

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, interviews and record reviews, the facility failed to ensure the resident had the right to be informed of, and participate in, his or her treatment, including: The right to be informed in advance of the care to be furnished and the type of care giver or professional that will furnish the care, and 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 options he or she preferred, for 1 (Resident #70) of 8 residents reviewed for resident rights. The facility failed to obtain signed consent from Resident #70 to receive care under secured conditions. This failure could place residents at risk of receiving care under secured conditions without their or their responsible party's prior knowledge or consent, placing residents at risk of inability to make decisions regarding their plan of care. Findings included: 1. Record review of Resident #70's face sheet dated 07/22/2025 revealed Resident #70 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Dementia (a decline in mental ability severe enough to interfere with daily life), Alzheimer's disease (a progressive brain disorder that damages memory and thinking skills); anxiety disorder (a group of mental health conditions that involve persistent and uncontrollable feelings of fear or worry that can significantly impact a person's life); pseudobulbar affect (a neurological condition characterized by sudden, uncontrollable episodes of laughing, crying, or both, which may be disproportionate to the emotional context) and depression (a serious mood disorder that affects how you feel, think, and handle daily activities). The face sheet indicated the resident was her own responsible party. Record review of Resident #70's quarterly MDS dated [DATE] revealed a BIMS of 00/15, indicating the resident was severely cognitively impaired. Record review of Resident #70's Comprehensive Care Plan, accessed 07/25/2025, indicated Resident #70 resided on the secure unit of the facility related to diagnosis of dementia and risk for elopement. Goals included Resident #70 will not have feelings of isolation and will feel safe and secure in the care received while on the secure unit. Interventions included to admit to the secure unit per MD orders, allow the resident to perform ADLs to her highest ability and offer assistance as needed, involve the resident in daily activities designed for the secure unit, monitor for signs/symptoms of depression and withdrawal from usual activities and to notify the MD of any changes. Review of Resident #70's Order Summary Report dated 07/25/2025 revealed an order for: Admit to Secured Unit DX ALZHEIMERS, Verbal, Active 10/04/2024. Record review of psychiatric note in resident #70's EHR dated 7/16/2025 revealed the resident had recurrent crying symptoms of crying spells and clapping, and diagnoses including major depressive disorder (mild), vascular dementia (severe, with mood disturbance), insomnia due to other mental disorder, and pseudobulbar affect. Record review of Resident #70's EHR revealed a form titled, Consent for Secured Unit - V 1. There were three questions on the form: Whether the resident/RP agreed to receive care under secured conditions and that it was a voluntary admission based on conservatorship request or RP request with physician's orders; agreement to receive treatment under secured conditions will not be meant to prevent leaving the unit for walks, trips or visits with appropriate physicians orders; and the criteria had been reviewed with the resident/RP and it was understood when the resident met the discharge criteria and/or no longer (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 675823	Facility ID: 675823 If continuation sheet Page 1 of 13

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 07/25/2025
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	required the specialized services provided on the secure unit he/she may be moved to another room in the facility. None of the questions were marked with yes or no and there were no signatures or date filled out for Resident #70 or a RP. The form was uploaded to Resident #70's EHR by the facility's regional nurse consultant in 06/2023. Observation on 07/22/2025 at 12:05 PM revealed Resident #70 sat at a table with other residents in the dining room of the facility's secured unit. She fed herself lunch and clapped her hands loudly while calling out undecipherable words. 2. Record review of Resident #70's Order Summary Report, accessed 07/25/2025, revealed orders for: a. Buspirone HCl Oral Tablet 5 mg, give 1 tablet by mouth two times a day related to anxiety disorder, unspecified. The order and start date were 07/11/2025. b. Remeron Tablet 30 mg (Mirtazapine), give 1 tablet by mouth one time a day for appetite to be given at bedtime. The order date was 09/29/2024 and the start date was 09/30/2024. Record review of Resident #70's Medication Administration Record for July 2025 revealed the resident was administered Buspirone HCL Oral Tablet 5 mg, two times a day, and Remeron Tablet, 30 mg, 1 time a day as ordered by the resident's physician. Record review of a Psychotropic Medication Consent form for the medication Buspirone HCL in Resident #70's EHR revealed date of the order was 03/01/2023, the medication was used as an antidepressant, and the form was signed by ADON A on 06/09/2023. There was no signature from the resident or a RP. Record review of a Psychotropic Medication Consent form for the medication Remeron in Resident #70's EHR revealed the date of the order was 03/01/2023, the medication was used for depression and other - appetite and the form was signed by ADON A on 06/09/2023. There was no signature from the resident or a RP. During an interview on 07/25/2025 at 11:05, the administrator stated the consent form for admission to the secure unit should have been completed by the resident or a RP and consent forms for psychotropic medications should have been signed by the resident or an RP and not by a staff member. He stated he assumed the position of Administrator in March 