with evaluation and treatment orders needed.<br><br>Record review of Resident #4's Progress Notes reflected the following entries:<br><br>- Nursing note written by LPN G, dated 12/15/2024 at 04:59 p.m., reflected Residents [sic] wife states his lower extremities have become increasingly harder for her to move and he is having increase [sic] discomfort. States that this is a big change while moving him. New order from [Resident #4's PCP] for PT/OT to evaluate and treat.<br><br>- Activities Note written by RN J, dated 12/18/2024 at 05:40 p.m., reflected Resident had unwitnessed fall and found sitting on floor at approximately 1710 [05:10 p.m.]. Resident stated, 'I put my bottom on the floor'. Resident denies hitting his head .Resident denies physical pain and states 'my [NAME] hurts is all' .No acute distress noted and will continue to monitor.<br><br>- Interdisciplinary Note by ST L, dated 12/23/2024 at 03:28 p.m., reflected SLP cognitive communicative screen completed this date. Pt [patient] follows simple commands with moderate cues and with delayed auditory processing speed needed to respond in a timely manner. Pt speaks over the trach without the speaking valve; however, it is recommended to complete a full wear/tolerance PMSV assessment with RT at bedside. Reported to [the DON] .SLP to f/u with [the DOR's name], DOR in order to initiate skilled SLP services.<br><br>During an observation and interview on 02/21/2025 at 11:16 a.m., Resident #4 was observed to be lying in bed. The resident stated he did not like living at the facility and he had not received therapy. He stated he was not sure why, but the staff did not want to do anything. He stated staff just walk in and walk out. That is all they do. He stated he did not believe he experienced a decline in his status, reporting I've been the same here.<br><br>During an interview on 02/24/2025 at 01:12 p.m., the DOR stated referrals for therapy could be initiated following a resident fall and following a request for therapy. She stated the therapy referral would be reviewed by the business office first to determine if therapy could pick them up for services. The DOR stated if a resident was not approved for therapy by their insurance, they may go to restorative. She stated residents may be on restorative therapy by referral or need, but the DON or ADON would sign the paperwork. The DOR stated Resident #4 had not been on therapy yet due to his insurance having not approved payment. She stated he recently had a care plan meeting, which included his RP. She stated Resident #4's RP asked about a swallow study, but the ST found he was not a good candidate. She stated he was scheduled to be reassessed on 03/03/2025.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/24/2025 at 02:36 p.m., the DOR stated Resident #4 was screened by speech therapy at the time of his admission, 11/15/2024, and he was found to not be appropriate for speech therapy. She stated the screen included comments for Resident #4 to be referred to physical therapy and occupational therapy. She stated he was not referred to physical or occupational therapy at that time due to him having been Medicaid pending, meaning he did not have insurance coverage. She stated she was unsure if out-of-pocket payment was discussed. She stated in December 2024, Resident #4's RP was adamant about Resident #4 receiving speech therapy and he was screened again. She stated speech therapy completed a second screen and recommended Resident #4 be evaluated by respiratory therapy and speech did not pick Resident #4 up because of his payor source. The DOR stated Resident #4 would be switching to a different Medicaid soon, which was discussed during his 02/21/2025 care planning meeting with his RP and Resident #4 would be assessed for PT/OT/ST on 03/03/2025. The DOR stated Resident #4 had not received restorative care because it was ultimately up to PT, OT, and ST's discretion and ST assessed during his screen that he was high risk. She stated PT and OT determined Resident #4 was not appropriate for restorative and were waiting for insurance to approve skilled services or PT, OT, and ST.<br><br>During an interview on 02/25/2025 at 09:29 a.m., Resident #4's RP stated Resident #4 had zero rehabilitation since he was admitted . She stated she was told it was due to insurance, that Resident #4 did not have the right insurance. She stated that she also couldn't pay for rehabilitation herself. She stated the facility had not mentioned providing restorative services. She stated Resident #4 had become a lot weaker, and he had not moved since he had been put in that bed. She stated they were not providing any type of movement for him, such as moving his arms or legs. She stated the facility should have at least provided him speech therapy, but that it all came down to finance or Medicaid. She stated one of her main concerns about his care at the facility was due to his lack of therapy.