

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Las Colinas of Westover		STREET ADDRESS, CITY, STATE, ZIP CODE 9738 Westover Hills Blvd 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain medical records that were complete and accurately documented for 1 of 15 (Resident #1) residents reviewed, in that: Resident #1's diagnoses of Primary Osteoarthritis Left Shoulder, Primary Osteoarthritis Right Shoulder, and Polyneuropathy Unspecified were not listed on his face sheet. This failure could result in inadequate care due to incomplete and inaccurate medical records. The findings were: Record review of Resident #1's face sheet, dated 11/25/2025, revealed he was admitted on [DATE] with diagnoses including: Chronic Respiratory Failure with Hypoxia, Unspecified Protein-Calorie Malnutrition, and Unspecified Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a BIMS score of 15 which indicated intact cognition. Record review of Resident #1's care plan, dated 09/21/2025, revealed Pain related to Immobility. Record review of a provider note from Resident #1's Nurse Practitioner, dated 11/20/2025, revealed a list of diagnoses which included Primary Osteoarthritis Left Shoulder, Primary Osteoarthritis Right Shoulder, and Polyneuropathy Unspecified. Further review of Resident #1's face sheet revealed the diagnoses Primary Osteoarthritis Left Shoulder, Primary Osteoarthritis Right Shoulder, and Polyneuropathy Unspecified were not listed. During an interview with the DON on 11/25/2025 at 12:02 p.m., the DON confirmed that it was important to have all diagnoses listed on the residents' face sheets since it was the primary method of communication to outside providers, including hospitals, of a resident's health status. The DON stated that the Nurse Practitioner had not informed the facility of these diagnoses and that she would address the issue with him to ensure improved communication in the future. Record review of the facility policy, Documentation in Medical Record, 06/06/2025, revealed, Each resident's medical record shall contain an accurate representation of the actual experience of the resident through complete, accurate, and timely documentation.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents' right to a safe, clean, comfortable and homelike environment for 1 of 1 Beauty Shop, in that: The facility Beauty Shop was found unlocked on 11/25/25 and contained potentially harmful items. This deficient practice could result in residents living in an unsafe environment. The findings were: Observation on 11/25/2025 at 10:32 a.m., revealed the facility Beauty Shop was unlocked and unoccupied, and contained containers of potentially harmful materials including: hairspray labeled flammable, hair dye labeled can cause allergic reaction and may cause skin irritation, sanitizing wipes labeled flammable and avoid contact with eyes, hair setting solution labeled keep out of reach of children', and nail dryer labeled flammable. During an interview with the Administrator on 11/25/2025 at 10:40 a.m., the Administrator confirmed the Beauty Shop should have been secured so that residents would not come into contact with potentially harmful materials. He stated the shop was usually secure and the door must have been left unlocked accidentally. He stated it was the responsibility of all staff who utilize the Beauty Shop to ensure it remained locked when not in use. Record review of the facility policy, Quality of Life, Homelike Environment, undated, revealed, Residents are provided with a safe, clean, comfortable, and homelike environment.</p>		