2025 and was not aware Resident #70 did not have a completed consent form for placement in the secure unit in her EHR. The facility was in the process of seeking guardianship for Resident #70 due to her severe cognitive impairment; however, it was a slow process involving the court system. During an interview on 07/25/2025 at 11:15 AM, the SW stated Resident #70's consent for admission to the secured unit was not completed and should have been completed and uploaded to her EHR prior to her admission to the unit. The resident had a guardian upon her admission who decided to no longer execute that responsibility. The facility was in the process of establishing a new guardian for the resident. During an interview on 07/25/2025 at 11:34 AM, ADON A stated she signed consents for psychotropic medications on behalf of Resident #70 without the consent of the resident. ADON A stated when she signed the forms, the resident's cognition was slightly better but she understood it was not appropriate for staff to sign consent forms for psychotropic medications on behalf of residents because residents and RPs needed to be aware of medication side effects. Record review of the facility's policy Resident Rights, undated, revealed, The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this policy. 1. The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. Planning and implementing care - The resident has the right to be informed of and participate in. his or her treatment. including: 2. The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: c. The right to be informed, in advance, of changes to the plan of care. Record review of the facility's policy, Psychotropic Medication, revised 02/12/2025, revealed, Resident's Right to be Informed: Residents have the right to be informed of and participate in their treatment. Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative will be informed of the benefits, risks, and alternatives for the medication, including black box warnings for anti-psychotic medications, in advance of such initiation or increase. The resident has the right to accept or decline the initiation or increase of a psychotropic medication. The resident's medical record will include documentation that (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident or resident's representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and was able to choose the option he or she preferred. A written consent form may serve as evidence of a resident's consent to psychotropic medication, but other types of documentation are also acceptable.		

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 07/25/2025
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, 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 2 of 6 residents (Residents #66 and #56) reviewed for infection control, in that: 1. While providing incontinent care for Resident #66, CNA E failed to use proper infection control. 2. While providing incontinent care for Resident #56, CNA F failed to use proper infection control. These deficient practices could place residents at-risk for infection due to improper care practices. The findings were: 1. Record review of Resident #66's face sheet, dated 07/24/2025, revealed an admission date of 04/01/2024, and, a readmission date of 02/19/2025, with diagnoses which included: Alcoholic cirrhosis of liver (Damage to the liver due to alcohol consumption), Dysphagia (Difficulty swallowing), Sepsis (Body's response to infection causes injury to its own tissues and organs), Dementia (Decline in cognitive abilities), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Hypertension (High blood pressure), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure). Record review of Resident #66's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 03 indicating severe cognitive impairment. Resident #66 required total assistance and was always incontinent of bowel and bladder. Review of Resident #66's care plan, dated 10/17/2024, revealed a problem of The resident is incontinent of bladder and bowel and is at risk for skin breakdown/irritation and an intervention of INCONTINENT care as needed and apply moisture barrier after each episode. Observation on 07/24/2025 at 10:40 a.m. revealed while providing incontinent care for Resident #66, CNA E touched the bed remote, and trash can with her gloved hands and did not change her gloves before starting the care. During an interview on 07/24/2025 at 11:04 a.m. CNA E stated the bed remote, and the trashcan were considered dirty, and she should have changed her gloves and sanitized her hands before starting the care. She said, she forgot. She confirmed she received training in infection control and incontinent care within the year. 2. Record review of Resident #56's face sheet, dated 07/24/2025, revealed an admission date of 03/15/2021, and, a readmission date of 05/04/2025, with diagnoses which included: Dementia (decline in cognitive abilities), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Hypothyroidism (under active thyroid), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure), Anxiety disorder (A group of mental illnesses that cause constant fear and worry). Record review of Resident #56's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 05 indicating severe cognitive impairment. Resident #66 required limited to extensive assistance and was frequently incontinent of bladder and occasionally incontinent of bowel. Review of Resident #56's care plan, dated 02/24/2025, revealed a problem of The resident has bladder incontinence Dementia, Disease Process and an intervention of INCONTINENT care at least every 2 hours and apply moisture barrier after each episode. Observation on 07/24/2025 at 11:55 a.m., revealed while providing incontinent care for Resident #56, CNA F changed her gloves multiple time during the care, including after cleaning the resident and before touching the clean briefs, but did not sanitize her hands between change of gloves. During an interview with CNA F, on 07/24/2025 at 12:05 p.m. CNA F stated she did not