

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2026
NAME OF PROVIDER OR SUPPLIER Parklane West Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Towers Park LN San Antonio, TX 78209	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 5 Resident's room (Resident #2, 3, 4, 5, 6) reviewed for environmental concerns. Water temperatures were less than 100 degrees Fahrenheit in Resident #2, 3, 4, 6's room. Water temperature was more than 110 degrees Fahrenheit in Resident #5's room. This failure could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, and unsafe. The findings were: Record review of Resident #3's admission Record, dated 01/06/26, reflected an admission date of 04/25/25, with diagnoses that included weakness and need for personal assistance. Record review of Resident #3's Quarterly MDS assessment, dated 09/26/25, revealed a BIMS score of 15 out of 15, indicating intact cognition. Record review of Resident #4's admission Record, dated 01/06/26, reflected an initial admission date of 01/19/23 and re-admission date of 11/13/23, with diagnoses that included other speech and language deficits following cerebral infarction (when blood flow to a part of the brain is obstructed), cognitive communication deficit, and dementia (loss of cognitive functioning that interferes with daily life and activities). Record review of Resident #4's Quarterly MDS assessment, dated 09/01/25, revealed a BIMS score of 01 out of 15, indicating severe cognitive impairment. Record review of Resident #5's admission Record, dated 01/06/26, reflected an initial admission date of 03/18/23 and re-admission date of 02/11/24, with diagnoses that included cerebral infarction (when blood flow to a part of the brain is obstructed), weakness, cognitive communication deficit, and dementia (loss of cognitive functioning that interferes with daily life and activities). Record review of Resident #5's Quarterly MDS assessment, dated 09/30/25, revealed a BIMS score of 09 out of 15, indicating moderate cognitive impairment. Record review of Resident #2's admission Record, dated 01/06/26, reflected an initial admission date of 10/03/22 and re-admitted [DATE], with diagnoses that included depression. Record review of Resident #2's Annual MDS assessment, dated 10/29/25, revealed a BIMS score of 01 out of 15, indicating severe cognitive impairment. Record review of Resident #6's admission Record, dated 01/07/26, reflected an admission date of 01/02/26 with diagnoses that included sepsis (life-threatening medical emergency caused by the body's overwhelming response to an infection). Record review of Resident #6's MDS assessment, type unknown, dated 01/07/26, revealed a BIMS score of 04 out of 15, indicating severe cognitive impairment. Observation on 01/08/26 at 03:27PM revealed the Maintenance Director placed a dial instant read thermometer through a stream of water from Resident #3's sink in room [ROOM NUMBER]. It revealed the temperature was 78.1 degrees Fahrenheit. Resident #3 revealed that when the water was not hot enough he was told to use wipes or hand sanitizer to ensure his hands were clean. Observation on 01/08/26 at 03:38PM revealed the Maintenance Director placed a dial instant read thermometer through a stream of water from Resident #4's sink in room [ROOM NUMBER]. It revealed the temperature was</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 675509
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>78.4 degrees Fahrenheit. Resident #4 was unavailable for an interview. Observation and interview on 01/08/26 at 03:45PM revealed the Maintenance Director placed a dial instant read thermometer through a stream of water from Resident #5's sink in room [ROOM NUMBER]. It revealed the temperature was 118 degrees Fahrenheit. Resident #5 revealed there was hot water available to her and it had not affected her daily life. Observation and interview on 01/08/26 at 03:57PM revealed the Maintenance Director placed a dial instant read thermometer through a stream of water from Resident #2's sink