

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675823	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2025
NAME OF PROVIDER OR SUPPLIER  Normandy Terrace Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  841 Rice Rd San Antonio, TX 78220	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the facility failed to post on a daily basis information that included the facility name, current date, total number and actual hours worked by registered nurses, licensed practical or licensed vocational nurses, certified nurse aides directly responsible for resident care per shift and the resident census for 1 of 3 days (08/13/2025) reviewed for posting of required information. The facility failed to post the required current nurse staffing and census information on 08/13/2025. This failure could place residents at risk of not having access to information regarding staffing data and the facility census. The findings included: During an observation on 08/13/2025 from 02:24 p.m. to 02:47 p.m. revealed information regarding the current nurse staffing and census information was not found available in a public posting. During an observation and interview on 08/13/2025 at 02:45 p.m., the DON revealed she also could not locate the daily census and nurse staffing posting. She was observed to ask Receptionist A for the posting location. Receptionist A was observed to reply to the DON, it is not up today. During an interview on 08/14/2025 at 03:48 p.m., CNA A stated she was responsible for the staff scheduling but did not state why she did not post the daily schedule and census on 08/13/2025. During an interview on 08/15/2025 at 01:13 p.m., the DON revealed it was the responsibility of the staff scheduler to print and post the daily schedule and census for the following day. The DON stated the facility recognized this task not having been done was an issue. The DON revealed she asked the scheduler on 08/13/2025 (the day the posting was observed not posted at 02:45 p.m.) about the posting and the DON stated the scheduler acted as if she did not know it was one of her tasks. The DON revealed the scheduler knew and completed this task appropriately only a few weeks prior when the facility was going through relicensing certification observations. The DON stated she could not state why the scheduler stopped performing this task but did state the scheduler said she forgot. The DON stated she had not had a resident or facility guest ask to view the posting, but it should be posted daily for a facility guest or resident to view. During an interview on 08/15/2025 at 04:33 p.m., the DON stated the facility did not have a policy on posting the daily census and nurse staffing, but per the facility compliance nurse, the facility was to follow the regulation. During an interview on 08/15/2025 at 04:43 p.m., the ADMIN stated it was the responsibility of the staffing coordinator (staff scheduler) to post the daily census and nurse staffing with the ADONs acting as back-up. The ADMIN stated the necessity for posting this information was because there was a regulation that stated the facility had to post this information daily. The ADMIN stated he did not believe the lack of posting the information would impact the residents but stated he referred to the posting when giving prospective residents and facility guests tours to demonstrate the staffing ratios. The ADMIN stated he was not aware until the current day, 08/15/2025, that the posting was not posted on 08/13/2025, but stated he believed it may have been missed due to the responsibilities of the staff scheduler being transitioned to a different staff member and that the new staff member was not yet fully trained on their new responsibilities.</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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