sanitize her hands because she thought she only had to wash her hands when soiled. CNA F confirmed receiving training on infection control and incontinent care within the year. She said the training was provided by the ADON During an interview with the DON on 07/24/2025 at 4:15 p.m., she stated the bed remote and trash can were considered and the staff should have sanitized their hands and put new gloves on before starting to provide care. The DON stated the staff should sanitize their hands between change of gloves. Not sanitizing their hands before starting care or between change of gloves could cause a (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	risk of cross contamination and infection for the resident. The DON revealed the staff received training on infection control and incontinent care at least annually. The staff skills were checked yearly. The DON and ADON sport checked the staff while they provided care for infection control and quality of care. Review of annual skills check for CNA E revealed CNA E passed competency for Perineal care/incontinent care on 08/01/2024. Review of annual skills check for CNA F revealed CNA F passed competency for Perineal care/incontinent care on 06/01/2025. Review of facility policy, titled Fundamental of infection control precautions, dated 03/2024, revealed The following is a list of some situations that require hand hygiene: [.] After handling soiled equipment or utensils [.] after removing gloves.		

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 07/25/2025
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)		
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to promote and maintain the resident's dignity for 1 (Resident #10) of 25 residents reviewed for dignity, in that: Resident #10's wheelchair was visibly soiled with dust and food particles. This deficient practice could result in psychosocial harm due to feelings of embarrassment. The findings were: Record review of Resident #10's face sheet, dated 07/25/2025, revealed the resident was admitted to the facility on [DATE] with diagnoses including: Abnormal Posture, Unspecified Lack of Coordination, and Muscle Wasting and Atrophy. Record review of Resident #10's Quarterly MDS, dated [DATE], revealed a BIMS score of 14 which indicated intact cognition. Record review of Resident #10's care plan, revised 07/22/2025, revealed The resident has an ADL self-care performance deficit. Observation on 07/25/2025 at 1:45 p.m. revealed Resident #10 utilized a motorized wheelchair for ambulation. Further observation revealed Resident #10's wheelchair was visibly soiled with dust and food crumbs. During an interview with Resident #10 on 07/25/2025 at 1:45 p.m., Resident #10 stated he was embarrassed that his wheelchair was soiled and expressed frustration because he was not physically able to clean the chair himself. During an interview with LVN D on 07/25/2025 at 1:50 p.m., LVN D conformed Resident #10's wheelchair was soiled with dust and food crumbs. During an interview with the DON on 07/25/2025 at 3:36 p.m., the DON stated it was her expectation that nursing staff clean residents' wheelchairs. The DON stated she was new to the facility and that this incident brought to her attention that the facility did not have a set schedule for cleaning wheelchairs. The DON stated that she had instituted a new policy, as a result of this incident, which was that resident wheelchairs would be cleaned by the night shift nursing staff on a set rotation. Record review of the facility policy, Resident Rights, undated, revealed, The resident has a right to a dignified existence.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents had the right to personal privacy and confidentiality of his or her personal and medical records for one of five residents (Resident # 66) reviewed for privacy. The facility failed to ensure MA C locked the computer, which exposed Resident #66's morning medication list after she walked away and left the computer unattended. This failure could place residents at risk of having medical information exposed to others and cause residents to feel uncomfortable and disrespected. The findings include: Record review of Resident #66's face sheet, dated 07/24/25, revealed an [AGE] year-old male admitted to the facility on [DATE]. Resident #66 had diagnoses that included: Hypertension (is when the force of blood against the artery walls is persistently too high), and Depression (is a mood disorder that causes a persistent feeling of sadness and loss of interest), and Dementia (decline in cognitive function, impacting memory, thinking, and reasoning skills, that interferes with daily life). Record review of Resident # 66's Quarterly MDS assessment, dated 7/2/25, reflected a BIMS score of 03 which indicated severe cognitive impairment. Observation on 07/24/25 at 7:15 pm, revealed that MA C prepared Resident's # 66's evening medication, walked away from the computer (did not lock screen). During an interview on 07/24/25 at 7:20 pm, MA C mentioned that she was not trained to lock the computer screen and believed that minimizing the screen was enough. MA C acknowledged that when she stepped away from the computer, Resident #66's private medical information may have been exposed. During an interview on 07/24/24 at 8:30 PM, the DON stated that she was not aware Resident #66's records were left open and unattended. The DON mentioned that it was her expectation for the facility nursing staff to uphold HIPAA (Health Insurance Portability and Accountability Act) regulations and lock computer screens when they were away from them. The DON emphasized that all staff members were responsible for protecting residents' information. The DON stated leaving residents' electronic medical records unattended could lead to unauthorized access. Record review of the facility's policy titled Residents' Rights, undated, revealed, The facility must respect the resident's right to personal privacy, including the right to privacy (in his or her oral that is spoken) written, and electronic communications.		

