STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675409	A. Building B. Wing	06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Windsor Mission Oaks	3030 S Roosevelt Ave San Antonio, TX 78214

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 4 linen carts (LC #1 and LC #2) reviewed for infection control. The facility failed to ensure clean linen was stored properly on the 100 hall. The facility failed to ensure clean linen was stored properly on the 200 hall. These deficient practices could place residents at risk of infection and decline in health.Findings included: 1. During observation and interview on 6/11/26 at 1:03 pm revealed LC #1 on the 100 hall was uncovered. CNA G said linen carts were not supposed to be uncovered because residents could grab stuff and contaminate supplies on the cart. CNA G said all staff were responsible for ensuring linen cart remained covered when not in use. During an interview on 6/11/26 at 1:09 pm, CNA H said she did not deny that she left LC #1 uncovered. CNA H said linen carts were supposed to be covered because they contained clean linen. CNA H said when linen carts were left uncovered the clean linen could be contaminated, causing cross contamination and possible infections. CNA H further stated that CNAs or anybody that knew linen carts should be covered were responsible for ensuring linen carts were covered when not in use. 2. Observation on 6/12/26 at 5:10 am revealed LC #2 on the 200 hall was uncovered. During an interview on 6/12/26 at 5:14 am, CNA I said the linen cart should have been covered so that germs did not get in it, contaminating the clean linen. CNA I further stated that the CNAs were responsible for ensuring linen carts were covered when not in use. During an interview on 6/12/26 at 1:23 pm, the DON said the cover should be on the linen cart or the linen cart should be in the CNA closet. The DON further stated best practice would have been to have the linen carts covered so they were less accessible to the residents because this could cause cross contamination. The DON said the nurses and CNAs were responsible for ensuring the linen carts remained covered. Record review of the facility's policy titled, Infection Prevention and Control Program, dated 5/13/23, revealed: .The facility will establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.12. Linens: a. Laundry and direct care staff shall handle, store, process, and transport linens to prevent spread of infection.c. Clean linen shall be delivered to resident care units on covered linen carts with covers down. d. Linen shall be stored on all resident care units on covered carts.

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

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