STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675823	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandy Terrace Nursing & Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the resident has the right to be informed of, and participate in, his or her treatment, including; the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers for 2 of 5 residents (Residents #2 and #3) reviewed for the right to be informed of, and participate in treatment.1.The facility failed to obtain signed consents for 2 anti-psychotic medications for Resident #2.2.The facility failed to obtain a signed consent for an anti-psychotic medication for Resident #3.These failures could place residents at risk for inaccurate documentation of clinical records and misuse of psychotropic medication that could result in diminished quality of care.The findings included:1.Record review of Resident #2's face sheet dated 4/24/2026, revealed a [AGE] year-old female admitted to the facility on [DATE] with the diagnoses which included: Parkinson's, chronic obstructive pulmonary disease (progressive inflammatory lung disease that restricts airflow), dementia, psychotic disorder with delusions, schizoaffective disorder (a chronic mental health condition combining schizophrenia (hallucinations, delusions) symptoms with mood disorders -mania or depression), and major depressive disorder. Further review revealed Resident #2 was her own RP.Record review of Resident #2's Care Plan dated 2/24/2026 revealed the resident was care planned for verbally abusive with staff, fall risk, inappropriate sexual comments to male staff, and for receiving antipsychotics and antidepressant medications.Record review of Resident #2's quarterly MDS dated [DATE] revealed the resident had a BIMS score of 5, indicative of severe cognitive deficit. She needed one person assist with ADLs, had psych diagnoses, and coded for psychotropic medications.Record review of Resident #2's physician orders dated 2/16/2026, revealed the resident had orders for Ativan 0.5 mg p.o. daily in the evening (for agitation) with a start date of 2/16/2026; Oxcarbazepine 300 mg- 2 tablets p.o. daily in the evening (for psychotic disorder with delusions) with start date 2/16/2026; and Nuplazid 34 mg- 1 tablet p.o. daily in the morning (for psychosis) with start date 2/17/2026. None of the medication orders had stop dates.2.Record review of Resident #3's face sheet dated 4/23/2026 revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses which included: dementia, depression, and anxiety disorder. Record review of Resident #3's Care Plan dated 4/7/2026 revealed the resident was care planned for falls, aggression, and elopement risk.Record review of Resident #3's admission MDS BIMS assessment dated [DATE] revealed the resident had a BIMS score of 3 indicative of severe cognitive deficit coded for anxiety and antipsychotic medication.Record review of Resident #3's physician order dated 4/22/2026 revealed orders for: - Ativan 0.5 mg 1 tab p.o. every 24 hours and prn with a stop date of 5/6/2026- Ativan 0.5 mg 1 tablet twice daily for anxiety with a start date on 4/15/2026 and a stop date on 4/29/2026. Observation on 4/23/2026 at 10:56 AM revealed Resident #3 was in a smaller dining room on the Secured Unit. Further observation revealed Resident #3 appeared drowsy, nodding, and her speech was slurred. During an interview with Resident #3's RP on 4/23/2026 at 10:59 AM, Resident #3's RP stated, when they put her on the medication, it helped to calm Resident #3's behavior, but hopefully, once Resident #3 got used to the new medication, she won't be as drowsy. Resident #3's RP further (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated, they felt Resident #3 was aggressive because it was all new to her- the facility and the people.During an interview on 4/23/2026 at 3:10 PM the DON checked the EHR for physician orders and consents for Resident #2 and Resident #3. The DON showed the EHR with physician orders and electronic consents, to the investigator, but no copies of signed consents in the EHR for either resident. The DON said signed consents were not needed for Ativan used for anti-anxiety. The DON said there was a consent in the electronic medical record and there was not a need for a signed consent by the resident or RP because the consent was in the EHR and generated by the EHR. During an interview on 4/24/2026 at 9:20 AM Resident #2 said she did not mind the medications she took, and she said she knew what they were. She stated, it helps me act right! It's good!During an interview on 4/24/2026 at 12:30PM the ADM said all anti-psychotic medications that were to be administered to a resident needed to have a written and signed consent before it could be administered to the resident.During an interview on 4/24/2026 at 5:00PM, the DON said it was important to have a signed consent to ensure a resident's family understood the side effects and why the resident would receive the medications, and that they were okay with the resident receiving the medication. Record review of Psychotropic Medication Consent V-5 in the EHR revealed instructions that stated, With all new orders for PSYCHOACTIVE medication, review with resident and or Responsible Party, the reason, expected benefit(s), side effects and course of treatment. PRINT A COPY AND HAVE RESIDENT/RESPONSIBLE PARTY GIVING OR DENYING CONSENT, SIGN AND SEND TO MEDICAL RECORDS. COMPLETE A SEPARATE CONSENT FOR EACH MEDICATION PRESCRIBED.Record review of facility policy titled, Psychotropic Medication dated 2/12/2025 stated A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: Anti-psychotic, Anti-depressant, Anti-anxiety, and Hypnotic.