

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>07/17/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Coronado at Stone Oak                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>19638 Stone Oak Parkway<br>San Antonio, TX 78258 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen observed for food service sanitation and safety, in that: During the initial tour on 7/14/26: ---The facility failed to ensure 3 portion plates and 4 baking pans were not upside down with food contact surfaces exposed. ---The facility failed to ensure an open box of Cream of Wheat was not on top of a warm oven. ---The facility failed to ensure 2 containers of soup base were not opened and not refrigerated as recommended on the labels. ---The facility failed to ensure there was not an unsecured overhead cover in the pantry. ---The facility failed to ensure the walk-in-refrigerator did not have an opened bag of (1) ham and salad container with an expiration date of 7/12/26. ---The facility failed to ensure the dried storage room did not have an opened bag of (1) fettuccine and 1 bag spaghetti. On follow up visit on 7/15/26: ---The facility failed to ensure the can opener was not dirty with a black substance on the blade. These failures could place residents who eat meals from the kitchen at risk for spread of infections, food contamination, and food borne illness. Findings included: Based on observation on 7/14/26 at 9:30 a.m. the kitchen revealed: ---3 portion plates and 4 baking pans upside down with food contact surface exposed. ---open box of Cream of W on top of a warm oven. ---2 containers of soup base opened and not refrigerated as recommended on the labels. ---unsecured overhead cover in the pantry. ---in the walk-in-refrigerator: opened bag of (1) ham and salad container with an expiration date of 7/12/26. ---the dried storage room: opened bag of (1) fettuccine, (1) spaghetti. Based on an observation on 7/15/26 at 2:45 p.m., the can opener was dirty with a black substance on the blade, and the rotation mechanism appeared with a black substance. During an interview on 7/14/26 at 10:25 a.m., the FSS stated plates and baking sheets did not need to be exposed to possible contamination. He stated bags needed to be labeled by date. He stated he had no explanation for the loose overhead light cover in the pantry. During an interview on 7/14/26 at 10:30 a.m., the dietitian stated the items noticed by the surveyor could lead to contamination due to improper labeling and sealing of bags. She stated that the loose overhead cover in the pantry could result in accidents and needed to be secured. During an interview on 7/14/26 at 10:40 a.m., the Administrator stated he had no explanation for the finding in the kitchen, but he would address and take corrective action. The Administrator stated all residents eat from the kitchen except for Resident #16 who had a PEG and Resident #142 who was NPO. During an interview on 7/15/26 at 2:50 p.m., the FSS stated the can opener blade was cleaned but it was old and substances could fall on the blade. The FSS stated that the can opener needed to be replaced because it was old. The FSS stated that dirty can opener can lead to cross contamination. The FSS stated that the cleaning schedule was posted as a daily activity. During a telephone interview on 7/15/26 at 2:55 p.m., the dietitian stated the can opener needed to be cleaned because it could lead to cross contamination. The dietitian (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                   | (X6) DATE                                                               |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>676353 | Facility ID:<br><br>676353<br><br>If continuation sheet<br>Page 1 of 11 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | stated that the can opener could not be used until it was cleaned or replaced. Record review of the facility's kitchen cleaning scheduled dated 7/14/26 revealed the can opener was cleaned sometime during the day. The cleaning schedule did not document the cleaning of the can opener after every meal use. Record review of the facility's 14-day menu Summer 2026 week 3 revealed on 7/15/26 for the breakfast meal the can opener was used to open can(s) for fresh fruit cups. Record review of facility's Food Storage policy, dated revised 3/2019, read: .Food is stored, prepared, and transported at appropriated temperature and by methods designed to prevent contamination.All containers must legible and accurately labeled, including the date the package was opened.Frozen Foods.should be covered, labeled and dated.All food items should be stored upon delivery and careful rotation procedures should be followed. Record review of the FDA Food Code 2022 Annex 3. Public Health Reasons/Administrative Guidelines, dated 2022, paragraph 3.304.11, read: .Food that comes into contact directly or indirectly with surfaces that are not clean and sanitized is liable to. contamination. |                                                                                               |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to protect a resident's right to be treated with respect and dignity and to care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, for 1 of 8 residents (Resident #12) reviewed for dignity. The facility failed to ensure Resident #12 was provided with his preference for grooming/shaving of his facial hair for a period of 6 days. This failure could result in residents experiencing