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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westover Hills Rehabilitation and Healthcare	9922 State Hwy. 151 San Antonio, TX 78251

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide pharmaceutical services including procedures that assure the accurate dispensing and administering to meet the needs of each resident for 1 of 4 residents (Resident #1) reviewed for pharmacy services. 1. MA A failed to remove Resident #1's Lidoderm Patch (an analgesic, a patch containing numbing medication for pain) according to physicians' orders and manufacturer's instructions on 03/07/2026. 2. MA A incorrectly dated and did not initial Resident #1's Lidoderm Patch 03/06/2026 when administering the patch on 03/07/2026. This failure could place residents at risk for not receiving the intended therapeutic effects of prescribed medications or receiving potentially harmful side effects from prescribed medications. The findings included: Record review of Resident #1's Face Sheet, dated 03/08/2026, reflected an [AGE] year-old female. She was originally admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #1's Medical Diagnosis tab, undated and accessed on 03/08/2026 at 02:01 p.m., reflected diagnoses included fracture of unspecified carpal bone (one of the eight small bones that make up the wrist), left wrist; constipation (a problem with passing fewer than three stools a week or difficulty passing a stool), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest in activities), and urinary tract infection (an infection in any part of the urinary system). Record review of Resident #1's 5-Day MDS Assessment, dated 02/22/2026, reflected the resident had a BIMS score of 11, which indicated she was moderately cognitively intact. She normally used a walker and required substantial/maximal assistance to roll left and right on the bed, to move from sitting to lying, from sitting to standing, and to transfer from the chair/bed-to-chair. She was noted to have an active urinary tract infection, fracture, and depression. She received scheduled and as needed pain medication and experienced pain frequently at a scale of 5 out of 10. Record review of Resident #1's Care Plan Report, undated and accessed 03/08/2026 at 02:03 p.m., reflected the following focus and interventions: - Focus: Alteration in musculoskeletal status r/t Fracture [sic] of the (left wrist), date initiated and revised 02/20/2026. - Intervention: Give analgesics (a drug that is used to relieve pain) as ordered by the physician. Monitor and document for side effects and effectiveness., date initiated 02/20/2026. Record review of Resident #1's Order Summary Report, dated active orders as of 03/08/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Lidoderm Patch 5% (Lidocaine) Apply to lower back topically one time a day for back pain remove every evening before bedtime, order status Active, order date 03/04/2026, start date 03/05/2026, and no end date. Record review of Resident #1's MA Administration Record, dated 03/01/2026 - 03/31/2026, reflected the order Lidoderm Patch 5% (Lidocaine) Apply to lower back topically one time a day for back pain remove every evening before bedtime. The order was documented as administered on 03/07/2026 by MA A. During an observation and interviews of medication administration on 03/08/2026 at 12:43 p.m., LPN B was observed to enter Resident #1's room to administer her scheduled Lidoderm Patch. After LPN B assisted Resident #1 onto her left side, LPN B lifted the back of Resident #1's shirt to expose her lower back. A Lidoderm Patch dated 03/06/2026 and without initials was visible on Resident #1's (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	back. LPN B stated the resident (Resident #1) should not have had that (a previous Lidoderm Patch) on. She stated she did not know why Resident #1 had it on because she, LPN B, did not work the last two days, 03/06/2026 and 03/07/2026, and therefore had not seen Resident #1's back over those two days. She stated she believed the Lidoderm Patch was only supposed to be on the resident for 12 hours and was not sure why it had not been removed the prior evening. She stated she was unsure why the prior day's administration had been missed or if the administering staff member mis-dated the patch. She stated that this type of error was unacceptable and that the resident was at risk of getting more medication or a higher dosage of the medication than she should. LPN B was observed to ask Resident #1 if she was in pain and Resident #1 responded, no. LPN B was observed to ask Resident #1 if she knew when the Lidoderm Patch was last put on and Resident #1 responded, the day before but was not sure. During an interview on 03/09/2026 at 04:46 p.m., MA A stated she normally worked double weekends as a medication aide. She stated she had worked as the medication aide on 03/07/2026 from 06:00 a.m. to 10:00 p.m. She stated she remembered administering Resident #1 her medications on 03/07/2026 and remembered applying the Lidoderm Patch. She stated if she put the patch on, she would know the patch would need to be removed in the afternoon but did not recall taking Resident #1's patch off. She stated she remembered administering Resident #1's evening medications and she remembered asking Resident #1 to turn onto her side and Resident #1 stating she was in pain in her arm. MA A stated she most likely told Resident #1 she would be back and then the requirement to remove the Lidoderm Patch slipped her mind. She stated the patches were