in room [ROOM NUMBER]. The temperature was 80 degrees Fahrenheit. Resident #2 was asleep and did not wake up during observation and interview. Resident #2's RP revealed the water had been too cold for Resident #2's bed baths so nursing staff had to get hot water somewhere else before Resident #2 could receive a bath. Observation and interview on 01/08/26 at 04:03PM revealed the Maintenance Director placed a dial instant read thermometer through a stream of water from Resident #6's sink in room [ROOM NUMBER]. It revealed the temperature was 79.5 degrees Fahrenheit. Resident #6 was unavailable for interview but Resident #6's family member revealed they had not been aware of the temperature of the water from the sink as they were newly admitted and had not gotten the opportunity to notice. Interview on 01/07/25 at 10:05AM, the Maintenance Director revealed there was work being done at a connecting facility and they had to shut off the water for work. He revealed this happened in December 2025 and since then some rooms did not have hot water and they had been moving residents around or supplying hot water from somewhere else. Interview on 01/08/26 at 04:56 PM, the Interim ADM and Operations Manager revealed they scheduled for mechanic to come and fix the hot water on 01/09/26. They revealed they shared utilities with another facility and the other facility had construction that messed up their building's water temperature. They revealed the water temperature had been messed up for 2 to 3 weeks. Interview on 01/09/26 at 11:21 AM, the DON revealed the hot water had been out intermittently since December 2025. She revealed the hot water had worked on and off. She revealed residents were made aware if their hot water was working or not. She revealed residents were educated to use hand sanitizer or offered wipes to ensure their hands were cleaned. She revealed it was important to have hot water for sinks so residents could have a homelike environment. A policy for water temperatures was requested on 01/09/26 at 01:48PM and the Operations Manager revealed they did not have a policy that was specific for water. Record review of the facility's policy Environmental Safety, dated 09/2024, reflected The facility provides a safe, functional, sanitary, and comfortable environment for the residents.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services that assured the accurate acquiring, receiving, dispensing, and administering of medications for 2 of 8 residents (Residents #1 and #2) reviewed for pharmacy services. On 01/06/25, Resident #1 received the following medications late: Apixaban Oral Tablet 2.5 MG, Polyethylene Glycol 3350 Powder, Thiamine HCl Oral Tablet 100 MG, Multivitamin-Minerals Oral Tablet, Megestrol Acetate Oral Suspension 40 MG/ML, levETIRAcetam Oral Solution 500MG/5ML, Ascorbic Acid Oral Tablet 500 MG, Metoprolol Tartrate Oral Tablet 25 MG, and Lidocan External Patch 5%. On 01/07/25, Resident #1 received the following medications late: Ascorbic Acid Oral Tablet 500 MG, Megestrol Acetate Oral Suspension 40 MG/ML, Polyethylene Glycol 3350 Powder, Thiamine HCl Oral Tablet 100 MG, levETIRAcetam Oral Solution 500MG/5ML, Multivitamin-Minerals Oral Tablet, Lidocan External Patch 5%, and Metoprolol Tartrate Oral Tablet 25 MG. On 01/08/25, Resident #1 received the following medications late: Lidocan External Patch 5%, Ascorbic Acid Oral Tablet 500 MG, levETIRAcetam Oral Solution 500MG/5ML, Megestrol Acetate Oral Suspension 40 MG/ML, Multivitamin-Minerals Oral Tablet, Thiamine HCl Oral Tablet 100 MG, Apixaban Oral Tablet 2.5 MG, and Metoprolol Tartrate Oral Tablet 25 MG. On 01/08/25, Resident #2 received the following medications late: Lexapro Oral Tablet 5 MG, Artificial Tears Ophthalmic Solution 1%, Aspirin Oral Tablet Delayed Release 81 MG, Calcium 600 Oral Tablet 600 MG, Namenda Oral Tablet 10 MG, Aldactone Oral Table 25 MG, Ferrous Sulfate Oral Tablet 325 MG, Carvedilol Oral Tablet 6.25 MG, and Bumex Oral Tablet 1 MG This deficient practice could place residents at risk