STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675509	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parklane West Healthcare Center	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect or exploitation were reported no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury to the State Survey Agency for 1 of 1 fire alarm/panels reviewed for freedom from abuse, neglect, and exploitation. The facility failed to report to the State Survey Agency (HHSC) when the facilities fire alarm system and fire panel malfunctioned on 1/23/2026 and on 2/13/2026 when the fire alarm system panel was red tagged and in need of repairs and the facility continued on fire watch and was ongoing. This failure could place residents at risk for neglect from fire and physical harm from a malfunctioning fire alarm system. The findings were: Record review of TULIP from December 2025 to March 2026 revealed there were no facility self-reported incidents for fire watch or for the fire panel receiving a red tag. Record Review of the Fire Watch Log Sheet revealed fire watch was documented from 1/23/2026 to current (3/12/2026). During an observation on 03/12/2026 at 3:58 pm revealed the fire alarm control panel had a red tag indicating it was out of service. Further observation revealed the tag affixed to the panel was dated 2/13/2026 and had a note stating the Card 7 was Missing. During an interview on 3/12/2026 at 4:33 p.m., the Maintenance Director stated confirmation that the fire panel had been red tagged during a fire inspection. He stated he did not remember when this occurred. He stated the inspection company stated some cartridges used in the panel needed to be replaced, a battery needed to be replaced. He stated the fire panel had been giving them a lot of trouble and there was a consistent beeping noise. He stated the facility had been doing fire watch because of the red tag. He stated it was him [NAME] his assistant doing fire watch. He stated he had reported the issue to the Administrator when it occurred. During an interview on 3/12/2026 at 5:09 p.m., the Administrator stated she was a new Administrator as of 2/12/2026 but had worked as an AIT in the facility since October 2026. She stated they had been doing fire watch since 1/23/2026. She stated she was notified of the red tag in February when the sticker was placed on the fire panel. The Administrator stated her understanding was there was a ground fault error code and because it could not be fixed, they had to leave the red tag. The Administrator stated she did not know why it could not be repaired. She stated when fire watch was initiated someone should walk the entire premises every 30 minutes. She stated the repair company had replaced a cartridge on the fire panel, but it did not fix the issues. She stated they were getting another card, but it was an interim repair. She stated the facility would be getting a whole new fire panel. She stated the new fire panel was a process. She stated as of this date, she had improved the new card (cartridge) [a replaceable circuit board card] which was a $1300 repair. She stated the repair had not yet been scheduled and the facility remained on fire watch. The Administrator stated the did not report the facility's need for fire watch in January 2026 or the red tag on the fire panel and continued fire watch on 2/13/2026. She stated she consulted with her Corporate leadership who informed her reporting was not necessary and instead instructed her to email a program manager. The Administrator stated she notified two program managers on 1/23/2026 via email. The Administrator stated she normally self-reported things that might cause harm to a resident (continued on next page)