expected to be on 11.5 to 12 hours. MA A stated she could have put the wrong date on the patch. She stated there were times when she had discovered she was putting the wrong date when administering and had to go back and cross the date out and correct it. She stated she did not know how putting the wrong date on the patch or the resident having the patch on longer than 12 hours would have impacted the resident. During an observation on 03/09/2026 at 06:22 p.m., Resident #1's Lidoderm Patch reflected Lidocaine Patch 5% and under directions for use, Apply the prescribed number of patches, only once for up to 12 hours within a 24 hour period. During an interview on 03/09/2026 at 06:52 p.m., the DON stated her expectation was for staff to initial and date the Lidoderm or Lidocaine Patches when administering. She stated the lidocaine patch should be removed in 12 hours unless the provider changes the order. She stated the impact of a resident having a Lidoderm or Lidocaine Patch longer than the expected time was that it could possibly cause Lidocaine toxicity. She stated the impact of not providing the patch per order was that the resident might have complaints of pain. She stated the impact of the patch having possibly been dated wrong was that a person observing the labeled date might interpret that as a treatment was missed or not administered. During an interview on 03/09/2026 at 07:20 p.m., the ADMIN stated his expectation was for staff to follow the doctor's order, when to give the medication, when to take it off, when to replace it, and when to discontinue it. He stated the impact of not removing the medication per order was that it could cause skin irritation. He stated the impact of possibly incorrectly labeling the patch was that it could cause confusion over when the medication was administered or result in double dosing. He stated the impact of possibly missing an administration was that the resident could be in pain. Record review of Policy / Procedure - Nursing Clinical Section: Medication Administration Subject: Administration of Drugs, dated revised 08/2020, reflected: Policy:It is the policy of this facility that medications shall be administered as prescribed by the attending physician.Procedures: .2. Medications must be administered in accordance with the written orders of the attending physician.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that it was free of a medication error rate below 5 percent (%) or greater. The facility had a medication error rate of 16.12% based on 5 out of 31 opportunities which involved 1 of 5 residents (Resident #1) and 1 of 1 staff (LPN B) observed for medication administration errors. LPN B administered Docusate Sodium (a stool softener used to relieve constipation), Fluoxetine HCl (a drug used to treat depression), Meloxicam (an analgesic, a drug used to reduce pain and swelling), Methenamine Hippurate (a drug used to prevent recurrent urinary tract infections), and Polyethylene Glycol (a drug used as a laxative to relieve constipation) to Resident #1 at 12:12 p.m., one (1) hour and twelve (12) minutes after the scheduled administration window, 07:00 a.m. to 11:00 a.m. This failure could place residents at risk of not receiving therapeutic effects of the medications and possible adverse reactions.The findings included: Record review of Resident #1's Face Sheet, dated 03/08/2026, reflected an [AGE] year-old female. She was originally admitted to the facility on [DATE] and readmitted on [DATE]. Record review of Resident #1's Medical Diagnosis tab, undated and accessed on 03/08/2026 at 02:01 p.m., reflected diagnoses included fracture of unspecified carpal bone (one of the eight small bones that make up the wrist), left wrist; constipation (a problem with passing fewer than three stools a week or difficulty passing a stool), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest in activities), and urinary tract infection (an infection in any part of the urinary system). Record review of Resident #1's 5-Day MDS Assessment, dated 02/22/2026, reflected the resident had a BIMS score of 11, which indicated she was moderately cognitively intact. She normally used a walker and required substantial/maximal assistance to roll left and right on the bed, to move from sitting to lying, from sitting to standing, and to transfer from the chair/bed-to-chair. She was noted to have an active urinary tract infection, fracture, and depression. She received scheduled and as needed pain medication and experienced pain frequently at a scale of five (5) out of ten (10). Record review of Resident #1's Care Plan Report, undated and accessed 03/08/2026 at 02:03 p.m., reflected the following focus and interventions: - Focus: Has constipation r/t Decreased [sic] mobility, date initiated 02/20/2026. - Intervention: Administer medications as ordered., date initiated 02/20/2026.- Focus: Is on Antibiotic Therapy r/t UTI, date initiated and revised 02/20/2026. - Intervention: Administer medication as ordered - Methenamine Hippurate, date initiated and revised 02/20/2026.