of not receiving the intended therapeutic benefit of the medication, could result in worsening or exacerbation of chronic medical conditions. The findings were: 1. Record review of Resident #1's admission Record, dated 01/07/26, reflected an initial admission date of 09/27/25 and re-admitted [DATE], with diagnoses that included hypertension (high blood pressure), low back pain, and atrial fibrillation (irregular and often rapid heart rhythm that can lead to blood clots). Record review of Resident #1's admission MDS assessment, dated 10/04/25, revealed a BIMS score of 05 out of 15, which indicated severe cognitive impairment. Record review of Resident #1's order summary report, dated 01/09/26, revealed the following orders:- Apixaban Oral Tablet 2.5 MG. Give 1 tablet by mouth two times a day for anticoagulant, with start date 12/30/2025- Polyethylene Glycol 3350 Powder. Give 17 gram by mouth one time a day for bowel care mix with 4 oz of water, with start date 10/13/2025- Thiamine HCl Oral Tablet 100 MG. Give 1 tablet by mouth one time a day for supplement, with start date 10/13/2025- Multivitamin-Minerals Oral Tablet. Give 1 tablet by mouth one time a day for supplement, with start date 12/31/2025- Megestrol Acetate Oral Suspension 40 MG/ML. Give 20 ml by mouth one time a day for appetite, with start date 10/13/2025- levETIRAcetam Oral Solution 500MG/5ML. Give 7.5 ml by mouth two times a day for seizures, with start date 12/11/2025- Ascorbic Acid Oral Tablet 500 MG. Give 1 tablet by mouth one time a day for supplement, with start date 12/31/2025- Metoprolol Tartrate Oral Tablet 25 MG. Give 2 tablet by mouth one time a day for HTN HOLD FOR SBP110 DBP 60 OR HR 60bpm, with start date 01/01/2026- Lidocan External Patch 5%. Apply to lower back topically one time a day for pain management, with start date 12/31/2025 Record review of the facility's Medication Admin Audit Report for 01/06/26, dated 01/08/26, revealed:the following medication was administered on 01/06/26 at 10:02AM instead of 07:00AM by MA A:- Apixaban Oral Tablet 2.5 MGthe following medications for Resident #1 were administered on 01/06/26 at 10:36AM instead of at 07:00 AM by MA A:- Polyethylene Glycol 3350 Powder - Thiamine HCl Oral Tablet 100 MG- Multivitamin-Minerals Oral Tablet- Megestrol Acetate Oral Suspension 40 MG/ML- levETIRAcetam Oral Solution 500MG/5ML- Ascorbic Acid Oral Tablet 500 MGthe following medication was</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>administered on 01/06/26 at 10:37AM instead of 07:00AM by MA A:- Metoprolol Tartrate Oral Tablet 25 MGthe following medication was administered on 01/06/26 at 10:37AM instead of 07:00AM by MA A:- Lidocan External Patch 5% Record review of the facility's Medication Admin Audit Report for 01/07/26, dated 01/08/26, revealed:the following medications were administered on 01/07/26 at 10:21AM instead of 07:00AM by MA A:- Ascorbic Acid Oral Tablet 500 MG- Megestrol Acetate Oral Suspension 40 MG/ML- Polyethylene Glycol 3350 Powder - Thiamine HCl Oral Tablet 100 MG- levETIRacetam Oral Solution 500MG/5ML- Multivitamin-Minerals Oral Tabletthe following medication was administered on 01/07/26 at 10:27AM instead of 07:00AM by MA A:- Lidocan External Patch 5%- Metoprolol Tartrate Oral Tablet 25 MG Record review of the facility's Medication Admin Audit Report for 01/08/26, dated 01/08/26, revealed:the following medication was administered on 01/08/26 at 10:14AM instead of 07:00AM by MA A:- Lidocan External Patch 5%the following medications were administered on 01/08/26 at 10:16AM instead of 07:00AM by MA A:- Ascorbic Acid Oral Tablet 500 MG- levETIRacetam Oral Solution 500MG/5ML- Megestrol Acetate Oral Suspension 40 MG/ML- Multivitamin-Minerals Oral Tabletthe following medication was administered on 01/08/26 at 10:17AM instead of 07:00AM by MA A:- Thiamine HCl Oral Tablet 100 MGthe following medication was administered on 01/08/26 at 10:33AM instead of 07:00AM by MA A:- Apixaban Oral Tablet 2.5 MGthe following medication was administered on 01/08/26 at 10:43AM