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

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

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	within two hours. She stated she did not self-report the fire alarm panel receiving a red tag because corporate told her to send the email and not formally self-report. Record review of the facility policy titled Abuse Prevention dated 01/17/2020 revealed: Reporting/Response: All alleged violations will be reported vial phone or in withing 24 hours to the State Licensing Agency.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to maintain all mechanical, electrical, and patient care equipment in safe operating condition for 1 of 1 fire panels reviewed for essential equipment. The facility failed to ensure fire watch was adequately performed according to regulations and facility policy in January 2026-March 2026 when the facilities fire panel malfunctioned in January 2026 and was red tagged on 2/13/2026 and was ongoing. This failure could place residents at risk of injury from undetected fire and patient care equipment not in safe operating condition. The findings were: Record review of the Fire Watch Log Sheet, dated 02/13/2026 to 03/12/2026, revealed it differed from the log sheet that was attached to the facility policy. A review of the documentation revealed: The location of area observed was not documented and there was inconsistent time from for the fire watch. from every 20 minutes to several hours without documentation throughout on evening and night shift provided by the security company. The documentation provided by the nursing facility was from 7:00 to 10:00 am as a start time ending at 5:00-6:00 pm and was documented every 30 minutes but without a location of the observation. During an observation on 03/12/2026 at 3:58 pm revealed the fire alarm control panel had a red tag indicating it was out of service. Further observation revealed the tag affixed to the panel was dated 2/13/2026 and had a note stating the Card 7 was Missing. During an interview on 3/12/2026 at 4:33 p.m., the Maintenance Director stated confirmation that the fire panel had been red tagged during a fire inspection. He stated he did not remember when this occurred. He stated the inspection company stated some cartridges used in the panel needed to be replaced, and a battery needed to be replaced. He stated the fire panel had been giving them a lot of trouble and there was a consistent beeping noise. He stated the facility had been doing fire watch because of the red tag. He stated it was him or his assistant doing fire watch. The Maintenance Director stated they would walk around the facility every 30 minutes where the sprinklers were in all the hallways and on all three floors, including the kitchen and laundry areas. During an interview on 3/12/2026 at 5:09 p.m., the Administrator stated she was a new Administrator as of 2/12/2026 but had worked as an AIT in the facility since October 2026. She stated they had been doing fire watch since 1/23/2026. She stated she was notified of the red tag in February when the sticker was placed on the fire panel. She stated her understanding was there was a ground fault error code and because it could not be fixed, they had to leave the red tag. The Administrator stated she did not know why it could not be repaired. She stated when fire watch was initiated someone should walk the entire premises every 30 minutes. She stated this was done during business hours. She stated they had a contract with a security company in the building next door to provide security and they had been conducting fire watch after hours. She stated the repair company had replaced a cartridge on the fire panel, but it did not fix the issues. She stated they were getting another card, but it was an interim repair. She stated the facility would be getting a whole new fire panel. She stated the new fire panel was a process. She stated it required a bid with three companies. The Administrator stated then her and the Market Leader would agree and then another person from Corporate would coordinate getting the repair done. She stated as of this date, she had improved the new card (cartridge) [a replaceable circuit board card] which was a $1300 repair. She stated the repair had not yet been scheduled. During an interview on 3/12/2026 at 5:45 p.m., the Security Office at the building next door responsible for afterhours security of the facility stated they were aware the nursing facility fire alarms were not functioning normally. He stated they were providing hourly fire watch on the patient floors in the evenings. He stated once every hour, the security guard would come to the facility and look on the patient floors. He stated the security guard had other duties which included security for both buildings, assisting residents in the main building, and assisting with lockouts as needed. During an interview on 3/12/2026 at 5:56 p.m., the Maintenance Director stated he had communicated with the Administrator that the fire panel was in need of repairs. He stated the Administrator was responsible for approval of the repairs. In an (continued on next page)

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	interview on 03/13/2026 at 11:47 a.m., the Regional Maintenance Director confirmed that the Fire Alarm Control Panel in the Nursing Facility was red tagged indicating it was out of service. He stated the system was also red tagged previously on 1/23/2026 due to a ground fault on the door. He stated there was a relay disconnect with the fire doors on the second floor. He stated the facility was conducting fire watches and had been doing so since 1/23/2026 when the system was initially red tagged. He stated he has contacted vendors and ordered parts for the repairs. He stated he would get the system repaired as soon as possible. When asked how this could affect the residents, he said it could place residents that live in the facility at risk due to the fire alarm system failing during an emergency in the event of a fire or other emergency. This could expose residents to smoke inhalation and bodily injuries. When asked how many residents could be affected, he said all residents could be affected. Record review of the Fire Alarm Proposal, dated 3/12/2026 at 6:18 PM, revealed the equipment was ordered and was scheduled to arrive on 3/16/2026. Further Review revealed the repair was scheduled for 3/17/2026. Record review of the facility policy titled Fire Watch Procedure undated revealed: The purpose of a fire watch procedure is to establish a monitoring system in case of a fire protection system failure. In case the facility fire system (alarm/sprinklers) become disabled for any reason .if the fire alarm system becomes disabled for more than 4 hours in a 24 hour period, a fire watch monitoring system shall be implemented. 3. The person in charge will implement fire watch rounds at intervals of 30-60 minutes. All affected areas shall include inside and out of the main building including the kitchen. Complete and sign the fire watch log. 4. The person performing fire watch is only to conduct fire watch. No other duties shall be assigned. Fire watch is continuous (fire watch shall be continuous and all portions of the facility will be checked at least once every 30--60 minutes).