

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675896	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  River City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  921 Nolan St San Antonio, TX 78202	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44020</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure the environment was as free of accident hazards as is possible and each resident receives adequate supervision to prevent accidents for 1 of 1 resident (Resident #1) reviewed for accidents and hazards, in that:</p> <p>Resident #1 was able to leave the front porch of the facility on 09/09/2024 without staff's knowledge and go to a grocery store 1.7 miles away, then became confused when leaving the grocery store as to where he resided. Resident was found at the homeless shelter where he had previously lived. Resident #1 had a cognitive decline and that although staff were concerned about letting the resident sit out on the front porch, they continued to do so prior to his elopement.</p> <p>An IJ was identified on 02/27/2025. The IJ template was provided to the facility on [DATE] at 2:12 PM. While the IJ was removed on 02/28/2024, the facility remained out of compliance at a scope of isolated and a severity level of no actual harm with the potential for more than minimal harm that is not immediate jeopardy because the facility needed to evaluate the effectiveness of their corrective actions.</p> <p>This failure could place residents at risk of accidents that could result in serious injury, harm, impairment, or death.</p> <p>Findings were:</p> <p>Record review of Resident #1's admission record, dated 02/25/2025, reflected a [AGE] year-old resident with an admitted [DATE], and diagnoses of unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance (a mental health condition characterized by a loss of contact with reality), mood disturbance, and anxiety, alcohol abuse, uncomplicated, hypertensive crisis (severely elevated blood pressure), unspecified, unspecified dementia, unspecified, severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, essential (primary) hypertension (high blood pressure that develops gradually over time and has no clear cause), disorientation, unspecified.</p> <p>Resident #1's Quarterly MDS assessment with a completion date of 09/02/2024 reflected a male with a BIMS of 08, which indicated moderate cognitive impairment, and had exhibited behaviors of wandering type occurred daily. Further review of Resident #1's MDS reflected he required supervision or touch assistance with mobility.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Comprehensive Person-Centered Care Plan, dated 08/21/2024, reflected nothing related to do with wandering or being an elopement risk.</p> <p>Record review of Resident #1's Comprehensive Person-Centered Care Plan, dated 09/09/2024, reflected Focus: Resident has had an actual elopement.</p> <p>The incident:</p> <p>During an interview on 02/25/2025 at 1: 31 PM, the DON stated Resident #1 went out on 09/09/2024 to sit on the front patio the day of the incident with another resident (Resident #1 now resides at a memory care facility. The other resident has been discharged .) and was observed to be gone from the front porch by the receptionist. DON stated the staff looked for Resident #1 everywhere, called the police, called the homeless community where he had been prior informing them, he was missing in case he went there, and when they received a call from the police and the homeless community, he had returned to the homeless community they went and picked up the resident. DON further stated Resident #1 had left the front patio to go to the store and reported he did not know where to go when he came out of the store.</p> <p>During an interview on 02/25/2025 at 2:21 PM LVN P stated he had been working for the facility for about a month. LVN P further stated he had not received training during his orientation on elopements, however then stated he was to notify the administrator, look for the resident and figure out what was going on. LVN P stated to determine if a resident should be out on the front patio would be based on the resident's cognition and if they were an elopement risk. LVN P stated they had a list at the nurses' station with names of residents who were an elopement risk and he had 2 residents on his unit.</p> <p>During an interview on 02/25/2025 at 3:19 PM CNA J stated the facility did not really have elopements too often, stating the receptionist during the day watched the residents when they were outside. CNA J further stated prior to letting residents sit on the front porch they would ask the nurse. He stated if they felt a resident would wander off, they would have to sit with the resident. CNA J stated he believed there was a list of residents at risk of eloping.</p> <p>During an interview on 02/26/2025 at 1:06 PM the corporate nurse revealed all residents were assessed after the incident for elopement risk, elopement risk was to be conducted on admission, quarterly and when incidents occurred. She stated a sign had been placed on the door alerting staff and families to speak with nurse prior to assisting residents outside. Staff had been in-serviced on elopement prevention, elopement response, and elopement codes. The corporate nurse stated the Kardex informed staff of residents who were an elopement risk and there haven't been any issues since this was put in place.