

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  04/05/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely for 4 of 30 rooms (Rooms #309, #316, #328, and #330) on the third floor of the facility and 1 of 3 halls (Hall C) on the third floor of the facility, in that:</p> <ol style="list-style-type: none"> <li>1. The facility failed to repair a wall scrape behind a resident bed in room [ROOM NUMBER].</li> <li>2. The facility failed to repair a wall scrape behind a resident bed in room [ROOM NUMBER].</li> <li>3. There were 2 of 3 light bulbs burnt in room [ROOM NUMBER].</li> <li>4. The wall between Rooms #328 and #330 showed signs of water damaged.</li> </ol> <p>These failures could place residents at risk of a diminished quality of life due to exposure to an environment that is unpleasant, unsanitary, and unsafe.</p> <p>The findings included:</p> <p>During an observation tour on 04/05/2024 from 10:45-10:50 a.m. with the Maintenance Director and the Administrator the following was noted:</p> <ol style="list-style-type: none"> <li>1. Resident room [ROOM NUMBER] which was occupied had a scrap on the wall which measured 4x1 feet and included paint removal and was located behind the resident's bed.</li> <li>2. Resident room [ROOM NUMBER] which was occupied had a scrap on the wall which measured 4x1 feet and included paint removal and was located behind the resident's bed.</li> </ol> <p>During an interview with the Maintenance Director and Administrator on 04/05/24 at 11:00 a.m. the Administrator stated that staff uses the TELS work order notification system to alert the Maintenance Director of needed repairs. The Maintenance Director stated that he was not aware of a work order that was placed for wall repair on these two rooms.</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
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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>Record review of facility work orders provided by the Maintenance Director for the time period of 6/6/23 through 3/30/24 did not reveal a work order placed for wall repair in room [ROOM NUMBER] and 316.</p> <p>3. Observation on 04/04/2024 at 01:29 p.m., revealed that in room [ROOM NUMBER] 2 of the 3 light fixtures on top of the resident sink had bulbs that were burnt out and one had a bulb that was very dim.</p> <p>Interview on 04/04/2024 at 1:35 p.m. CNA F and CNA G confirmed 2 of the bulbs were burnt out and the third one was probably going to burn out soon. They confirmed they could electronically report any issue with maintenance. They were not sure how long the bulbs had been burnt</p> <p>Interview on 04/04/2024 at 1:40 p.m. with the resident in room [ROOM NUMBER] revealed she did not have concerns about the bulbs being burnt and revealed that the lights were very dim even with fully functional bulbs. She revealed the bulbs had been burn for 4 to 5 days.</p> <p>Interview with the Administrator on 04/05/2024 at 8:30 a.m. confirmed lights bulbs should not be burnt in residents' rooms and that the staff could report directly to maintenance.</p> <p>4. Observation on 04/04/2024 at 1:38 p.m. revealed the wall between Rooms #330 and #328 was showing sign of water infiltration. The paint was missing toward the middle of the wall by two power plugs. There was a small open area were the ceiling tiles and wall meet.</p> <p>Interview with the Administrator on 04/05/2024 at 8:30 a.m. confirmed he knew about the damage on the wall between Rooms #328 and #330 and the damages had been there for a few weeks. The Administrator revealed there was a problem overtime it rained and the condensation of the air conditioning was also a problem.</p> <p>Record review of the facility's preventative Maintenance and Inspections Policy dated 05/2007 stated that inspections by the Maintenance Director which include resident rooms are to be completed on a regular basis.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46131</p> <p>Based on interviews and record reviews the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 5 residents (Resident 4) reviewed for care plans.</p> <p>The facility failed to care plan Resident #4's self-care for colostomy.</p> <p>This failure could place residents at risk of not having their needs met.</p> <p>Finding Included:</p> <p>Record review of Resident #4's face sheet, dated 4/4/24, revealed an [AGE] year-old male admitted to the facility on [DATE] with the diagnoses that included Acute kidney failure (occurs when your kidneys suddenly become unable to filter waste products from your blood), Chronic obstructive pulmonary disease, (refers to a group of diseases that cause airflow blockage and breathing-related problems), and Anxiety disorder (involves a constant feeling of anxiety or fear).</p> <p>Record review of Resident #4's Quarterly MDS, dated [DATE], revealed a BIMS score of 15, which indicated intact cognition. Section H Bowel and Bladder section C selected indicating colostomy status.</p> <p>Record review of Resident #4's Physician Orders for April 2024 revealed an order for, Change Colostomy bag every three days and PRN (as needed).