

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER The Heights on Huebner		STREET ADDRESS, CITY, STATE, ZIP CODE 10127 Huebner Rd San Antonio, TX 78240	
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39049</p> <p>Based on observation, interview, and record review, the facility failed to ensure the baseline care plan that included the instructions for resident care needed to provide effective and person-centered care was completed and provided to the resident and/or their representative for 1 of 5 residents reviewed for new admissions. (Resident #152)</p> <p>The facility failed to develop Resident #152's baseline care plan regarding the resident's BiPap (Bilevel Positive Airway Pressure - device that helps breathing) care for within 48 hours of admission on 10/23/2024.</p> <p>These failures could place residents at risk of not receiving care and services to meet their needs.</p> <p>Findings included:</p> <p>Record review of Resident #152's face sheet, dated 11/01/2024, reflected the resident was a [AGE] year old female and admitted to the facility on [DATE] with diagnoses of vertebral fracture (backbone fracture), chronic obstructive pulmonary disease (damaged to the lung), pleural effusion (buildup of fluid in the lung), type 2 diabetes mellitus (not properly use insulin to process sugar for energy), and muscle wasting and atrophy (decrease in size and wasting of muscle).</p> <p>Record review of Resident #152's Brief Interview of Mental Status (BIMS), dated 10/26/2024, reflected the resident's BIMS score was 14 out of 15, which indicated the resident had intact cognitive function.</p> <p>Record review of Resident #152's baseline care plan, dated initiated 10/23/2024, reflected there was no baseline care plan regarding Resident #152's BiPap care.</p> <p>Record review of Resident #152's physician's orders, dated 10/23/2024, reflected there was no physician's order regarding Resident #152's BiPap care.</p> <p>Observed on 10/29/2024 at 10:29 a.m. revealed there was a BiPap machine and mask on the nightstand beside the bed of Resident #152's room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER The Heights on Huebner		STREET ADDRESS, CITY, STATE, ZIP CODE 10127 Huebner Rd San Antonio, TX 78240	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/01/2024 at 11:46 a.m. Resident #152 stated she was using the BiPap every day when she was sleeping, and she brought it from her home.</p> <p>Interview on 11/01/2024 at 10:00 a.m. with CNA-A said Resident #152 used the BiPap every night since the resident was admitted to the facility.</p> <p>Interview on 11/01/2024 at 10:05 a.m. the MDS nurse (RN-B) acknowledged Resident #152 was using a BiPap when the resident was sleeping every night since the resident was admitted to the facility on [DATE]. The MDS nurse RN-B stated she should have developed Resident #152's baseline care plan within 48 hours regarding the resident's BiPap care because the resident was admitted with the BiPap. The MDS nurse RN-B said she missed the resident's BiPap when developing baseline care plan.</p> <p>Interview on 11/01/2024 at 12:25 p.m. the DON stated the MDS nurse should have developed Resident #152's baseline care plan within 48 hours regarding the resident's BiPap care because the resident was admitted with the BiPap, and baseline care plans affected actual care through which nurses knew how to provide care appropriately to Resident #152; therefore, no baseline care plan might affect inappropriate care to the resident.</p> <p>Record review of the facility policy, titled Care Planning, revised 01/2023, reflected the care plan should be initiated upon admission, continued to be developed during the initial 48 to 72 hours. The care plan should serve as a guide, which should direct care needs, care choices, and care preferences.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER The Heights on Huebner		STREET ADDRESS, CITY, STATE, ZIP CODE 10127 Huebner Rd San Antonio, TX 78240	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39049</p> <p>Based on observation, interviews, and record review, the facility failed to ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice for 1 of 2 (Resident #152) reviewed for respiratory care.</p> <p>Resident #152 did not have physician's orders regarding the resident's BiPap (Bilevel Positive Airway Pressure - device that helps breathing) care when the resident was using the BiPap every night since admission on 10/23/2024.</p> <p>This failure could affect residents with a BiPap and could lead to lack of care as ordered by the physician.