</p> <p>During an interview on 02/27/2025 at 5:39 AM CNA Q stated if she was not able to find a resident, she would tell the nurse and look for the resident. She stated they would look everywhere for the resident. CNA Q stated residents who were more focused and not confused were able to go outside to the front, however the courtyard was safer and fenced in. She stated she would ask the nurse prior to assisting and if a resident was more alert, they were able to go out.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/27/2025 at 9:20 AM with the MDS Coordinator revealed the BIMS for Resident #1 changed from an 11 in July 2024 to an 8 in September 2024 and it was not a significant change in cognition. Stating depending on the time of day a person's BIMS could vary on score if done in morning or the afternoon. Stating he (Resident #1) liked to go outside and sit with his pal, and this would occur several times a day. Stated Resident #1 had not been showing signs of wanting to leave.</p> <p>During an interview on 02/27/2025 at 10:01 AM the ADON stated a resident who was an elopement risk would be someone who actually was exit seeking, states they want to leave and attempts. The ADON stated cognitive issues would affect the residents being able to go out on the front porch. The ADON further stated the nurses knew to review the elopement assessment. The ADON stated Resident #1 was smart and intact in the mornings, but in the evenings, he could have some confusion on time, regarding if he had coffee or if he had eaten.</p> <p>During an interview on 02/27/2025 at 10:35 AM LVN A stated the determination on whether a resident was able to go out on the front porch was based on the elopement risk, assessments, and nursing judgement at the time depending on the actions of the resident. LVN A further stated she had access to the residents' assessments and care plans on the computer.</p> <p>During an interview on 02/27/2025 at 10:42 AM interview with DON revealed she did not feel Resident #1 was able to be out on the porch alone. The DON stated he had become friends with another resident who he would sit outside with. The DON described Resident #1 as forgetful and would basically walk back and forth around the facility, she would not have considered his behavior wandering he was just walking. The DON stated the determination on if a resident was able to sit on the front porch would be by looking at the BIMS, looking at the assessments and what was going on in the moment. The DON further stated if the individual was not making sense, she would not recommend them sitting on the front porch. The DON further stated staff were made aware of changes through the UDAs (user defined assessment) under the assessment section of PCC (point click care). The DON stated the BIMS can always change throughout the day depending on when you ask the resident. The DON stated she always encouraged the nurses to check the assessment and listen to the resident/observe the resident before making a decision.</p> <p>During an interview on 02/27/2025 at 10:58 AM with MA B revealed she didn't feel Resident #1 was safe to be out front alone. The MA B stated Resident # 1 would ask to go outside every couple of minutes and staff would redirect him. The MA B stated Resident #1 would talk about before he came to the facility how he went everywhere, and he did not like to be told what to do. MA B stated she knew if an individual was able to go out front through her nurse. She stated the nurse would let them know along with the administrative staff. MA B further stated they had in-services and would talk about this quite often. MA B stated everything went through the charge nurse.</p> <p>During an interview on 02/27/2025 at 11:05 CNA I stated to prevent elopements the staff received updates through a group chat and verbally letting them know if they had a new resident if they were on elopement protocol. CNA I stated the nurses would let them know who was able to sit on the front porch.</p> <p>During an interview on 02/27/2025 at 11:20 AM the Dietary Supervisor stated Resident #1 was always moving around and would move a lot through the facility. The Dietary Supervisor stated he would notify the nurse if someone wanted to go outside, and they would tell him if they could. He further stated the nurse would look at assessments and see who could or could not.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/27/2025 at 11:30 AM with CNA C further stated Resident #1 was not safe to go out on the front porch alone and the nurse would go out on the front porch with him. CNA C stated Resident #1 always had to be redirected and would ask people to let him outside. CNA C stated before opening the doors she would notify the nurse and ask who was allowed to go outside.</p> <p>Record review of the Provider Investigation Report dated 9/12/2024 revealed Resident #1 was last seen at 1:50 p.m. He was found at a local homeless shelter at 3:55 p.m. and returned to the facility at 4:45 p.m.</p> <p>Record review of google maps reflected the local store was 1.7 miles from the facility.</p> <p>Record review of facility in-service training named Elopement Prevention dated 09/09/2025, revealed 63 staff had signed the in-service.