

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 03/19/2026
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, 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 infections for 2 of 2 residents (Residents #1 and #2) reviewed for infection control. The facility failed to ensure MA A cleaned the blood pressure cuff between Resident #1 and Resident #2 on 03/17/2026. This deficient practice could place residents at risk for infections. The findings included: 1.Record review of Resident #1's admission Record, dated 03/18/2026, reflected a [AGE] year-old male. He was initially admitted on [DATE] and re-admitted on [DATE]. Record review of Resident #1's Medical Diagnosis tab, undated and accessed on 03/18/2026 at 12:56 p.m., reflected diagnoses included pneumonitis (the swelling and irritation of the lung tissue), type 2 (two) diabetes mellitus (a condition that develops with the way the body regulates and uses sugar as fuel), and hypertension (condition of high pressure in the vessels that carry blood from the heart to the rest of the body). Record review of Resident #1's Quarterly MDS Assessment, dated 12/18/2025, reflected the resident had a BIMS score of 09, which indicated he had moderate cognitive impairment. He had an active diagnosis of hypertension and no infections in the last seven (7) days of the assessment. He had not received antibiotic (a medication prescribed to treat bacterial infections) medications during the last seven (7) days or since admission/entry. 2.Record review of Resident #2's admission Record, dated 03/18/2026, reflected a [AGE] year-old female. She was initially admitted on [DATE] and re-admitted on [DATE]. Record review of Resident #2's Medical Diagnosis tab, undated and accessed 03/18/2026 at 12:49 p.m., reflected diagnoses included cerebral infarction (a disruption in the brain's blood flow), chronic obstructive pulmonary disease (a type of progressive lung disease), and hypertension. Record review of Resident #2's admission MDS Assessment, dated 01/05/2026, reflected the resident had a BIMS score of 00, which indicated she was severely cognitively impaired. She had an active diagnosis of hypertension and no infections in the last seven (7) days of the assessment. She had not received antibiotic medications during the last seven (7) days or since admission/entry. During an observation on 03/17/2026 at 03:38 p.m., MA A was observed taking Resident #1's blood pressure prior to administering medications to the resident. MA A returned to her medication cart and placed the blood pressure cuff on the cart. MA A did not sanitize the blood pressure cuff. MA A then administered Resident #1 his medications. At 05:10 p.m., MA A then went and took Resident #2's blood pressure with the same cuff. MA A again returned to her medication cart and placed the blood pressure cuff on top of her cart. MA A again did not sanitize the blood pressure cuff. MA A stated she received side-by-side training on medication administration protocols during her facility orientation, started June 11, 2025, and had since completed her re-certification for medication aide and on-line continuing education. During an interview on 03/17/2026 at 05:51 p.m., MA A revealed she did not sanitize the blood pressure cuff between residents because she was trying to find the residents and administer their medications on time. She stated she used to use the sanitizing wipes, but they were not on her cart today, 03/17/2026. She stated, when she did not have the sanitizing wipes, she would use hand sanitizer on paper towels to clean her blood pressure cuff. She stated it was important to sanitize the blood pressure cuff (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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>between residents because there were bacteria on the cuff that could carry from one (1) resident to another. During an attempted interview on 03/19/2026 at 03:50 p.m., Resident #1 was not available for interview. During observation an attempted interview on 03/19/2026 at 04:15 p.m., Resident #2 was observed to not be interviewable. During an interview on 03/19/2026 at 05:13 p.m., the DON revealed the infection control nurse and nurse managers were expected to do skill checks, observations, and provide in-services to staff administering medications. She stated the ADONs were responsible for monitoring medication administration procedures daily. She stated the nurses and medication aides were responsible for restocking the medication carts every shift with the sanitizer wipes, which were available in each facility floor medication room and storage room. She stated she expected staff to use the sanitation wipes to sanitize the blood pressure cuff. She stated the impact of the blood pressure cuff not being sanitized between residents was the residents would be at risk for infections. During an interview on 03/19/2026 at 05:42 p.m., the ADMIN revealed her expectation was for staff to follow the facility protocol, to use the sanitation wipes. She stated the impact of not following the protocol was infection control. She stated the protocol was to ensure the staff do not spread germs. She stated the facility completed skill checks as needed on staff and on an annual basis. Record review of facility policy IPCP Standard and Transmission-Based Precautions, dated last revision/review date 03/2024, reflected: Policy/It is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions.Procedure.2. Contact Precautions (Transmission-Based Precautions of TBP) are used with a known infection that is spread by direct or indirect contact with the resident or the resident's environment (e.g. MDROs). c. Patient-care equipment (e.g., blood pressure cuffs). It is preferred dedicated or disposable patient-care equipment be used. If common use equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.</p>		