</p> <p>Interview with LVN C on 4/04/24 at 1:44 p.m. revealed Resident #4 completed his own colostomy care and that there was no care plan indicating Resident #4 did his own colostomy care. LVN further stated that by Resident #4's care plan not being updated not all team members would be aware the resident did his own colostomy care.</p> <p>During an interview with Resident #4 on 4/4/24 at 1:35 p.m. revealed the resident had a colostomy for many years and completed his own colostomy care at facility.</p> <p>Interview with the MDS nurse on 4/4/24 at 2:08 p.m., the MDS nurse stated he was responsible for completing care plans and was aware that Resident #4 had a colostomy however he was unaware Resident #4 was completing his own colostomy care. The MDS nurse further stated that by Resident #4 completing his own colostomy care and it not being care planed the care team risked not all being on the same page in regard to patient care.</p> <p>Interview with the DON on 04/04/24 at 2:10 p.m., The DON stated she was unaware that Resident #4 had been completing his own colostomy care. The DON stated that by the care plan not being updated on Resident #4 to reflect the resident did his colostomy care risked not all team members being aware of the resident's needs.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy title, Comprehensive Care Planning, dated 8/2017, revealed, The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents rights that includes measurable objectives and time frames to meet a residence medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment . when developing the comprehensive care plan, facility staff will, at a minimum, use the minimum data set to assess the residents clinical condition, cognitive and functional status, and use of services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46131</p> <p>Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals were secured properly for 1 of 5 residents (Resident #4) reviewed for medication storage, in that:</p> <p>The facility failed to ensure medications were not left on Resident #4's bed side table.</p> <p>This failure could place residents at risk for not receiving the intended therapeutic benefit of their medications as ordered.</p> <p>The findings were:</p> <p>Record review of Resident #4's face sheet, dated 4/4/24, revealed an [AGE] year-old male admitted to the facility on [DATE] with the diagnosis that included Acute kidney failure (occurs when your kidneys suddenly become unable to filter waste products from your blood), Chronic obstructive pulmonary disease, (refers to a group of diseases that cause airflow blockage and breathing-related problems), and Anxiety disorder (involves a constant feeling of anxiety or fear).</p> <p>Record review of Resident #4's Quarterly MDS, dated [DATE], revealed a BIMS score of 15 which indicated intact cognition.</p> <p>Record review of Resident #4's physician orders for April 2024, reviewed on 4/3/24 did not reveal an order to self-administer medications.</p> <p>Observation on 04/03/2024 at 11:47 a.m. of Resident #4's room revealed there was a bottle of Fluticasone nasal spray 50 mcg, extra-strength Tylenol, and Voltaren gel 1 % on the bedside table</p> <p>In an interview with Resident #4 on 4/3/24 at 12:05 p.m., the resident stated he purchased the over-the-counter medications from an online store and had them on his bedside table since he was admitted back to the facility sometime in November 2003. The resident further stated no one had given him a self-medication assessment.</p> <p>During an interview with CNA B on 04/03/2024 at 12:55 p.m., CNA B stated a bottle of Fluticasone nasal spray 50 mcg, extra-strength Tylenol, and Voltaren gel 1 % were on the bedside table. CNA B stated the medications had been on Resident #4's bedside table for as long as she could recall but did not know why they were there.</p> <p>During an Interview with LVN C, on 4/3/24 at 1:05 p.m., LVN C stated she was the assigned nurse for Resident # 4, and that a bottle of Fluticasone nasal spray 50 mcg, extra-strength Tylenol, and Voltaren gel 1 % were on the bedside table of Resident #4, because Resident #4 became upset when he was asked to move them to the medication cart for safe keeping. LVN C stated a self-medication assessment had not been conducted before the surveyor's intervention and medications left on the bedside table of Resident #4 risked possibly taking more medication than was ordered by the physician.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 04/4/24/ at 9:53 a.m., the DON stated that a bottle of Fluticasone nasal spray 50 mcg, extra-strength Tylenol, and Voltaren gel 1 % were on the bedside table of Resident #4. The DON stated no medication should be left on any resident bedside table without a self-medication assessment, and a signed physician order as lack of risked the resident taking more than the prescribed dosage.</p> <p>Record review of the facility's policy titled, Monitoring a Resident who Self-Administers Medications, undated, revealed, residents who self-administer medications will have a signed physician order.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</b></p> <p>Based on observations, interviews, and record review, the facility failed to ensure that each resident received food that was served at a safe and appetizing temperature for 2 (Residents #1 and #77) of 22 Residents reviewed for palatable food in that:</p> <p>Residents #1 and #77 reported receiving cold food at mealtimes.