</p> <p>Record review of facility in-service training named Emergency Codes, dated 09/09/2025, revealed 62 staff had signed the in-service.</p> <p>Record review of facility in-service training named Elopement Response, dated 09/09/2025 revealed 63 staff had signed the in-service.</p> <p>Record review of facility's employee roster revealed the facility had 63 employees.</p> <p>During an interview on 02/27/2025 at 11:48 AM the Administrator revealed Resident #1 had a different cognitive level at different times of the day without an assessment it would not have been safe for him to be out at that time. The Administrator further stated one of the changes they had made was people were to be assessed prior to being outside unattended.</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 02/27/2025 at 2:12 PM. Administrator was provided with the IJ template on 02/27/2025. The following Plan of Removals was accepted on 02/27/2025 at 7:32 PM.</p> <p>Plan of Removal:</p> <p>River City Care Center 2/27/25</p> <p>POR-Elopement (Incident Date 9/9/24)</p> <p>Problem: On 9/9/24 at approximately. 1:50 pm resident [resident initials] was seen sitting out front right in the front walkway area, at approximately. 2:05 pm the receptionist noticed that resident [resident initials] was no longer sitting there.</p> <p>Interventions:</p> <p>On 2/27/25 100% of residents in facility assessed for any active exit seeking behaviors or any active wandering behaviors by DON or designee, none noted.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview with MA D on 02/28/2025 at 10:21 AM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, Elopement Prevention, and how to identify a resident BIMS Score in PCC via POC task. MA D was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with LVN E on 02/28/2025 at 11:04 AM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, how to identify a resident at risk for elopement in PCC via elopement assessment, POC task and care plan, Elopement Prevention, BIMS assessment score will be located in the special instructions tab, how to identify resident BIMS assessment score located in special instructions tab, how to identify a resident BIMS Score in PCC via POC task, and DON/Designee will notify staff if any BIMS score change is noted upon review of assessment and on as needed basis via communication board in PCC. LVN E was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with Housekeeping Supervisor on 02/28/2025 at 1:25 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, Elopement Prevention, and all other non-licensed staff will inquire with licensed nurse for questions regarding resident BIMS score. The Housekeeping Supervisor was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with Housekeeper F on 02/28/2025 at 1:30 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, Elopement Prevention, and all other non-licensed staff will inquire with licensed nurse for questions regarding resident BIMS score. Housekeeper F was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with Laundry G on 02/28/2025 at 1:35 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, Elopement Prevention, and all other non-licensed staff will inquire with licensed nurse for questions regarding resident BIMS score. Laundry G was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with DA H on 02/28/2025 at 1:40 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, Elopement Prevention, and all other non-licensed staff will inquire with licensed nurse for questions regarding resident BIMS score. DA H was able to demonstrate an understanding of the in-service materials.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview with CNA J on 02/28/2025 at 2:30 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, Elopement Prevention, and how to identify a resident BIMS Score in PCC via POC task. CNA J was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with LVN K on 02/28/2025 at 3:00 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, how to identify a resident at risk for elopement in PCC via elopement assessment, POC task and care plan, Elopement Prevention, BIMS assessment score will be located in the special instructions tab, how to identify resident BIMS assessment score located in special instructions tab, how to identify a resident BIMS Score in PCC via POC task, and DON/Designee will notify staff if any BIMS score change is noted upon review of assessment and on as needed basis via communication board in PCC. LVN K was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with CNA L on 02/28/2025 at 3:15 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, Elopement Prevention, and how to identify a resident BIMS Score in PCC via POC task. CNA L was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with CNA M on 02/28/2025 at 3:36 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, Elopement Prevention, and how to identify a resident BIMS Score in PCC via POC task. CNA M was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with CNA N on 02/28/2025 at 3:49 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, Elopement Prevention, and how to identify a resident BIMS Score in PCC via POC task. CNA N was able to demonstrate an understanding of the in-service materials.</p> <p>Interview with the DON on 02/28/2025 at 4:00 PM revealed the monitoring logs had been started on 02/27/2025, all residents had been reassessed for elopement, BIMS and care plans had been updated. The DON further stated the Medical Director had been notified of the current IJ. She stated PCC and POC had been updated on all residents with special instructions along with the task had been updated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675896	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/28/2025