instead of 07:00AM by MA A:- Metoprolol Tartrate Oral Tablet 25 MG 2. Record review of Resident #2's admission Record, dated 01/06/26, reflected an initial admission date of 10/03/22 and re-admitted [DATE], with diagnoses that included depression, acute (developed suddenly) on chronic right heart failure (long-term condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen), hypertension, and Non-ST elevation myocardial infarction (type of heart attack that occurs when there is a partial blockage of an artery). Record review of Resident #2's Annual MDS assessment, dated 10/29/25, revealed a BIMS score of 01 out of 15, which indicated severe cognitive impairment. Record review of Resident #2's order summary report, dated 01/09/26, revealed the following orders:- Lexapro Oral Tablet 5 MG. Give 1 tablet by mouth one time a day for depression, with start date 02/01/2025- Artificial Tears Ophthalmic Solution 1%. Instill 1 application in both eyes two times a day for dry eyes, with start date 05/14/2025- Aspirin Oral Tablet Delayed Release 81 MG. Give 1 tablet by mouth one time a day for heart health, with start date 05/15/2025- Calcium 600 Oral Tablet 600 MG. Give 1 tablet by mouth one time a day for supplement, with start date 09/07/2024- Namenda Oral Tablet 10 MG. Give 1 tablet by mouth one time a day for blood clots, with start date 03/26/2024- Aldactone Oral Table 25 MG. Give 1 tablet by mouth one time a day for CHF, with start date 03/27/2024- Ferrous Sulfate Oral Tablet 325 MG. Give 1 tablet by mouth one time a day for supplement, with start date 09/07/2024- Carvedilol Oral Tablet 6.25 MG. Give 1 tablet by mouth two times a day for High BP Give at breakfast and dinner Hold for SBP less than 110 or HR less than 60, with start date 03/26/2024- Bumex Oral Tablet 1 MG. Give 1 tablet by mouth one time a day for fluid overload, with start date 03/26/2024 Record review of the facility's Medication Admin Audit Report for 01/08/26, dated 01/08/26, revealed:the following medications were administered on 01/08/26 at 10:57AM instead of 07:00AM by MA A:- Lexapro Oral Tablet 5 MG- Artificial Tears Ophthalmic Solution 1%- Aspirin Oral Tablet Delayed Release 81 MG- Calcium 600 Oral Tablet 600 MG- Namenda Oral Tablet 10 MG- Aldactone Oral Table 25 MG- Ferrous Sulfate Oral Tablet 325 MG- Carvedilol Oral Tablet 6.25 MG- Bumex Oral Tablet 1 MG Interview on 01/08/26 at 05:08PM, MA A revealed medications were given late for Residents #1 and #2. She revealed she had been trying to work with the therapy department to be able to work with them and give medications before or after their respective therapy sessions. She also revealed sometimes residents had appointments, so she had to give the residents' medications before they left for their</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>appointments. She further revealed that did not happen often, but that was no excuse. MA A revealed it was important to administer medications on time to follow doctor's orders and to make sure medications were given before there was a second dosage due for certain medications. Interview on 01/09/26 at 06:49 AM, the DON revealed it was not a pattern for residents to be given their medications late. She revealed if medications were late, they would call doctor. She revealed Residents #1 and #2 were in therapy and family visited so that would affect medication administration times. She revealed it was important to administer medications on time to follow the medication regimen and to prevent double dosing. She revealed the residents' doctor and NP were notified about these medications being administered late. Interview on 01/08/26 at 01:15PM. the Interim ADM revealed they did not have a policy that stated the time frame for when medication should be given to a resident. He revealed the facility followed the facility's medication times that were printed on a sheet titled Medication Times for reference, undated, which reflected Medication Times: Day Shift was between 7AM and 10AM and between 12PM and 2PM.</p>		