a diminished quality of life. Findings were: Record review of Resident #12's face sheet and Health Record revealed: male resident aged 78 was readmitted on [DATE] with diagnoses that included acute respiratory failure with hypoxia (primary, low oxygen) and need for assistance with personal care. Record review of Resident #12's admission MDS, dated [DATE], revealed a BIMS score of 11 which indicated his cognition was moderately impaired. The MDS indicated the resident required supervision or touching assistance for personal hygiene under ADL section. Record review of Resident #12's CP, dated 6/30/26, revealed for ADL personal care was one person assistance for grooming which included shaving. Record review of POC from 7/9/26 revealed bathing schedule, Patient received Tuesday, Thursday, Saturday day shift and PRN. Record review of POC in the past 30 days for bathing revealed documentation for shower 7/16/2026 and bed bath 7/2/2026 only. Observation on 07/15/2026 at 9:56 a.m. of Resident #12, revealed facial hair growth appeared longer than one inch in length. During interview on 07/15/2026 at 9:57 a.m., Resident #12 stated he wanted to be shaven. Resident #12 had not been shaven for two weeks, and CNA's have never asked him as an ADL activity whether he wanted to be shaven. Resident stated, You get used to shaving every day. The resident repeated he could shave himself with assistance from staff. During an interview on 7/15/26 at 10:00 a.m., LVN F stated her assessment of the hair growth involving Resident #12 was about one inch in length. LVN F stated part of grooming involved inquiring about whether he wanted the facial hair removed. LVN F stated whether the resident expressed a need for facial hair removal the CNAs needed to explore with the resident and document any refusal of grooming. LVN F stated that the charge nurse was responsible for follow-up on the completion of ADLs to include shaving. LVN F stated she had no explanation for the resident not being shaved given he was given a daily bed bath. During an interview on 7/15/26 at 10:05 a.m., CNA H stated she had seen Resident #12's facial hair and intended on asking the resident during grooming whether he wanted to be shaved. CNA H stated that shaving was part of the ADL activity of grooming. CNA H stated she had no explanation why the resident went for a period without facial hair shaving. CNA H stated that lack of shaving of a resident could lead to skin issues and a diminished quality of life. During an interview on 7/15/26 at 11:00 a.m., The DON stated the activity of grooming also involved inquiring whether a resident wanted facial hair removed. The DON stated Resident #12 never complained or requested a shaving of his facial hair. The DON stated the resident had recently returned from a hospital [6/9/26] and had facial hair. The DON stated Resident #12 when admitted to facility presented with facial hair, and the staff may have assumed the resident did not want to be shaved. The DON stated the expectation was that during the activity of grooming, CNAs should inquire if a resident want a shave or not. The DON stated she could not give an explanation why refusal of shaving was not documented in the POC. Record review of facility's ADL policy, 12/1/25, read, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> |                                                                                               |                                                 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure the right to reside and receive services in the facility with reasonable accommodation of needs and preferences for one of eight residents (Resident #90) reviewed for reasonable accommodation of needs. The facility failed to ensure the call light in Resident #90's room was placed in a position accessible to the resident on 7/15/2025. This failure could place the residents at risk of being unable to obtain assistance when needed and help in the event of an emergency. The findings included: Record review of Resident #90's admission Record, dated 7/16/2026, revealed an [AGE] year-old female admitted on [DATE] with Parkinson's disease (a movement disorder of the nervous system) without dyskinesia (uncontrolled, involuntary movement) without mention of fluctuations and atherosclerotic heart disease of native coronary artery (a specific type of cardiovascular disease that affects the arteries supplying blood to the heart muscle) without angina pectoris (chest pain caused by reduced blood flow to the heart). Record review of Resident #90's Quarterly MDS, dated [DATE] reveals a BIMS score of 99 indicated the resident was unable to complete the interview and zeros for all questions reflecting severe cognitive impairment. She had a functional limitation in range of motion with impairment on both sides of her lower extremities, used a wheelchair, and was dependent or required substantial/maximal assistance for her self-care and was dependent on staff for her mobility needs. Record review of Resident #90's undated Care Plan reflected an ADL self-care performance deficit r/t generalized weakness with the intervention The resident requires assistance x1 or x2 staff to move between surfaces. This may fluctuate with weakness, fatigue, or weight bearing status and Encourage the resident to use bell to call for assistance. Additional focus areas include The resident has a communication problem r/t Spanish speaking only with the intervention Ensure/provide a safe environment: