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	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandy Terrace Nursing & Rehabilitation Center	841 Rice Road 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary services to maintain good grooming, personal hygiene for residents who were unable to carry out activities of daily living for 3 of 5 residents (Residents #1, #2, and #3) reviewed for ADLs. 1. The facility failed to ensure Resident #1 received scheduled showers on 6/13/2026, 6/16/2026, 6/18/2026, 6/20/2026, 6/23/2026, 6/25/2026. 2. The facility failed to ensure Resident #2 received scheduled showers on 6/13/2026, 6/16/2026, 6/18/2026, 6/20/2026, 6/23/2026, 6/25/2026, 6/27/2026, 6/30/2026. 3. The facility failed to ensure Resident #3 received scheduled showers on 6/15/2026, 6/19/2026, 6/22/2026, 6/24/2026, 6/26/2026. These failures could place residents at risk of skin breakdown, infection, and contribute to feelings of poor self-esteem and hopelessness.The findings included: 1. Record review of Resident #1's admission record, dated 7/2/2026, revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses which include: multiple sclerosis (autoimmune disease that affects the central nervous system, leading to damage of the myelin sheath that protects nerve fibers, resulting in a range of physical and cognitive symptoms), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (often resulting from a stroke leading to one-sided paralysis or weakness), and muscle weakness unspecified. Record review of Resident #1's quarterly MDS assessment, dated 6/2/2026, revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident had impairment on both sides of the upper extremity (shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle, foot) and required substantial/maximal assistance for sit to stand and dependent chair/bed-to-chair transfer. Record review of Resident #1's undated care plan revealed a focus area for the following: The resident had hemiplegia/hemiparesis with the intervention assist with ADLs/mobility as needed initiated on 11/18/2025. The resident has an ADL self-care performance deficit with the intervention Bathing: requires staff x2 for assistance initiated on 11/18/2025. Record review of Resident #1's EMR bathing task sheet revealed no baths/showers were recorded on the EMR bath task record and 6/12/2026 showed an entry of not applicable. Baths or refusals were missing on the EMR for the dates of 6/13/2026, 6/16/2026, 6/18/2026, 6/20/2026, 6/23/2026, 6/25/2026, 6/27/2026, and 6/30/2026. Record review of Resident #1's bathing schedule in the shower sheet binder revealed scheduled bathing days were Tuesday, Thursday, Saturday during the 3-11 shift. No shower sheets were provided for 6/13/2026, 6/16/2026, 6/18/2026, 6/20/2026, 6/23/2026, and 6/25/2026. During an observation and interview on 6/30/2026 at 4:35 PM, Resident #1 was sitting in bed and appeared clean. Resident #1 stated There are some things that can be better. I wasn't told when I could take a shower. I was told 3 days a week. I asked what days. Finally told Monday-Wednesday-Friday. Then I was told Tuesday-Thursday-Saturday. I never got a shower. I went 3-4 weeks without taking a shower. When I was able to, the shower chair was broke. I have taken 4 showers in the time I have been here. I spoke to (the ADMIN), spoke to the State. I am currently only taking a shower 1 times a week. The CNAs would say I am the only one here, so I can't give you a shower. The CNA said they needed to send someone to help me. Last shower was last Saturday. I usually get them in the evenings. 2. Record review of Resident #2's admission record, dated 7/1/2026, revealed a [AGE] (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

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	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandy Terrace Nursing & Rehabilitation Center	841 Rice Road 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	year-old male admitted to the facility on [DATE] with diagnoses which included: end stage renal disease (final stage of chronic kidney disease, where the kidneys can no longer function adequately to sustain life without treatment), unspecified visual loss, neuralgia and neuritis (nerve pain and inflammation of the nerve), unspecified, muscle weakness (generalized). Record review of Resident #2's quarterly MDS, dated [DATE], revealed a BIMS score of 14 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident required substantial/maximal assistance for sit to stand and partial/moderate assistance for chair/bed-to-chair transfer. Record review of Resident #2's undated care plan revealed focus areas for the following: The resident has actual impairment to skin integrity r/t trauma to left knee, trauma to left foot with the intervention Keep skin clean and dry initiated on 5/20/2026. The resident has an ADL self-care performance deficit, with interventions including, Bathing: requires staff x1-2 for Part(ial)/mod(erate) assistance initiated on 3/11/2026 and revised on 3/18/2026. Record review of Resident #2's EMR bathing task sheet revealed no baths/showers were recorded on the EMR bath task record and 6/20/2026 showed an entry of Not Applicable. Baths or refusals were missing on the EMR for the dates of 6/13/2026, 6/16/2026, 6/18/2026, 6/20/2026, 6/23/2026, 6/25/2026, 6/27/2026, and 6/30/2026. Record review of Resident #2's bathing schedule in the shower sheet binder revealed scheduled bathing days were Tuesday, Thursday, Saturday during the 3-11 shift. The shower sheets provided by ADON D revealed that Resident #1 received a bath on 7/1/2026. No shower sheets were provided for 6/13/2026, 06/16/2026, 06/18/2026, 06/20/2026, 06/23/2026, 06/25/2026, 6/27/2026, 6/30/2026. During an observation and interview on 7/1/2026 at 12:47 PM, Resident #2 was sitting in his wheelchair in his room. He appeared clean and no odors were noted. Resident #2 stated, I have not had a shower for 3 months. I refuse care because they don't take care of me. 3. Record review of Resident #3's admission record, dated 7/2/2026, revealed a [AGE] year-old male readmitted to the facility on [DATE], with an original admission date of 12/21/2022, with diagnoses which included: hemiplegia and hemiparesis following cerebral infarction primary admitting dx affecting left non-dominant side (often resulting from a stroke