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 07/25/2025
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)		
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 2 resident (Resident #66) reviewed for incontinent care, in that: While providing incontinent care for Resident #66, CNA E used a back to front motion to clean Resident #66's buttocks. This deficient practice could place residents at-risk for infection and skin break down due to improper care practices. The findings were: Record review of Resident #66's face sheet, dated 07/24/2025, revealed an admission date of 04/01/2024, and, a readmission date of 02/19/2025, with diagnoses which included: Alcoholic cirrhosis of liver (Damage to the liver due to alcohol consumption), Dysphagia (Difficulty swallowing), Sepsis (Body's response to infection causes injury to its own tissues and organs), Dementia (Decline in cognitive abilities), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Hypertension (High blood pressure), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure). Record review of Resident #66's Quarterly MDS assessment, dated 07/02/2025, revealed the resident had a BIMS score of 03 indicating severe cognitive impairment. Resident #66 required total assistance with ADLs, and was always incontinent of bowel and bladder. Review of Resident #66's care plan, dated 10/17/2024, revealed a problem of The resident is incontinent of bladder and bowel and is at risk for skin breakdown/irritation and an intervention of INCONTINENT care as needed and apply moisture barrier after each episode. Observation on 07/24/2025 at 10:40 a.m. revealed while providing incontinent care for Resident #66, CNA E wiped Resident #66's buttocks in a back to front motion. During an interview on 07/24/2025 at 11:04 a.m. with CNA E, she confirmed she had wiped Resident #66's buttocks in a back to front motion. She said she realized she had used the wrong motion, and it could cause a risk for infection for the resident. She confirmed receiving training on incontinent care from the facility. During an interview with the DON on 07/24/2025 at 4:15 p.m., she confirmed the correct motion to clean the residents during perineal care was front to back to prevent fecal matter from contacting the urethra and possibly causing an infection. The DON revealed the staff received training on infection control and incontinent care at least annually. The staff skills were checked yearly. The DON and ADON spot checked the staff while they provided care for infection control and quality of care. Review of annual skills check for CNA E revealed CNA E passed competency for Perineal care/incontinent care on 08/01/2024. Review of the facility's policy, titled Perineal care, dated 05/11/2022, revealed Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal area.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on observations, interviews and record reviews the facility failed to ensure that CNAs were able to demonstrate competency in skills and techniques necessary to care for residents' needs for 1 of 6 residents (Resident #66) by 1 of 6 CNAs (CNA E) reviewed for competent staff, in that: The facility failed to ensure CNA E used the right technique to clean Resident #66 while providing incontinent care. This deficient practice could place residents at-risk for infection and skin break down due to improper care practices. The findings were: Record review of Resident #66's face sheet, dated 07/24/2025, revealed an admission date of 04/01/2024, and, a readmission date of 02/19/2025, with diagnoses which included: Alcoholic cirrhosis of liver (Damage to the liver due to alcohol consumption), Dysphagia (Difficulty swallowing), Sepsis (Body's response to infection causes injury to its own tissues and organs), Dementia (Decline in cognitive abilities), Hyperlipidemia (Elevated level of any or all lipids(fat) in the blood), Hypertension (High blood pressure), Major depressive disorder (mental disorder characterized by at least two weeks of pervasive low mood, low self-esteem, and loss of interest or pleasure). Record review of Resident #66's Quarterly MDS assessment, dated 07/02/2025, revealed the resident had a BIMS score of 03 indicating severe cognitive impairment. Resident #66 required total assistance with ADLs and was always incontinent of bowel and bladder. Review of Resident #66's care plan, dated 10/17/2024, revealed a problem of The resident is incontinent of bladder and bowel and is at risk for skin breakdown/irritation and an intervention of INCONTINENT care as needed and apply moisture barrier after each episode. Observation on 07/24/2025 at 10:40 a.m. revealed while providing incontinent care for Resident #66, CNA E wiped Resident #66's buttocks in a back to front motion. During an interview on 07/24/2025 at 11:04 a.m. with CNA E, she confirmed she had wiped Resident #66's buttocks in a back to front motion. She said she