</p> <p>This failure could place residents at risk of not being satisfied with their food or encouraged to increase their personal food intake with an outcome of weight loss and a diminished quality of life.</p> <p>The findings were:</p> <ol style="list-style-type: none"> <li>Record review of Resident #1's face sheet, dated 4/5/24, revealed the resident was last admitted to the facility on [DATE] with diagnoses including cerebral palsy ( a congenital disorder of movement, muscle tone, or posture), generalized anxiety disorder ( a condition of severe ongoing anxiety that interferes with daily activities), and hypertension( a condition of elevated blood pressure).</li> <li>Record review of Resident # 1's Quarterly MDS, dated [DATE], revealed a BIMS score of 15 which indicated intact cognition.</li> </ol> <p>During an interview with Resident #1 on 4/4/24 at 4:10 p.m., he stated that he had received a number of meals recently that had been cold. Resident #1 stated sometimes the staff offered to heat up the meals and sometimes they did not do so. The resident stated that if he was hungry enough he would just eat the food when it was cold.</p> <ol style="list-style-type: none"> <li>Record review of Resident #77's face sheet, dated 4/5/24, revealed the resident was admitted to the facility on [DATE] with diagnoses including atherosclerotic heart disease ( a condition in which the heart's major blood vessels are damaged), hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), and hyperlipidemia ( a condition in which there are high levels of fat particles in the blood)</li> <li>Record review of Resident #77's Admission MDS, dated [DATE], revealed a BIMS score of 14 which indicated intact cognition.</li> </ol> <p>During an interview with Resident #77 on 4/4/24 at 4:30 p.m. he stated that before the meals served today, in the last three weeks, he had only had 3 meals that were not cold. The resident stated he would just eat the meals cold but he did not like them served that way.</p> <p>During an interview with CNA D on 4/4/24 at 12:45 p.m., CNA D stated she had offered heat up meals in the micro-wave when residents stated that their breakfast or lunch was cold .</p> <p>During an interview with LVN C on 4/4/24 at 1:50 p.m., she stated that some residents had complained about their breakfast and lunch meals being cold. LVN C stated the CNA staff could heat the meals up in the dining room microwave, or an alternative could be offered. LVN C stated she had gone to the kitchen at times to replace the meal when it was cold.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation of breakfast meal service on 4/4/24 at 8:25 a.m. revealed six resident trays were noted to be placed on the top of the closed food cart that was brought to the second floor.</p> <p>During an interview with HR Director who was assisting with passing out the trays, on 4/4/24 at 8:26 a.m., the HR Director stated some of the resident meal trays were placed on top of the food cart to better separate the trays which needed to go into the dining room.</p> <p>During an observation on 4/4/24 at 8:35 a.m. the food temperature taken from one of the trays placed on top of the food cart revealed a temperature of 99.5 for sausage and 116.1 for the egg portion. On another resident's tray which had been on top of the food cart revealed regular sausage with a temp of 102.4 and eggs with a temperature of 122.8.</p> <p>During an observation on 4/4/24 at 8:59 a.m. on the second floor food cart a temperature was taken from a resident's tray noting temperature for sausage of 120.4 and for the egg portion of 119.3</p> <p>During an interview on 04/05/24 at 7:45 a.m. with the Activity Director she stated that the food being cold had been a voiced concern of the residents for the last several months.</p> <p>Record review of FDA Food Code 2022 Annex 2. Reference 3-501.16-Time/Temperature Control for Safety Food Hot and Cold Holding. Referenced the temperature (165 degrees) that hot foods such as eggs and (155 degrees) for sausage should be served at in a long- term care setting.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>27923</p> <p>36232</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen.</p> <ol style="list-style-type: none"> <li>Cook A was preparing food in the kitchen and did not have a facial hair restraint covering his facial hair.</li> <li>The DM wore jewelry on his wrist while engaged in food preparation in the kitchen.</li> <li>In the walk-in cooler there was a quart of heavy cream that was opened and not labeled with a use-by date and a container of Thickened Dairy Beverage past the use-by date.</li> <li>In the dry storage room there were two small plastic bowls filled with crispy rice cereal that were not sealed, labeled and dated, and a #10 can of tomatoes on the floor.</li> <li>The tabletop can opener blade, bar, and base were covered in sticky black and brown grime.</li> </ol> <p>These failures could place residents who received meals and/or snacks from the kitchen at risk for food borne illness.