STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676312	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - West S	222 Bertetti Dr San Antonio, TX 78227

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections for 1 of 2 residents (Resident #2) reviewed for urinary catheters. The facility failed to ensure CNA A performed proper catheter care for Resident #2 when she did not protect the catheter tubing from unnecessary tension while performing catheter care. This failure could result in the unintentional dislodgement of the urinary catheter or pain/injury to a resident's urinary tract. Findings included: Record review of Resident #2's Face Sheet dated 4/22/2026 reflected an [AGE] year-old male admitted to the facility on [DATE]. Relevant diagnoses included benign prostatic hyperplasia with lower urinary tract symptoms (the inability or difficulty with urinating due to blockage of the urinary system). Record review of Resident #2's quarterly MDS submitted 3/4/2026 reflected a BIMS score of 09, which indicated moderately impaired cognitive status. Section H0100 of the MDS (Bladder and Bowel, Appliances) reflected Resident #2 had an indwelling catheter (a tube placed into the body to drain urine) during the assessment period. Record review of Resident #2's Care Plan Report undated/ printed 4/22/2026, reflected the following:[Resident #2] has indwelling [sic] catheter for DX: BPH with neurogenic bladder [a neurological issue that causes the inability to urinate normally] date initiated 6/02/2024.In an observation and interview on 4/23/2026 at 10:15 AM, CNA A was observed performing routine catheter care for Resident #2. CNA A grasped the base of Resident #2's genitals with one hand and used the other hand to wipe along the catheter tubing in a direction away from Resident #2's body. The catheter tubing became taut during this process. CNA A then repeated this action three times. Resident #2 did not express pain or discomfort during the procedure and said he was okay. In an interview on 4/23/2026 at 10:30 AM, CNA A said she received skills training from the facility about catheter care. She said she was trained to grasp the catheter tubing before wiping it, and she had grasped Resident #2's genitals because she forgot and was nervous. She said the potential risk of not securing the tube while cleaning was accidental removal. In an interview with the ADON on 4/23/2025 at 10:55 AM, she said she had performed the skills competencies for the CNAs, including catheter care. She said staff were trained to grasp the catheter tubing before wiping. She said the potential risk of not grasping the tube while wiping was trauma to the site of the catheter or displacement. Record review of the facility document titled Nurse Aide Competency Checklist: Perineal Care- Male (with or without catheter) dated 8/5/2025 reflected validated training and competency of catheter care for CNA A. Record review of the facility policy titled Indwelling Urinary Catheter Care dated 05/2007, revised 12/2023, reflected the following: 9. Moisten the washcloth and apply soap to the washcloth or using moistened disposable wipes, clean the catheter in a downward motion (front to back) beginning at the urinary meatus (insertion point) and at least 4 inches down (from resident toward the collection bag) .12. May secure the tubing with a securement device, as needed (PRN) to prevent migration, friction, or tension of the catheter .

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676312	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Legend Oaks Healthcare and Rehabilitation - West S	222 Bertetti Dr San Antonio, TX 78227

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a sanitary environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 2 residents (Resident #1) reviewed for infection prevention. The facility failed to ensure CNA B wore proper PPE while providing care to Resident #1 who had a catheter and was on enhanced barrier precautions. This failure could result in the spread of infection. Findings included:Record review of Resident #1's Face Sheet dated 4/22/2026 reflected an [AGE] year-old male admitted to the facility on [DATE]. Relevant diagnoses included benign prostatic hyperplasia with lower urinary tract symptoms (the inability or difficulty with urinating due to blockage of the urinary system). Record review of Resident #1's quarterly MDS submitted 1/1/2026 reflected a BIMS score of 07, which indicated moderately impaired cognition. Section H0100 of the MDS (Bladder and Bowel, Appliances) reflected Resident #1 had an indwelling catheter (a tube placed into the body to drain urine) during the assessment period. Record review of Resident #1's Care Plan Report undated/ printed 4/22/2026, reflected the following:[Resident #1] has a suprapubic catheter [a surgical opening for catheter placement directly into the bladder to drain urine] . date initiated 6/20/2024 . Use Enhanced Barrier Precautions date initiated 9/17/2025In an observation on 4/23/2026 at 9:43 AM, Resident #1's exterior door was observed to have a sign indicating the resident was on EBP. CNA B was observed applying a clean, disposable brief to Resident #1 without wearing a disposable gown. In an interview with CNA B on 4/29/2026 at 10:30 AM, she said she had received training from the facility about infection prevention. She said she should have worn a disposable gown when applying the disposable brief for Resident #1, but she forgot because she was nervous. She said the potential risk was infection. In an interview with the ADON on 4/29/2026 at 10:55 AM, she said she was the Infection Preventionist for the facility. She said staff should wear disposable gowns and gloves when performing close contact for residents who required EBP. She said CNA B should have worn a gown during the procedure, and the potential risk was the spread of infection. Record review of the facility policy titled IPCP Standard and Transmission-Based Precautions dated 6/2021, revised 3/2024, reflected the following: 3. Enhanced Barrier Protection (EBP): used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves during high-contact resident care activities .