realized she had used the wrong motion, and it could cause a risk for infection for the resident. She confirmed receiving training on incontinent care from the facility. During an interview with the DON on 07/24/2025 at 4:15 p.m., she confirmed the correct motion to clean the residents during perineal care was front to back to prevent fecal matter from contacting the urethra and possibly causing an infection. The DON revealed the staff received training on infection control and incontinent care at least annually. The staff skills were checked yearly. The DON and ADON spot checked the staff while they provided care for infection control and quality of care. Review of annual skills check for CNA E revealed CNA E passed competency for Perineal care/incontinent care on 08/01/2024. Review of facility policy, titled Perineal care, dated 05/11/2022, revealed Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal area. Review of facility's HR- personnel handbook, dated 2019, revealed Each employee should know their level of performance. For this reason, the Company has a Performance Evaluation Program that is intended to keep you informed. A performance evaluation generally will be prepared on each part and full-time employee annually.		

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 07/25/2025
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, the facility failed to ensure drugs and biologicals were stored in accordance with currently accepted professional principles for, 1 of 3 (Hall 300 Nurse cart) medication carts observed, in that: The Nurse Medication Cart in the 300-hall contained five loose medication pills. This failure could place residents who receive medications at risk for not receiving the intended therapeutic effects of medications. The findings were: The findings were: Observation on 07/24/2025 at 7:45 p.m. of the 300 Hall Nurse Medication Cart revealed there were five loose medication pills inside one of the drawers. During an interview with MA C on 07/24/2025 at 7:50 p.m., MA C confirmed there were five loose medication pills inside a drawer of the Nurse Medication Cart. MA C stated the pills must have dropped at some point during a medication pass and she had not had a chance to clean the medication cart today. During an interview with the DON on 7/24/2025 at 8:20 p.m., the DON stated medication carts should not have loose medications. The DON stated the medication carts were the responsibility of the Medication Aide that accepted responsibility for the cart, also the medications carts were supposed to be checked bi-weekly by the ADONs' moving forward. Record review of the facility's policy, Medication storage in the facility, dated 2003, revealed, medication storage areas are kept clean and free of clutter.		

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 07/25/2025
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)		
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. Based on observation and interview, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 1 (Resident # 86) of 5 resident refrigerators reviewed in that: The personal refrigerator for Resident # 86 contained food items that were unlabeled and undated. This deficient practice could place residents at risk of foodborne illness due to consuming foods which are spoiled. The findings were: Observation on 07/22/2025 at 10:37 a.m. revealed Resident #86 personal refrigerator contained a plastic bowl with lid containing menudo (Mexican tripe soup) without an expiration date, which was unlabeled and undated. Further observation on 07/22/2025 at 1:30 p.m. revealed the plastic bowl in Resident # 86's personal refrigerator was still present without an expiration date, which was unlabeled and undated. Interview on 7/22/25, at 2:00 p.m. CNA B, said the refrigerator in Resident #86's room contained a plastic bowl with lid containing menudo without an expiration date. CNA B said the bowl was unlabeled and undated. CNA B stated it was the resident's family's responsibility to clean out the refrigerator. Interview on 7/22/25 at 2 :50 PM with Resident #86, said he bought the menudo the previous weekend and was unaware that he could ask for assistance if needed to clean out his personal refrigerator. During an interview on 7/22/2025, at 3:00 p.m., the DON said that perishable food in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled foods. However residents families were responsible for overseeing this, and residents should ask for assistance when needed. Record review of the facility policy, Personal Refrigerator Policy, dated 2022, revealed, . the resident and or resident representative should clean and maintain the refrigerators according to the manufacturer's user's manual, if needed, you can ask facility housekeeping or maintenance staff for assistance; expired date - the food items should not be consumed and should be discarded if not eaten by the expiration date.		