</p> <p>The findings included:</p> <p>Record review of Resident #152's face sheet, dated 11/01/2024, reflected the resident was [AGE] years old female and admitted to the facility on [DATE] with diagnoses of vertebral fracture (backbone fracture), chronic obstructive pulmonary disease (damaged to the lung), pleural effusion (buildup of fluid in the lung), type 2 diabetes mellitus (not properly use insulin to process sugar for energy), and muscle wasting and atrophy (decrease in size and wasting of muscle).</p> <p>Record review of Resident #152's Brief Interview of Mental Status (BIMS), dated 10/26/2024, reflected the resident's BIMS score was 14 out of 15, which indicated the resident had intact cognitive function.</p> <p>Record review of Resident #152's baseline care plan, dated initiated 10/23/2024, reflected there was no baseline care plan regarding Resident #152's BiPap care.</p> <p>Record review of Resident #152's physician's orders, dated 10/23/2024, reflected there was no physicians order regarding Resident #152's BiPap care, such as set-up the machine and how to care the tubing.</p> <p>Observed on 10/29/2024 at 10:29 a.m. revealed there was a BiPap machine and mask on the nightstand beside the bed of Resident #152's room.</p> <p>Interview on 11/01/2024 at 11:46 a.m. Resident #152 stated she was using the BiPap every day when she was sleeping, and she brought it from her home. Further interview with Resident #152 said she knew how to use it and did not see facility nurses took care of Resident #152's BiPap.</p> <p>Interview on 11/01/2024 at 10:00 a.m. CNA-A said Resident #152 used the BiPap every night since the resident was admitted to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER The Heights on Huebner		STREET ADDRESS, CITY, STATE, ZIP CODE 10127 Huebner Rd San Antonio, TX 78240	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/01/2024 at 10:05 a.m. the MDS nurse (RN-B) acknowledged Resident #152 was using a BiPap when the resident was sleeping every night since the resident was admitted to the facility on [DATE]. The MDS nurse RN-B stated there was no physician's orders regarding Resident #152's BiPap care, such as machine set up and how to care for the tubing. The facility nurses should have obtained the physician's orders for Resident #152's BiPap care because the resident was using it every night, and the physician's orders affected actual care through which nurses knew how to provide care appropriately to Resident #152; therefore, no physician's orders might affect lack of care to the resident.</p> <p>Interview on 11/01/2024 at 12:25 p.m. the DON stated the facility nurses should have obtained physician's orders for Resident #152's BiPap care because the resident was admitted with the BiPap and said the facility did not have specific policy regarding Bipap.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER The Heights on Huebner		STREET ADDRESS, CITY, STATE, ZIP CODE 10127 Huebner Rd San Antonio, TX 78240	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39049</p> <p>Based on observation, interview, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 of 5 medication carts (treatment cart) reviewed for pharmacy services.</p> <p>There was one medication (Anasept Gel - antimicrobial skin and wound gel) expired on 09/14/2023 found inside the treatment cart on 10/31/2024.</p> <p>This failure could place residents at risk of inaccurate drug administration and not having appropriate therapeutic effects.</p> <p>The findings included:</p> <p>Observation on 10/31/2024 at 4:21 p.m. revealed one gel (Anasept Gel) of antimicrobial skin and wound was found inside the treatment cart, and it expired 09/14/2023.</p> <p>Interview on 10/31/2024 at 4:22 p.m. treatment nurse LVN-C acknowledged one gel (Anasept Gel) of antimicrobial skin and wound was found inside the treatment cart, and it expired 09/14/2023. Treatment nurse LVN-C said she did not know what reason the expired medication was inside the treatment cart, and nurses should discard all expired medications from the medication carts as per the facility policy. Potential harm was nurses might use the expired medication, and the expired medication might not have therapeutic effects.</p> <p>Interview on 11/01/2024 at 12:25 p.m., with the DON said there was no specific policy regarding expired medication, but facility nurses should discard all expired medications from the medication carts.</p> <p>Record review of the facility policy, titled Medication Cart Use and Storage, dated 03/15/2019, revealed The following equipment may be generally found in/on the medication cart: appropriate liquid, labeled and dated.</p>		