<br><br>During an interview and record review on 02/25/2025 at 12:39 p.m., a policy on facility response to a therapy order was requested. The DON stated she was not sure if a policy existed because the order first went to insurance and other things. At 12:45 p.m., the DON brought the facility policy, Medication and Treatment Orders, dated as revised July 2016. The policy reflected, Orders for medications and treatments will be consistent with principles of safe and effective order writing. The policy did not mention the facility process for therapy referrals or treatment order provision. The DON stated this policy was all she could find.<br><br>During an interview on 02/25/2025 at 11:00 a.m., the DOR stated the ST Interdisciplinary screen, completed in November of 2024, and the progress note by ST, dated 12/23/2024, were the only therapy assessment documents for Resident #4. She stated PT and OT verbally discussed Resident #4, but the PT and OT staff members never documented or completed screens or assessments on Resident #4. She stated she had since told her PT and OT staff her expectation was for them to document their assessments from now on.<br><br>During an interview on 02/25/2025 at 01:03 p.m., the DON stated the process for therapy orders was for the order to go to therapy. She stated the DOR would generally discuss the order with myself and we would submit the evaluation or discuss it with the administrator about pro [NAME] (refers to professional work undertaken voluntarily and without payment) or about restorative services. She stated the insurance review would be completed first and therapy screening would depend on the resident's insurance type. She stated if a resident was at the facility for months, she would expect the resident to have received some type of therapy or restorative service.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/25/2025 at 01:31 p.m., the ADMIN stated following a therapy referral, the DOR would have been notified of the referral and the facility would look at the resident's payor source. She stated residents would often get enrolled into restorative care if there was a delay in therapy approval. The ADMIN stated residents and their families were educated on the options and barriers for insurance to approve therapy services. She stated if a resident had a detrimental effect from having not received therapy services, the facility would discuss the case individually. She stated a restorative order would come from a physician and therapy would discuss that order. She stated her expectation for residents would be that they should have received therapy or restorative, but there were times where she had to authorize it due to lack of payor source. She stated the impact of a resident having not received therapy or restorative over a few months would be individualized for each resident, case by case.<br><br>Record review of the facility policy Requests for Therapy Services, dated as revised April 2007, reflected under Policy Statement, Therapy services must be ordered by the resident's attending physician., and under Policy Interpretation and Implementation, 2. Once an order is obtained, the director of nursing services shall forward a request to the therapist. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51512<br><br>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assured the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 4 residents (Resident #1) reviewed for pharmacy services.<br><br>1. The facility failed to administer Resident #1's ordered seizure medications of Lamictal and Phenobarbital on 2/18/2025 and 2/19/2025, resulting in 5 missed doses of Lamictal and 2 missed doses of Phenobarbital.<br><br>2. The facility failed to administer Resident #1's medication (Ativan) per physician's orders for two doses on 2/19/2025 and 2/20/2025. This PRN medication was ordered to be administered as needed for seizure and was administered for agitated and anxious behaviors.<br><br>These failures could place residents at risk of increased seizure activity, unintended effects of a medication, or decline in health.<br><br>Findings include:<br><br>Record review of Resident #1's face sheet, dated 2/17/2025, indicated a [AGE] year old male who was admitted to the facility on [DATE]. Resident #1 had relevant diagnoses of tracheostomy (a surgically created opening in the windpipe to provide an airway for breathing) unspecified dementia (progressive disorder that impairs thought processes, such as memory, thinking, reasoning, and decision-making causing interference with daily life and activities), schizophrenia (chronic mental health condition that causes difficulty distinguishing reality from their own thoughts and affects a person's thoughts, feelings, and behavior), anxiety disorder (mental health condition characterized by excessive worry, fear, and/or nervousness that can significantly interfere with daily life), and other seizures (neurological condition that can cause loss of consciousness, convulsions, and changes in behavior).