NAME OF PROVIDER OR SUPPLIER  River City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  921 Nolan St San Antonio, TX 78202	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Interview with LVN O on 02/28/2025 at 4:30 PM revealed they receive training after the IJ was identified on 02/27/2025. In-services were on staff to notify licensed nurses prior to letting any resident go outside of the facility, residents who have been identified as cognitively impaired via BIMS assessment score, Elopement Policy, how to identify a resident at risk for elopement in PCC via POC task, how to identify a resident at risk for elopement in PCC via elopement assessment, POC task and care plan, Elopement Prevention, BIMS assessment score will be located in the special instructions tab, how to identify resident BIMS assessment score located in special instructions tab, how to identify a resident BIMS Score in PCC via POC task, and DON/Designee will notify staff if any BIMS score change is noted upon review of assessment and on as needed basis via communication board in PCC. LVN O was able to demonstrate an understanding of the in-service materials.</p> <p>Record review of all residents' Elopement Risk assessments on 02/28/2025 revealed the facility completed the re-assessments of all residents on 02/27/2025.</p> <p>Record review of all residents' Special Instructions in PCC on 02/28/2025 revealed the facility had updated the Special Instructions with BIMS and Elopement Risk of all residents on 02/27/2025.</p> <p>Record review of all residents' BIMS Assessments in PCC on 02/28/2025 revealed the facility had completed re-assessments of all residents' BIMS on 02/27/2025.</p> <p>Record review of in-service training on Staff to notify licensed nurses prior to letting any resident go outside of facility, dated 02/27/2025, on 02/28/2025 revealed 40 of 56 staff had signed the in-service training and 16 staff members had been notified by phone.</p> <p>Record review of in-service training on Resident who have been identified as cognitively impaired via BIMS Assessment score (0-7 Severe cognitive impairment or 8-12 Moderate cognitive impairment) Will utilize the back courtyard to sit outside upon their request or staff supervision, dated 02/27/2025, on 02/28/2025 revealed 40 of 56 staff had signed the in-service training and 16 staff members had been notified by phone.</p> <p>Record review of in-service training on Elopement Policy dated 02/27/2025, on 02/28/2025 revealed 40 of 56 staff had signed the in-service training and 16 staff members had been notified by phone.</p> <p>Record review of in-service training on How to identify a resident at risk for Elopement in PCC via POC task (non-licensed nursing staff), dated 02/27/2025, on 02/28/2025 revealed 11 of 17 non-licensed nursing staff had signed the in-service training and 6 staff members had been notified by phone.</p> <p>Record review of in-service training on How to identify a resident at risk for Elopement in PCC via Elopement assessment, POC task and Care plan (Licensed Nurses), dated 02/27/2025, on 02/28/2025 revealed 11 of 17 licensed nurses had signed the in-service training and 6 staff members had been notified by phone.</p> <p>Record review of in-service training on Elopement Prevention, dated 02/27/2025, on 02/28/2025 revealed 40 of 56 staff had signed the in-service training and 16 staff members had been notified by phone.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  River City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  921 Nolan St San Antonio, TX 78202	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of in-service training on BIMS assessment score will be located in the special instructions tab in each patients chart (licensed nurses), dated 02/27/2025, on 02/28/2025 revealed 11 of 17 licensed nurses had signed the in-service training and 6 staff members had been notified by phone.</p> <p>Record review of in-service training on How to identify a resident BIMS assessment core located in special instructions tab in residents' chart in PCC. (Licensed Nurses), dated 02/27/2025, on 02/28/2025 revealed 11 of 17 licensed nurses had signed the in-service training and 6 staff members had been notified by phone.</p> <p>Record review of in-service training on DON/ADON and or MDS nurse will be responsible for entering BIMS score in special instruction tab in PCC, dated 02/27/2025, on 02/28/2025 revealed 3 of 3 had signed the in-service training.</p> <p>Record review of in-service training on All other non-licensed staff will inquire with licensed nurses for questions regarding residents BIMS score, dated 02/27/2025, on 02/28/2025 revealed 19 of 26 other non-licensed staff had signed the in-service training and 7 staff members had been notified by phone.</p> <p>Record review of in [TRUNCATED]</p>