- Focus: Alteration in musculoskeletal status r/t Fracture [sic] of the (left wrist), date initiated and revised 02/20/2026. - Intervention: Give analgesics (a drug that is used to relieve pain) as ordered by the physician. Monitor and document for side effects and effectiveness., date initiated 02/20/2026. - Focus: At risk for depression, date initiated and revised 02/20/2026. - Intervention: Administer medications as ordered. Monitor/document for side effects and effectiveness., date initiated 02/20/2026. - Focus: Antidepressant medication use r/t (Fluoxetine) Depression, date initiated and revised 02/20/2026. - Intervention: Give antidepressant medications ordered by physician., date initiated 02/20/2026. Record review of Resident #1's Order Summary Report, dated active orders as of 03/08/2026, reflected the following order summaries with order status, order date, start date, and end date if available: - Docusate Sodium Oral Tablet 100 MG (Docusate Sodium) Give 100 mg by mouth two times a day for bowel maintenance [the process of managing and maintaining regular bowel movements], order status Active, order date and start date 02/26/2026, and no end date. - Fluoxetine HCl Oral Capsule 10 MG (Fluoxetine HCl) Give 100 mg by mouth one time a day related to depression, unspecified, order status Active, order date 02/19/2026, start date 02/20/2026, and no end date. - Meloxicam Oral Tablet 7.5 MG (Meloxicam) Give 7.5 mg by mouth one time a day for pain for 14 Days after breakfast to avoid GI upset or take with snack, order status Active, order date 02/24/2026, start date 02/25/2026, and end date 03/11/2026.- Methenamine Hippurate Oral Tablet 1 GM (Methenamine Hippurate) Give 1 tablet by mouth two times a day for chronic UTI, order status Active, order date (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	02/19/2026, start date 02/20/2026, and no end date. - Polyethylene Glycol 3350 Powder (Polyethylene Glycol 3350 (Bulk)) Give 1 scoop by mouth two times a day for constipation, order status Active, order date and start date 03/06/2026, and no end date. Record review of Resident #1's CMA Administration Record, dated 03/01/2026 - 03/31/2026, reflected the orders:- Docusate Sodium Oral Tablet 100 MG (Docusate Sodium) Give 100 mg by mouth two times a day for bowel maintenance. The order was noted as scheduled for administration at AM 07. - Fluoxetine HCl Oral Capsule 10 MG (Fluoxetine HCl) Give 100 mg by mouth one time a day related to depression, unspecified. The order was noted as scheduled for administration at AM 07. - Meloxicam Oral Tablet 7.5 MG (Meloxicam) Give 7.5 mg by mouth one time a day for pain for 14 Days after breakfast to avoid GI upset or take with snack. The order was noted as scheduled at AM 07. - Methenamine Hippurate Oral Tablet 1 GM (Methenamine Hippurate) Give 1 tablet by mouth two times a day for chronic UTI. The order was noted as scheduled at AM 07.- Polyethylene Glycol 3350 Powder (Polyethylene Glycol 3350 (Bulk)) Give 1 scoop by mouth two times a day for constipation. The order was noted as scheduled at AM 07. During an observation and interview of medication administration on 03/08/2026 from 12:02 p.m. to 12:12 p.m., LPN B was observed to start preparing Resident #1's medication administration at 12:02 p.m. On LPN B's electronic medication administration record screen, Resident #1's Docusate Sodium, Fluoxetine HCl, Meloxicam, Methenamine Hippurate, and Polyethylene Glycol were observed to be scheduled for administration from 07:00 a.m. to 11:00 a.m. LPN B was observed to administer Resident #1's medications at 12:12 p.m. LPN B stated the medications for Resident #1 were late due to her having not been frequently assigned to administer medications on Resident #1's hall and was therefore not very familiar with their medications. She stated she would often assist residents in repositioning and other requested tasks while in the residents' rooms, which also resulted in her having been delayed this morning, 03/08/2026, in medication administration. She stated the impact of late medication administration was that it could result in some medications that were scheduled more than once a day having been administered too closely together. During an interview on 03/09/2026 at 06:52 p.m., the DON stated it was the responsibility of the medication aides and nurses to administer the medications on time. She stated the impact of late medication administration would depend on the medication. While reviewing the medications that were administered late for Resident #1, the DON stated the late medication administration would not have impacted the resident and she stated she had notified Resident #1's provider regarding the late medication administration and they did not have any concerns. During an interview on 03/09/2026 at 07:20 p.m., the ADMIN stated his expectation was for staff to administer the medications when they were supposed to. He stated it was the responsibility of the medication aide or nurse. He stated the impact of late medication administration would depend on the medication, such that a late pain medication might result in the resident experiencing pain. He stated it would depend on what the medication was prescribed for. Record review of Policy / Procedure - Nursing Clinical Section: Medication Administration Subject: Administration of Drugs, dated revised 08/2020, reflected: Policy:It is the policy of this facility that medications shall be administered as prescribed by the attending physician.Procedures: .2. Medications must be administered in accordance with the written orders of the attending physician.7. Medications may not be set up in advance and must be administered within one (1) hour before or after their prescribed time.8. Medications may be administered within the liberalized time frame if [facility name] have transitioned to liberalized medication time frames with the approval of the resident's physicians and after consulting with pharmacy.9. Unless otherwise specified by the resident's attending physician, routine medications should be administered as scheduled.