<br><br>Record review of Resident #1's clinical file reflected the MDS was not available for review as resident was a new admission and the MDS had not been submitted at time of the survey.<br><br>Record review of Resident #1's active orders included the following medications:<br><br>1. Lamictal oral tablet 25mg (Lamotrigine): Give 1 tablet enterally two times a day for seizures (start date 2/18/2025)<br><br>2. Phenobarbital oral tablet 64.8mg (Phenobarbital): Give 1 tablet enterally one time a day for seizures (start date 2/18/2025)<br><br>3. Phenobarbital oral tablet 97.2mg (Phenobarbital): Give 1 tablet enterally at bedtime for seizures (start date 2/18/2025)<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675171 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/25/2025 |
|---|---|---|---|

| 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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 4. Ativan oral tablet 1mg (Lorazepam): Give 1 tablet enterally every 6 hours as needed for seizures for 14 days (start date 2/18/2025)<br><br>Record review of Resident #1's MAR for February 2025 reflected the following:<br><br>1. 2/18/2025:<br><br>a. 08:00 AM Lamictal 25mg, not given (code 9)<br><br>b. 08:00 PM Lamictal 25mg, not given (code 9)<br><br>2. 2/19/2025:<br><br>a. 08:00 AM Lamictal 25mg, not given (code 9)<br><br>b. 08:00 AM Phenobarbital 64.8mg, not given (code 9)<br><br>c. 12:16 PM Ativan 1mg (code E)<br><br>d. 08:00 PM Lamictal 25mg, not given/blank entry<br><br>e. 08:00 PM Phenobarbital 97.2mg, not given/blank entry<br><br>3.2/20/2025:<br><br>a. 12:24 AM Ativan 1mg (code E)<br><br>b. 08:00 AM Lamictal 25mg, not given (code 9)<br><br>The codes used within the MAR were notated within the legend. Code 9 represented other/see nurse's notes and code E represented effective.<br><br>Record review of Resident #1's progress notes from 2/18/2025 did not reflect documentation regarding 08:00AM dose or 20:00 dose of Lamictal.<br><br>Record review of Resident #1's progress notes from 2/19/2025, indicated on 08:00 AM entry the resident was transferred to the Emergency Department for replacement of foley catheter in the morning and returned by 12:19 PM entry. The time of departure from the facility was not explicitly stated, but the resident was able to receive other medications scheduled for 08:00 AM administration, as notated on the MAR. The 08:00AM omitted doses of Lamictal and Phenobarbital were not referenced in any entry on this day. The entry on 12:19 PM documented combative behavior requiring restraint application. This entry coincides with the time of PRN Ativan administration on the MAR. There was no documentation of seizure activity in any entry on 2/19/2025 warranting Ativan administration. There was also no entry on this date explaining the omission of 8:00 PM dose of Lamictal.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of Resident #1's Progress notes, from 2/20/2025, reflected the resident exhibited increase anxiousness, attempts to get out of bed, and resident fall. This entry noted corresponding Ativan administration from MAR (documented as given at 12:24 AM ). This entry did not describe seizure activity. Further review did not reflect any documentation on this date explaining the omitted 08:00 AM dose of Lamictal.<br><br>Record review of Resident #1's Daily Skilled Nursing Assessments were present in the medical record for dates 2/19/2025 and 2/20/2025 but did not contain any documentation regarding medications Lamictal, Phenobarbital, or Ativan. These notes also did not contain any documentation of seizure activity.<br><br>In an observation and interview conducted on 2/21/2025 at 2:56 PM, revealed LPN C was unsure why Resident #1 did not receive several medications on 2/18/2025 through 2/20/2025. LPN C initially stated Resident #1 was able to receive PRN Ativan for agitation. LPN C then recanted her statement and stated Ativan was ordered for seizure and she would not administer for agitation because the order stated seizure. LPN C stated she thought Resident #1 received the dose of Ativan the day prior (2/20/2025) for agitation but maybe the nurse who gave it (LPN D) saw a seizure. LPN C then asked LPN D if Resident #1 had any medication orders for agitation, LPN D replied yes, Resident #1 had an order for Ativan. LPN C asked if the resident still received the medication even though the medication was ordered for seizure. LPN D stated yes, but we also give it for anxiety, so the resident could get it. LPN D stated the medication was effective for managing agitation when given to this resident .<br><br>An interview with NP I, a practitioner of the group providing care for Resident #1, was conducted on 2/25/2025 at 9:12 AM. NP I stated every medication, which included Ativan, should be administered specifically as ordered. NP I declined to answer any questions specific to the resident because she was the on-call practitioner for the group and had not entered the orders in question.