Call light in reach, Adequate low glare light, Bed in lowest position and wheels locked, Avoid isolation. During an observation and attempted interview on 7/14/2026 at 4:39 PM, Resident #90 was observed in a single occupancy room, was lying in bed, and did not respond when asked a question. During an observation on 7/15/2026 at 11:45 AM, Resident #90 was observed sitting in a wheelchair on the left side of the bed near the foot of the bed. The call light was observed hanging on the right side of the bed hanging on the quarter rail out of reach for Resident #90. During an observation and interview on 7/15/2026 at 4:42 p.m., LVN E observed that Resident #90's call light was out of reach on the bed quarter rail and stated it was not in reach. She said Resident #90 did not ambulate on her own and that the facility staff who assisted her would need to place the call light so that it is accessible to the resident in case she remembered to push it. She stated Resident #90 was not impacted by the call light being out of reach because she never used it but that it should still be accessible in case the resident remembered to push it. She stated that staff kept the residents' door open and would do more frequent rounding for Resident #90. LVN E stated she would get a call light with a longer cord so that it could be placed near Resident #90 as the installed cord was too short. The longer corded call light was observed to be installed and LVN E informed Resident #90 of the call light location. During an interview on 7/16/2026 at 4:45 PM, the DON stated that the call light should be repositioned so that it was accessible to the resident if the facility transfers a resident that cannot transfer themselves without assistance. She said residents that move themselves would be able to move to the call light. The DON said the concern with an inaccessible call light for residents that require mobility assistance would be They might need something, try to get it themselves, possible fall, or just have needs unmet. Record review of facility policy, Call Lights: Accessibility and Time (continued on next page)</p> |                                                                                               |                                                 |

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| F 0558<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Response with an implementation date of 10/01/2025 and a reviewed/revise date of 12/1/2025,<br>reflected: Policy:The purpose of this policy is to ensure the facility is adequately equipped with a call<br>light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance.<br>Policy Explanation and Compliance Guidelines:5. Staff will ensure the call light is within reach of<br>resident and secured, as needed. |                                                                                               |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676353                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>07/17/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Coronado at Stone Oak                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>19638 Stone Oak Parkway<br>San Antonio, TX 78258 |                                                 |
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| F 0690<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to ensure residents who were incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 1 resident (Resident #130) reviewed for an indwelling catheter. The facility failed to ensure Resident #130's indwelling catheter was attached to prevent pulling or tugging on the perineal area. These failures could place residents at risk for discomfort, urethral trauma (injury to the duct in which urine is transported out of the body from the bladder), and urinary tract infections. Findings included: Record review of Resident #130's face sheet, dated 7/15/2026, revealed a [AGE] year-old female, admitted to the facility on [DATE] with the diagnoses of Parkinson's disease (progressive neurological disorder that primarily affects movement), hypertension ( is a common condition where the force of blood against the artery walls is consistently too high) and dementia(condition characterized by progressive or persistent loss of intellectual functioning). Record review of Resident #130's MDS, dated [DATE], revealed a BIMS score of 05, which indicated severe cognitive impairment. Record review of Resident#130's care plan initiated on 07/12/2026 revealed a care plan with interventions position the catheter bag and tubing below the level of the bladder . Record review of monthly physician orders for Resident #130 dated 7/14/2026 revealed a change to anchor every 15 days. Observation on 7/15/26 at 11:05 AM revealed that Resident #130's indwelling catheter lacked an anchor to secure the tubing in place. Interview with Resident RP revealed the anchor fell during a bed bath on an undetermined date and was never reapplied by the nurse. During an interview on 7/15/26 at 11:40 AM, LVN B confirmed Resident # 130 was not wearing an anchor to keep the Foley catheter from pulling. He stated he did not know why Resident #130 was not wearing an anchor, but would place one right away. LVN B stated that nurses were responsible for placing a Foley Stat-Lock anchor in residents. He said this is important because residents sometimes lie on the catheter, which can cause it to coil or be pulled. He stated the Stat-Lock anchor should be used to keep