STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675858	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Nursing & Rehabilitation	5437 Eisenhauer Rd San Antonio, TX 78218

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public on 1 of 4 resident rooms (room [ROOM NUMBER]) reviewed for environmental concerns in that: The facility failed to repair a bathroom door, repair a broken toilet, and secure a sprinkler system access panel in resident room [ROOM NUMBER]. 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. The findings included: Observation on 9/16/25 at 3:15pm with the Administrator and Maintenance Director revealed the following:a. There was a penetration (hole) which measured approximately 3 inches by 2 inches on the bathroom door in room [ROOM NUMBER].b. There was water running in the toilet which would also not flush in room [ROOM NUMBER].c. There was a sprinkler system access panel which measured approximately 1.5 ft by 1.5 ft on the bathroom wall in room [ROOM NUMBER] that was unsecured. During an interview on 9/16/25 at 3:00pm with the Social Worker she stated that there was only one resident residing in room [ROOM NUMBER] and the resident was not able to be interviewed. During an interview on 9/17/25 at 2:15 pm with the Administrator and Maintenance Director, the Maintenance Director stated staff will notify him of repairs needed in resident rooms on the TELS work order system. The Maintenance Director stated that he had not received a work order request for the repairs needed in room [ROOM NUMBER]. The Maintenance Director stated resident rooms were checked on a weekly basis as needed for repairs to be completed. The Administrator stated the access panel on the wall in the resident's bathroom in room [ROOM NUMBER] had a sprinkler system valve that was used for sprinkler system tests only. The Administrator stated the sprinkler system access panel in room [ROOM NUMBER] was now secured. The Administrator and Maintenance Director stated that repairs made in room # 217 would promote the resident who lived in this room's dignity status. Record review of the facility policy titled Physical Environment dated 01/2023 revealed The community has a preventative maintenance program that ensures all essential mechanical, electrical, and patient care equipment is in safe operating condition.

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:

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If continuation sheet
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