<br><br>An interview was conducted with the DON on 2/25/2025 at 12:55 PM. The DON stated upon admission, residents' medications were entered into the EMR and then faxed to the corresponding pharmacy and were typically delivered that evening or in the morning, depending on the time the orders were sent to the pharmacy. The DON stated if medications were unavailable from the pharmacy, then the staff would utilize medications from the e-kit stock. The DON stated if medications were also unavailable in the e-kit, the staff would let the doctor know, and the doctor may not want a different medication and request the staff just wait and administer the medication once it became available. The DON stated she monitored medications that were unavailable by reviewing daily pharmacy reports and followed up with the staff. The DON was unsure if Lamictal was included in the e-kit formulary . The DON stated when medications were omitted, staff used code 9 on the MAR to indicate the medication was not given. The documentation entered into the MAR would then populate to a progress note or a skilled nursing note. The DON was notified the documentation could not be found regarding omitted doses of medication on 2/18/2025 through 2/20/2025. The DON stated she was aware of Resident #1 not receiving some medications after admission because they were either specialty medications or there were insurance issues, but she was not sure which reason exactly. She was not sure why he did not receive medication Lamictal specifically. The DON indicated awareness that Resident #1 received PRN Ativan for agitation and the order stated seizure. She said the staff should have clarified with the doctor before administering the Ativan for agitation .<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of the facility's policy Medication Orders (effective March 2015) section C. reflected the prescriber is contacted by nursing to verify or clarify an order (e.g . the directions are confusing) and section D. the prescriber is contacted by nursing for direction when delivery of a medication will be delayed or the medication is not or will not be available.<br><br>Record review of the facility's policy Medication Ordering and Receiving From Pharmacy IC5: Emergency Pharmacy Service and Emergency Kits (updated 5/24/17), item G. revealed when medication for which there is a current prescription is not readily available . the nurse confers with the prescriber to determine whether the order is a true emergency, i.e ., order cannot be delayed until the scheduled pharmacy delivery . If the medication is not available in the State Safe, the nurse contacts the pharmacy, using the after-hours emergency number(s) if necessary. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 675171 | A. Building<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0825<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or get specialized rehabilitative services as required for a resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46447<br><br>Based on interviews and record reviews, the facility failed to provide specialized rehabilitative services such as but not limited to physical therapy, speech therapy-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as required in the resident's comprehensive plan of care for 1 (Resident #4) of 5 residents reviewed for specialized rehabilitative services.<br><br>The facility failed to ensure Resident #4 received PT/OT/ST evaluations and treatments per physician order dated 11/15/2024.<br><br>This deficient practice could place residents who required rehabilitative services at risk of a decline or decrease in their physical capabilities.<br><br>The findings included:<br><br>Record review of Resident #4's Admission Record, dated 02/25/2025, reflected a 61- year-old male. He was admitted to the facility on [DATE].<br><br>Record review of Resident #4's Medical Diagnosis list, undated but accessed 02/25/2025, reflected Resident #4 was noted to have diagnoses which included cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery (a stroke caused by a blood vessel blockage on the right side of the brain) and age-related physical debility (a condition of worsening functional status such as increased muscle weakness, exhaustion, and frequent falls).<br><br>Record review of Resident #4's Quarterly MDS, signed as completed on 02/24/2025 by the MDS Nurse, reflected Resident #4 had a BIMS score of 11, which indicated he was mildly cognitively impaired. He was documented as not having potential indicators of psychosis or behavioral symptoms. He was documented as having had upper extremity (shoulder, elbow, wrist, hand) impairment on one side and lower extremity (hip, knee, ankle, foot) impairment on both sides. He did not use a wheelchair and was dependent (requiring a helper for all of the effort) for all self-care abilities, to roll left and right, and for tub/shower transfers. He received zero (0) minutes of speech-language pathology and audiology services, occupational therapy, and physical therapy. He received seven (7) of seven (7) days of respiratory therapy.