</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Observation on 04/02/2024 at 12:02 PM in the kitchen revealed Cook A completed food preparation for the lunch meal and placed pans on the steam table for meal service. Cook A had facial hair approximately 1/4 to 1/2 in length that extended along his jawline from his sideburns to his chin. Cook A wore a face mask and did not wear a facial hair restraint.</li> </ol> <p>During an interview on 04/02/2024 at 12:03 PM with Cook A he stated he knew he should have worn a facial hair restraint to cover his facial hair and did not wear one because he was usually clean shaven and his mask covered his facial hair.</p> <p>During an interview on 04/02/2024 at 12:04 PM with the DM he stated Cook A had facial hair and should have worn a facial hair restraint.</p> <ol style="list-style-type: none"> <li>Observation on 04/02/2024 at 12:05 PM in the kitchen revealed the DM was wearing a watch on his left hand while engaged in food preparation. The DM used a thermometer to check the temperature of food items placed on the steam table for the lunch meal and was also wrapped a pan of macaroni and cheese for later use.</li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/02/2024 at 12:10 PM with the DM he stated he wore a watch and knew he should not have worn one while engaged in food preparation in the kitchen. The DM stated he was trying to help his staff prepare the lunch meal as they were short staffed that day.</p> <p>3. Observation on 04/02/2024 at 2:15 PM in the walk-in cooler revealed a one-quart container of heavy whipping cream. The container was opened and there was no label or date indicating the use-by date. There was also a one-quart size container of thickened dietary beverage that was opened and labeled 3/22/24.</p> <p>During an interview on 04/02/2024 at 12:16 PM with the DM he stated he did not know when the heavy cream was opened and it was facility policy to discard commercial products 5 days after they were opened. It was the responsibility of the staff member storing the food in the cooler to ensure it was sealed, labeled and dated with a use-by date.</p> <p>4. Observation on 04/02/2024 at 12:20 PM in the dry storage room revealed on a rack two small plastic bowls filled to the top with a crispy rice breakfast cereal. Both bowls were loosely wrapped with plastic wrap. The bowls were not completely sealed with the wrap and cereal spilled from one bowl when it was lifted from the rack. Neither bowl was labeled with a storage or use-by date. There was also a #10 can of tomatoes on the floor along the back wall of the storage room next to the rack that stored #10 cans.</p> <p>During an interview on 04/02/2024 at 12:21 PM with the DM he stated the bowls of cereal should have been sealed in a bag with a zipper-type closure and dated as to when stored and the use-by date. It was the responsibility of the staff member storing the food in the dry storage room to ensure it was sealed, labeled and dated. The DM further stated he knew the can of tomatoes did not belong on the floor and he inadvertently left the can on the floor when he was sorting and stacking the cans on the rack.</p> <p>5. Observation on 04/02/2024 at 2:25 PM in the kitchen revealed the tabletop can opener was covered with sticky grime that was black and brown in color. The grime covered the blade, the plastic insert inside the base, and also surrounded the part of the base that was affixed to the table with screws.</p> <p>During an interview on 04/02/2024 at 2:26 PM with the DM he stated that the can opener blade and entire base was covered in grime and in need of cleaning and sanitizing. The DM stated the cooks were responsible for keeping the can opener clean and free of debris and failing to do so could result in cross contamination and foodborne illness.</p> <p>Review of the food handler certificates for the dietary staff revealed they were all current.</p> <p>Record review of the facility policy, Infection Control Policy/Procedure, Subject: Dietary Services, revised 05/2002, revealed: 4. Personal Hygiene. A. Proper attire for food handlers should include a hair covering (hair nets or caps) .moustaches and sideburns must be kept trimmed. Beards must be covered. B. Excess jewelry should not be worn.5. Food Storage. All staple food should be stored in a clean dry place 8 to 12 of the floor on food dollies or shelves. 6. Proper Food Handling. K. Leftovers must be dated, labeled, covered, cooled and stored in a refrigerator. O. All tops of canned foods must be washed before opening; can-opener must be cleaned daily.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, 2-402.11, revealed, (A) Except as provided in (B) of this section, Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service and single-use articles.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed, 2-303.11 Jewelry Prohibition. Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed 3-501.17 Ready-to-Eat/Time Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) -(G) of this section, refrigerated, , ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) Equipment food contact surfaces and utensils shall be clean to sight and touch.</p> <p>(B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p>		

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  04/05/2024
NAME OF PROVIDER OR SUPPLIER  Parklane West Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2 Towers Park LN San Antonio, TX 78209	