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 07/25/2025
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain clinical records that were complete and accurately documented for 1 (Resident #66) of 25 residents reviewed for clinical records, in that: Resident #66's diagnoses of insomnia and aggressiveness /combateness were not listed in his diagnosis list and Resident #66's physician order for psychotropic medication erroneously read supervised self-administration. This deficient practice could cause miscommunication among the resident's caregivers and result in improper care. The findings were: Record review of Resident #66's face sheet, dated 07/25/2025, revealed the resident was admitted to the facility on [DATE] with diagnoses including: Generalized Anxiety Disorder and Major Depressive Disorder. Record review of Resident #66's Quarterly MDS, dated [DATE], revealed a BIMS score of 03 which indicated severe cognitive impairment. Record review of Resident #66's care plan, revised 08/10/2024, revealed, The resident has a behavior problem r/t dementia to include but not limited to ~ combative with staff. Record review of Resident #66's psychiatric provider note, dated 05/20/2025, revealed, Assessment/Plan.4. Primary Insomnia. Record review of Resident #66's physician orders as of 07/25/2025, revealed, Xanax Oral Tablet 1 MG (Alprazolam) Give 1 tablet by mouth two times a day for increased aggressiveness /combateness supervised self-administration. Further review of Resident #66's diagnosis list and face sheet revealed neither insomnia nor aggressiveness /combateness were included. During an interview with the DON on 07/25/2025 at 11:25 a.m., the DON confirmed that Resident #66's diagnoses of insomnia and combateness should be included in his diagnosis list and on his face sheet so that his caregivers, including outside providers, were fully aware of his medical condition. The DON also stated that Xanax was not self-administered by resident and the order was written incorrectly. Record review of the facility policy, Documentation, undated, revealed, The facility will maintain complete and accurate documentation for each resident on all appropriate clinical record sheets.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/25/2025
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)		
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview and record review, the facility failed a to dispose of garbage and refuse properly for 3 of 4 dumpsters (Dumpsters #1, #2 and #3) reviewed for disposal of garbage. The facility failed to ensure:1. Dumpster #1 had a drainage plug that completely covered the drainage hole in the dumpster and the doors were completely shut.2. Dumpster #2 had a drainage plug and the doors were completely shut.3. Dumpster #3 had a drainage plug that completely covered the drainage hole in the dumpster. These deficient practices could place residents at risk for exposure to germs and diseases carried by vermin and rodents. The findings were: 1. Observation on 07/24/2025 at 11:36 AM revealed Dumpster #1 had a drainage hole approximately 2-inches in diameter that was half covered by a piece of metal from inside the dumpster. The other half of the drainage hole was uncovered. The sliding door on the left side of the dumpster was open approximately 4-inches. 2. Observation on 07/24/2025 at 11:37 AM revealed Dumpster #2 had a drainage hole approximately 2-inches in diameter and was missing a drainage plug. The sliding door on the left side of the dumpster was open approximately 4-inches. 3. Observation on 07/24/2025 at 11:38 AM revealed Dumpster #3 had a drainage hole approximately 2-inches in diameter and was half covered by a black barrier from inside the dumpster. The other half of the drainage hole was uncovered. During an interview on 07/24/2025 at 11:38, the DFN stated the doors to Dumpsters #1 and #2 should have been completely closed and all three dumpsters should have had drain plugs that completely sealed the drainage holes in the dumpsters. The DFN stated this was important to ensure trash did not come out of the dumpsters and pests did not go in and potentially spread disease. During an interview on 07/24/2023 at 2:30 PM, the facility's area maintenance supervisor stated he noted the missing and partially missing dumpster drainage plugs the day prior and called the company responsible for supplying the dumpsters to the facility. He was told new dumpsters would be delivered later that day or the next day. The area maintenance supervisor stated drainage plugs were important from an infection control standpoint, to ensure liquid did not leak out and animals did not get into the dumpsters. The facility did not have a specific policy addressing outside receptacles. Record review of the facility's policy IC 00-11.0 Waste Control and Disposal, undated, revealed, Waste control and disposal will be taken care of in a sanitary manner. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 5-501.113 Covering Receptacles. Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (B) With tight-fitting lids or doors if kept outside the food establishment. 5-501.114 Using Drain Plugs. Drains in receptacles and waste handling units for refuse, recyclables, and returnables shall have drain plugs in place.		