<br><br>Record review of Resident #4's Care Plan, dated as last review completed 02/24/2025, reflected Resident #4 had the following focuses and interventions:<br><br>- He required assistance with ADL's due to cognitive and physical impairment, with interventions including, Bed Mobility: I require assistance in self performance [sic] with 2 person [sic] physical assistance staff support.<br><br>- He was at risk for falls due to an unsteady gait, with interventions including, Rehab Therapy will screen me PRN, or quarterly, or per facility protocol if I am needing any rehab therapy.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0825<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident #4's Order Summary Report, dated 02/24/2025, reflected Resident #4 had an active order, dated 11/15/2024 for PT/OT/ST to evaluate and treat.<br><br>Record review of Resident #4 Interdisciplinary Screen, dated 11/2024 with day of month not legible and year documented incorrectly, and signed by ST L. The screen was completed to indicate Resident #4 was recommended for referral to PT, OT, and ST with evaluation and treatment orders needed.<br><br>Record review of Resident #4's Progress Notes reflected the following entries:<br><br>- Nursing note written by LPN G, dated 12/15/2024 at 04:59 p.m., reflected Residents [sic] wife states his lower extremities have become increasingly harder for her to move and he is having increase [sic] discomfort. States that this is a big change while moving him. New order from [Resident #4's PCP] for PT/OT to evaluate and treat.<br><br>- Activities Note written by RN J, dated 12/18/2024 at 05:40 p.m., reflected Resident had unwitnessed fall and found sitting on floor at approximately 1710 [05:10 p.m.]. Resident stated, 'I put my bottom on the floor'. Resident denies hitting his head .Resident denies physical pain and states 'my [NAME] hurts is all' .No acute distress noted and will continue to monitor.<br><br>- Interdisciplinary Note by ST L, dated 12/23/2024 at 03:28 p.m., reflected SLP cognitive communicative screen completed this date. Pt [patient] follows simple commands with moderate cues and with delayed auditory processing speed needed to respond in a timely manner. Pt speaks over the trach without the speaking valve; however, it is recommended to complete a full wear/tolerance PMSV assessment with RT at bedside. Reported to [the DON] .SLP to f/u with [the DOR's name], DOR in order to initiate skilled SLP services.<br><br>During an observation and interview on 02/21/2025 at 11:16 a.m., Resident #4 was observed to be lying in bed. The resident stated he did not like living at the facility and he had not received therapy. He stated he was not sure why, but the staff did not want to do anything. He stated staff just walk in and walk out. That is all they do. He stated he did not believe he experienced a decline in his status, reporting I've been the same here.<br><br>During an interview on 02/24/2025 at 01:12 p.m., the DOR stated referrals for therapy could be initiated following a resident fall and following a request for therapy. She stated the therapy referral would be reviewed by the business office first to determine if therapy could pick them up for services. The DOR stated if a resident was not approved for therapy by their insurance, they may go to restorative. She stated residents may be on restorative therapy by referral or need, but the DON or ADON would sign the paperwork. The DOR stated Resident #4 had not been on therapy yet due to his insurance having not approved payment. She stated he recently had a care plan meeting, which included his RP. She stated Resident #4's RP asked about a swallow study, but the ST found he was not a good candidate. She stated he was scheduled to be reassessed on 03/03/2025.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0825<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/24/2025 at 02:36 p.m., the DOR stated Resident #4 was screened by speech therapy at the time of his admission, 11/15/2024, and he was found to not be appropriate for speech therapy. She stated the screen included comments for Resident #4 to be referred to physical therapy and occupational therapy. She stated he was not referred to physical or occupational therapy at that time due to him having been Medicaid pending, meaning he did not have insurance coverage. She stated she was unsure if out-of-pocket payment was discussed. She stated in December 2024, Resident #4's RP was adamant about Resident #4 receiving speech therapy and he was screened again. She stated speech therapy completed a second screen and recommended Resident #4 be evaluated by respiratory therapy and speech did not pick Resident #4 up because of his payor source. The DOR stated Resident #4 would be switching to a different Medicaid soon, which was discussed during his 02/21/2025 care planning meeting with his RP and Resident #4 would be assessed for PT/OT/ST on 03/03/2025. The DOR stated Resident #4 had not received restorative care because it was ultimately up to PT, OT, and ST's discretion and ST assessed during his screen that he was high risk. She stated PT and OT determined Resident #4 was not appropriate for restorative and were waiting for insurance to approve skilled services or PT, OT, and ST.