

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  04/25/2025
NAME OF PROVIDER OR SUPPLIER  Westover Hills Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50760</p> <p>Based on observations, interviews, and record review, the facility failed to ensure all drugs and biologicals used in the facility were labeled in accordance with currently accepted professional guidelines for three of eight medication carts (200 hall nurse cart, 200 hall medication aide cart, and 400 hall medication aide cart) assessed for medication storage and labeling.</p> <p>The nurse cart for the 200 hall contained two unlabeled pills lying in the drawer. The medication aide cart for the 200 hall contained one unlabeled pill lying in the drawer. The medication aide cart for the 400 hall contained four unlabeled pills lying in the drawer.</p> <p>This failure could place residents who receive medications at risk of not receiving the intended therapeutic effects of their prescribed medications and experiencing unintended and harmful effects of medications prescribed to others.</p> <p>The findings included:</p> <p>During an observation and interview on [DATE] at 9:00 AM of the 200 hall nurse cart with RN A, 2 loose pills were observed in the bottom of the cart drawer, unlabeled. RN A stated she would toss the pills because you don't even know what it is. RN A stated she tosses them to be safe, because it could be a huge hazard, and you may not know what you are giving.</p> <p>During an observation on [DATE] at 9:30 AM of the 200 hall medication aide cart with RN A, 1 loose pill was observed in the bottom of the cart drawer, unlabeled.</p> <p>During an observation on [DATE] at 9:35 AM of the 400 hall medication aide cart with RN A, 4 loose pills were observed in the bottom of the cart drawer, unlabeled.</p> <p>During an interview with MA B on [DATE] at 9:50 AM regarding the loose pills in the 200 hall medication aide cart, MA A stated there could be contamination, people can give it, and it can be wrong, or it could be expired.</p> <p>During an interview with MA C on [DATE] at 9:55 AM regarding the loose pills in the 400 hall medication aide cart, MA C stated there could be a med error, or a patient might not be getting their pill. MA C stated she would throw away the pill.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the DON on [DATE] at 2:56 PM, regarding the loose pills in the medication carts, the DON stated a loose pill could fall out of the cart, and someone could grab it who was not supposed to. The DON stated her expectation is to make sure the loose pills are destroyed.</p> <p>Review of the facility policy titled Labeling of Medications and Biologicals revised on ,d+[DATE], noted It is the policy of this facility that mediations and biologicals are labeled in accordance with facility requirements, state and federal laws.</p>		