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for 1 of 2 residents (Resident #1) reviewed receiving nebulizer treatments. The facility failed to ensure Resident #1's face mask and tubing were stored properly to prevent contamination when the resident's unprotected face mask and tubing were observed lying on the resident's bedside table next to their bed. This failure could put residents receiving medication via nebulizer and face masks at risk for cross-contamination and respiratory infection. The findings included: Record review of Resident #1's face sheet, dated 04/23/2026, reflected a [AGE] year old male with current admission date of 08/22/2025 with diagnoses which included: hemiplegia (paralysis affecting one side of the body) and hemiparesis (weakness affecting one side of the body) following cerebral infarction (stroke) affecting left non-dominant side, chronic obstructive pulmonary disease (a group of lung diseases that make it hard to breathe) and essential hypertension (high blood pressure). Record review of Resident #1's quarterly MDS, dated [DATE], revealed Resident #1's BIMS score of 15 which indicated intact cognitive status. Record review of Resident #1's physician orders dated 04/23/2026, revealed orders for: Oxygen LPM: 2 Via: nasal cannula as needed for shortness of breath and Albuterol Sulfate Inhalation Nebulization Solution 1.25MG/3ML (Albuterol Sulfate) 1 vial inhale orally via nebulizer every 6 hours as needed for Cough/Congestion, with a start date of 03/18/2026 and no end date. Record review of Resident #1's comprehensive care plan, initiated 09/03/2025, revealed: The resident has Emphysema/COPD and has SOB while lying flat. Prefers to keep HOB elevated when in bed, intervention, Give oxygen therapy as ordered by the physician, intervention, Head of bed to be elevated (semi-Fowlers to fowlers) or out of bed upright in a chair during episodes of difficulty breathing (Dyspnea) Report to nurse if increased difficulty breathing, intervention, Monitor/document for anxiety. Offer support, encourage resident to vent frustrations, fears. Reassure. Give PRN medications for anxiety as ordered. Monitor and report to nurse for s/sx of acute respiratory insufficiency: Anxiety, Confusion, Restlessness, SOB at rest, Cyanosis, Somnolence. Monitor/document/report to MD PRN any s/sx of respiratory infection: Fever, Chills, increase in sputum (document the amount, color and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing and wheezing. Observation on 04/23/2026 at 10:54 a.m. revealed Resident #1 was seated in a wheelchair in the resident's room. Further observation revealed there was an unprotected face mask and tubing on the resident's bedside table attached to nebulizer machine on top of a personal refrigerator. There were no receptacles observed in the room in which to store the tubing or face mask. During an interview with Resident #1 on 04/23/2026 at 10:54 a.m., Resident #1 stated, I have COPD and that mask is for my treatment. During an interview with LVN A on 04/23/2026 at 11:25 a.m., LVN A stated the tubing and face mask were for Resident #1's nebulizer. LVN A stated oxygen tubing and face masks should be bagged to prevent contamination. LVN A stated the face mask and tubing were brand new and had been replaced that morning after a deep cleaning of the room and the staff did not have time to put them into bags yet. During an interview with the DON on 04/23/2026 at 1:30 p.m., the DON stated the expectation was that respiratory equipment such as tubing, masks, and nasal cannulas should be placed in a plastic bag when not in use and changed out weekly, and that placing the equipment in a bag was to avoid cross-contamination and potential respiratory infection. During an interview with MA B on 04/24/2026 at 12:55 p.m., MA B stated, if oxygen tubing, nasal cannulas, or masks were not in a bag, they should be switched out to avoid contamination. During an interview with RN D on 4/24/2026 at 1:52 p.m., RN D stated respiratory tubing, or masks should always be bagged when not in use to prevent infection. Record review of the facility's policy titled, Oxygen Administration, undated, revealed, Goals: 3. The (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident will be free from infection. Procedure: 10. Change the tubing (including any nasal prongs or mask) that is in use on one patient when it malfunctions or becomes visibly contaminated, however; the policy did not address storing of respiratory tubing or masks, and DON was unable to provide a policy related to storing respiratory equipment.