<br><br>During an interview on 02/25/2025 at 09:29 a.m., Resident #4's RP stated Resident #4 had zero rehabilitation since he was admitted . She stated she was told it was due to insurance, that Resident #4 did not have the right insurance. She stated that she also couldn't pay for rehabilitation herself. She stated the facility had not mentioned providing restorative services. She stated Resident #4 had become a lot weaker, and he had not moved since he had been put in that bed. She stated they were not providing any type of movement for him, such as moving his arms or legs. She stated the facility should have at least provided him speech therapy, but that it all came down to finance or Medicaid. She stated one of her main concerns about his care at the facility was due to his lack of therapy.<br><br>During an interview and record review on 02/25/2025 at 12:39 p.m., a policy on facility response to a therapy order was requested. The DON stated she was not sure if a policy existed because the order first went to insurance and other things. At 12:45 p.m., the DON brought the facility policy, Medication and Treatment Orders, dated as revised July 2016. The policy reflected, Orders for medications and treatments will be consistent with principles of safe and effective order writing. The policy did not mention the facility process for therapy referrals or treatment order provision. The DON stated this policy was all she could find.<br><br>During an interview on 02/25/2025 at 11:00 a.m., the DOR stated the ST Interdisciplinary screen, completed in November of 2024, and the progress note by ST, dated 12/23/2024, were the only therapy assessment documents for Resident #4. She stated PT and OT verbally discussed Resident #4, but the PT and OT staff members never documented or completed screens or assessments on Resident #4. She stated she had since told her PT and OT staff her expectation was for them to document their assessments from now on.<br><br>During an interview on 02/25/2025 at 01:03 p.m., the DON stated the process for therapy orders was for the order to go to therapy. She stated the DOR would generally discuss the order with myself and we would submit the evaluation or discuss it with the administrator about pro [NAME] (refers to professional work undertaken voluntarily and without payment) or about restorative services. She stated the insurance review would be completed first and therapy screening would depend on the resident's insurance type. She stated if a resident was at the facility for months, she would expect the resident to have received some type of therapy or restorative service.<br><br>(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<br>B. Wing | 02/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Meridian Care | 7181 Crestway Dr<br>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 0825<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During an interview on 02/25/2025 at 01:31 p.m., the ADMIN stated following a therapy referral, the DOR would have been notified of the referral and the facility would look at the resident's payor source. She stated residents would often get enrolled into restorative care if there was a delay in therapy approval. The ADMIN stated residents and their families were educated on the options and barriers for insurance to approve therapy services. She stated if a resident had a detrimental effect from having not received therapy services, the facility would discuss the case individually. She stated a restorative order would come from a physician and therapy would discuss that order. She stated her expectation for residents would be that they should have received therapy or restorative, but there were times where she had to authorize it due to lack of payor source. She stated the impact of a resident having not received therapy or restorative over a few months would be individualized for each resident, case by case.<br><br>Record review of facility policy Requests for Therapy Services, dated as revised April 2007, reflected under Policy Statement, Therapy services must be ordered by the resident's attending physician., and under Policy Interpretation and Implementation, 2. Once an order is obtained, the director of nursing services shall forward a request to the therapist. |