leading to one-sided paralysis or weakness), unspecified lack of coordination, muscle weakness (generalized), and neuralgia and neuritis, unspecified (nerve pain and inflammation of the nerve), unspecified, muscle weakness (generalized). Record review of Resident #3's quarterly MDS, dated [DATE], revealed a BIMS score of 15 out of 15, which indicated the resident was cognitively intact. Further review revealed the resident had impairment on one side of the upper extremity (shoulder, elbow, wrist, hand) and lower extremity (hip, knee, ankle, foot) and required substantial/maximal assistance for sit to stand and was dependent chair/bed-to-chair transfer. Record review of Resident #3's undated care plan revealed focus areas for the following: The resident has an ADL self care performance deficit, hx of CVA with left hemiparesis. with the interventions Bathing: requires staff x1 for assistance, initiated on 9/3/2025 and Bathing: The resident requires extensive assist from staff participation with bathing initiated on 9/3/2025. Record review of Resident #3's EMR bathing task sheet revealed the resident received a shower on 7/1/2026 and refused a bath on 6/17/2026. The EMR showed an entry 6/24/2026 of not applicable. Baths or refusals were missing on the EMR for the dates of 6/15/2026, 6/19/2026, 6/22/2026, 6/24/2026, 6/26/2026, and 6/29/2026. Record review of Resident #3's bathing schedule in the shower sheet binder revealed scheduled bathing days were Monday, Wednesday, Friday during the 3-11 shift. The shower sheets provided by ADON D revealed that Resident #3 refused a bath/shower on 6/17/2026 and received a bath/shower on 6/29/2026 and 7/1/2026. No shower sheets were provided for 6/15/2026, 6/19/2026, 6/22/2026, 6/24/2026, 6/26/2026. During an observation and interview on 6/30/2026 at 5:01 PM, Resident #3 was lying in bed watching TV. He stated, The morning shift said I refused a shower, but I never do. I am scheduled Monday-Wednesday-Friday. During an interview on 6/30/2026 at 4:56 PM, CNA A revealed that a shower list is used to determine residents that are scheduled to receive shower each day. She stated that shower sheets are completed, the nurse reviews the shower sheet, and then we (CNAs) enter them into POC. She said that a shower sheet is (continued on next page)

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	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandy Terrace Nursing & Rehabilitation Center	841 Rice Road 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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	still filled out if the resident refused, the nurse signs it, and we enter it (refusal) into POC. During an interview on 7/2/2026 at 3:30 PM, CNA B revealed that residents are showered 3 times a week. She stated that she knew which residents to showering by checking the shower book or the nurses let me know which residents need a shower. She said the records they are required to keep are The shower sheet for each resident. If they refuse, I tell the nurse. I also tell them (resident) I can make time later if they'd like. Every shift I fill out the POC with showers provided. She revealed that shower sheets are maintained in the binder at the nurse's station. And POC is on any computer. She said when a resident refuses a shower, (I) let the nurse know. I write a shower sheet and write refused. I also enter (the refusal) into POC. She said I make as much time as I can to complete the showers. I will let the resident know I am passing the task to the next shift. Sometimes there are only two CNAs, and we do not have enough staff to complete all showers. During an interview on 7/1/2026 at 3:15 PM, LVN C stated If a resident refuses (a shower), I can't say that it is always recorded. They may record it in their POC, but I don't go thru and check to see what's documented. She said of her responsibilities for showers, I don't do showers, I give out assignments with the room numbers, I look at the census and divide the daily duties by the number of CNAs. My responsibility is my nursing duties. She stated if a resident refuses a shower, I talk to the res and try to encourage them, but at the end of the day the client has a right to elect to not shower. Documentation is the next thing. During an interview on 7/1/2026 at 3:44 PM, ADON D revealed that shower schedules are A-beds are completed by the 7AM-3PM shift, B-beds are completed by the 3PM-11PM shift, and residents are on a Monday/Wednesday/Friday or Tuesday/Thursday/Saturday schedule. She said the bathing task is In POC for CNAs to view. Kardex for all staff to view. Sheets in the shower books. And some have it written on the bulletin board. The CNAs are required to fill out a sheet. The ADONs review the sheets and refusals. The CNAs report to the charge nurse. The charge nurse alerts ADONs to refusals. The ADONs make the schedule and not the charge nurse. During an interview on 7/2/2026 at 3:18 PM, the DON stated her responsibility regarding showers was To ensure overall that they are getting done. The ADONs are ultimately responsible for seeing they are happening on their halls. She said the records that are a part of the program are Shower sheets at every nurse's station and the POC. She stated regarding review of the shower records, I have been pulling them up and with the ADONs to make sure they are correct or not. I am not going to lie; there are some that are missed. I instructed the ADONs to get with the CNAs for the missed showers. Record review of the facility's policy titled, Bath, Tub/Shower, with no revision date noted, revealed the following: Bathing by tub bath or shower is done to remove soil, dead epithelial cells, microorganisms from the skin, and body odor to promote comfort, cleanliness, circulation, and relaxation.The frequency and type of bathing depends on resident preference, skin condition, tolerance and energy level.Although a daily bath or shower is preferred and necessary for some, the aging skin can be maintained by bathing every two days or with partial bathing as needed . The resident will experience improved comfort and cleanliness by bathing.The resident will maintain intact skin integrity.The resident will be free from soil, odor, dryness, and pruritus following bathing.The resident will receive assistance with bathing according to their resident centered plan of care.