the Foley catheter stable and prevent tugging, as it would be painful for the resident if the balloon were to come out. LVN B stated that he had not yet seen Resident #130 that morning because he was still passing medications and had not reached the patient's room. Interview on 7/16/26 at 3:00 p.m., the DON stated residents who had indwelling urinary catheters needed to have a securing device so the catheter tubing was not pulled, which could cause irritation to the urethra. The DON stated that the nurse was responsible for ensuring the urinary catheter tubing was secured with a securing device, and that the ADONs would be monitoring compliance at random. Record review of Catheter Care policy dated 10/1/2025 revealed, Leg bags may be worn during the day, but needed to be removed and a bedside drainage bag placed on the catheter at night.</p> |                                                                                               |                                                 |

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| F 0757<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the resident was not given a psychotropic drug unless the medication was necessary to treat a specific condition as diagnosed and documented in the clinical record for 1 of 3 residents (Resident #3) reviewed for unnecessary medications, in that: The facility failed to ensure Resident #3 was prescribed a psychotropic drug for anxiety no longer than 14 days PRN . This deficient practice could place residents at risk of receiving unnecessary psychotropic medications. The findings were: Record review of Resident #3's face sheet dated 7/16/26, revealed a [AGE] year-old male admitted to the facility on [DATE] with the diagnosis that included: Peripheral vascular disease(a slow, progressive blood circulation disorder that narrows or blocks vessels outside the heart and brain, primarily affecting the legs and feet), Hyperlipidemia(blood has too many lipids) and anxiety(feeling of fear, dread, and uneasiness). Record review of Resident #3's admission MDS assessment, dated 6/26/26, revealed a BIMS score of 15, which indicated intact cognition. Record review of Resident #3's care plan, dated 6/23/26, revealed, Uses anti-anxiety medication. Record review of Resident #3's order summary, dated July 2026, revealed an order for Ativan oral tablet 0.5 mg, give one tablet by mouth every 12 hours as needed for anxiety indefinite. Interview with RN C on 7/16/2026 at 8:05 AM: she stated that a verbal order was transcribed, and the RN wrote the order but forgot to tell the provider to make it for only 14 days on Ativan, not indefinite. RN C stated the Ativan order needed to be clarified and rewritten to expire every 14 days so that a physician can reassess whether the medication is needed. Interview with Resident # 3 on 7/16/2026 at 9:30 AM: he said he suffered from anxiety and needed his Ativan medication. During an Interview with the DON on 7/17/26 at 9:25 a.m., the DON said that Resident # 3 had an order for Ativan 0.5 mg every 12 hours PRN indefinite, and the order should have only been for 14 days. She said she did not know why the order was written over 14 days, as overuse can place Resident # 3 at risk for respiratory depression. The DON said that ADON was responsible for overseeing this task daily, and she currently monitors this at random, which is why the deficient practice was an oversight. Record review of the facility's policy titled, Use Psychotropic Medication Policy, dated 12/1/2025, revealed, .PRN orders for psychotropic medication are limited to 14 days.</p> |                                                                                               |                                                 |

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| <p>F 0813</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to ensure the safe and sanitary storage of residents' food items in 2 of 5 (Resident #6 and #104) reviewed residents' refrigerators. The facility failed to ensure Resident #6 did not have an unlabeled, undated container of watermelon pieces in her personal refrigerator on 7/16/2026. The facility failed to ensure Resident #104 did not have unlabeled, undated, opened cheese dip container in her personal refrigerator on 7/14/2026. This deficient practice could put residents at risk of foodborne illness from consuming spoiled food. The findings were:</p> <p>Record review of Resident #6's admission record, dated 7/16/2026, revealed a [AGE] year-old female admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included: protein-calorie malnutrition (occurs when the body does not receive enough protein and energy to meet its nutritional needs), vitamin deficiency (occurs when the body lacks sufficient amounts of essential vitamins), and dementia (syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities).</p> <p>Record review of Resident #6's significant change in status MDS assessment, completed on 06/30/2026, reflected a BIMS score of 14 out of 15, indicating intact cognition.</p> <p>Record review of Resident #6's care plan, undated, reflected a focus The resident has impaired cognitive function/impaired thought processes r/t dementia, initiated 4/07/2026, with intervention Confused/Disoriented: Cue, reorient and supervise as needed., initiated 4/07/2026.