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<p>F 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>27923</p> <p>Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly for 1 of 1 facility.</p> <p>The facility failed to maintain the garbage storage area in a sanitary condition to prevent the harborage and feeding of pests.</p> <p>This failure could place residents at risk of having contact with pests from an unsanitary garbage storage area.</p> <p>The findings included:</p> <p>During an observation tour of the facility's garbage disposal area on 04/04/2024 at 3:50 p.m., with the Food Service Director noted that the facility's garbage disposal unit had a top attached lid which measured 40x 20 inches and was left open exposing stacked bags of garbage inside the unit.</p> <p>During an interview with the Food Service Director on 4/4/24 at 4:00 p.m., the Food Service Director stated the top lid of the garbage disposal unit should have remained closed to prevent, varmits, from entering the facility.</p> <p>During an interview with the Administrator on 4/4/24 at 4:45 p.m., the Administrator stated there was only one garbage receptacle used by the facility. The Administrator stated the garbage lid was to remain closed at all times to prevent rodent intrusion into the facility.</p> <p>Record review of the facility's policy titled, Dietary Infection Control Policy/Procedure, dated 05/2007, revealed, food waste may be disposed of in garbage disposal or covered waste cans.</p>

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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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</b></p> <p>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 communicable disease and infection for 1 of 7 residents (Resident #58) reviewed for infection control, in that:</p> <p>While administering medications for Resident #58, RN E touched the light fixture pull cord and power plug and, the bed remote with her gloved hands and did not changed her gloves and washed her hands before touching Resident #58's eyes area and administering eye drops to the resident.</p> <p>These failures could place residents at-risk for infection due to improper care practices.</p> <p>The findings include:</p> <p>Record review of Resident #58's face sheet, dated 04/05/2024, revealed an admitted [DATE], and a readmitted [DATE], with diagnoses which included: Dysphagia (Difficulty in swallowing), Insomnia (Difficulty sleeping), Hemiplegia (Paralysis of one side of the body), Cerebral infarction (process that result in an area of dead tissue in the brain), Hypertension (High blood pressure), Vascular dementia (Decline in cognition caused by restricted blood flow).</p> <p>Record review of Resident #58's Annual MDS assessment, dated 01/01/2024, revealed the resident had a BIMS score of 5 indicating severe impairment. Resident #58 required extensive assistance to total care.</p> <p>Review of Resident #58's physician order, dated 04/05/2024, revealed an order for Artificial Tears Ophthalmic Solution (Artificial Tear Solution) Instill 1 drop in both eyes four times a day for dry eyes</p> <p>Observation on 04/05/24 at 08:19 a.m. revealed while administering medications to Resident # 58, RN E did not demonstrate proper use of PPE (personal protective equipment) and hand hygiene. She washed her hands and donned gloves then, prior to administer eye drops to the resident, she touched the lights pull cord, the power cord and plug behind the bed on the wall and the bed remote. She did not change her gloves or sanitize her hands and administered the drops to Resident #58 and touched the resident face and eyes areas.</p> <p>During an interview on 04/05/2024 at 8:58 a.m., RN E confirmed the environment around Resident #58 was considered contaminated. She confirmed she should have changed her gloves after touching the pull cord, power cord and the bed remote and before administering the eye drops and touching the resident's face. She confirmed receiving infection control training within the year.</p> <p>During an interview with the DON on 04/05/2024 at 2:00 p.m., the DON confirmed the staff should have changed her gloves after touching the environment and before touching the eyes of the resident. She confirmed Infection control training was provided to the staff yearly and as needed if problem with infection control were noted . The facility checked skills yearly and spot check were by the ADONS. The facility had an infection preventionist overseeing infection control.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Parklane West Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Towers Park LN San Antonio, TX 78209	
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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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of annual skills check for RN E revealed RN E passed competency for hand hygiene and infection control during medications administration on 03/12/2024.  Review of facility policy, titled Hand hygiene, dated 10/2022, revealed Use an alcohol-based hand rub [ . ] before preparing or handling medications [ . ] after contact with objects in the immediate vicinity of the resident.		