</p> <p>During an interview and observation on 7/16/2026 at 01:03 PM, it was revealed that the personal refrigerator for Resident #6 contained an unlabeled, undated container of pieces of watermelon. Resident #6 revealed she received the watermelon 2 weeks ago and stopped eating it so she did not get sick. She revealed it would be helpful for someone to discard the watermelon.</p> <p>During an interview and observation on 7/16/2026 at 01:05 PM, RN C revealed the container of watermelon pieces in Resident #6's refrigerator was undated and unlabeled. He revealed it was every staff member's duty to check the residents' personal refrigerators to ensure items in their refrigerators was safe. He revealed this was important to ensure food was safe to eat in order to prevent food poisoning.</p> <p>During an interview on 7/16/2026 at 01:10 PM, CNA A revealed she was not aware of who was in charge of checking the items in residents' personal refrigerators and RN C would know. She revealed she was not aware that Resident #6 had a container of watermelon in her refrigerator.</p> <p>Record review of Resident #104's face sheet, dated 7/14/2026, revealed a [AGE] year-old female admitted to the facility on [DATE] with diagnoses that included: hypertension( Condition where the force of your blood pushing against your artery walls is consistently too high), cerebral infarction(Occurs when a blood vessel in the brain becomes blocked or severely narrowed) and anemia ( Condition in which the body does not have enough healthy red blood cells to carry oxygen to (continued on next page)</p> |                                                                                               |                                                 |

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| <p>F 0813</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>the body's tissues).</p> <p>Record review of Resident #104's BIMS assessment, completed on 06/04/26, revealed a BIMS score of 99, indicating the Resident was unable to complete the interview.</p> <p>Observations on 7/14/2026 at 10:20 AM revealed that the personal refrigerator for Resident #103 contained an unlabeled, undated, opened cheese dip container with unidentified, fuzzy patches in shades of white.</p> <p>Interview with Resident #103 on 7/14/2026 at 11:01 AM revealed that she was unaware of the unlabeled cheese dip container in her personal refrigerator.</p> <p>Interview with LVN B on 7/14/2026 at 12:00 p.m. revealed he was the assigned nurse for resident 103 and confirmed there was an unlabeled/undated cheese dip storage container in the personal refrigerator for resident 103. He stated he did not know who was responsible for removing undated and unlabeled food items from residents' personal refrigerators daily, but Resident # 103 risked foodborne illness by possibly consuming unlabeled, undated food.</p> <p>During an interview with the DON on 7/14/26, at 3:30 p.m., the DON confirmed that perishable food and drinks in residents' personal refrigerators should be labeled and dated to prevent residents from consuming spoiled food. The DON stated that all nursing staff were responsible for removing undated, unlabeled food items from residents' refrigerators daily, including assisting families in labeling and dating food items brought in. The DON stated that families sometimes bring food for residents without notifying the nursing staff. She added that her charge nurses were responsible for overseeing this task, and her ADONs would be monitored at random.</p> <p>Record review of the facility policy, Patient/Resident / Food from outside , dated November 2016, revealed: Food or beverages brought in from the outside will be dated.</p> |                                                                                               |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                 |
| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for 1 of 8 residents (Resident #2) reviewed for sanitary environment, in that: The facility failed to ensure on 7/15/26 Resident #2's catheter bag was hanging on the bed rail and not attached to a waste basket. This failure could result in the spread of disease and expose residents with catheters to infections and a diminished quality of life. Record review of Resident #2's face sheet, dated 7/15/26, reflected a [AGE] year-old male, with an admission date of 6/16/26 with diagnoses that included urinary tract infection (primary) and type 2 diabetes mellitus. The RP was listed as self. Record review of Resident #2's admission MDS (minimum data set), dated 6/25/26 reflected: BIMS (brief interview of mental status) Score was 15. (Cognitively intact) ADLs (activities of daily living): Toileting was dependent. B/B (bowel and bladder) Bladder was listed as Suprapubic catheter. Bowel was frequently incontinent. Record review of Resident #2's Care Plan was in progress as a new admission. On 7/11/26, Care Plan intervention: Position catheter bag and tubing below the level of the bladder and away from entrance room door. Record review of Resident #2's TAR (treatment administration record), (dated July 2026), reflected the resident received suprapubic catheter change (anchor and drainage bag) on 7/4/26, with orders for change every 15 days. Care plan also included, Care every shift Suprapubic Catheter care every shift. Record review of Resident #2's Physician' Orders, dated 6/15/26, reflected: change catheter every 15 days. Observation on 07/15/2026 9:21 a.m., revealed the drainage bag for suprapubic catheter was not properly hung and was hanging on a waste basket. LVN F moved the bag that was found placed inside a waste basket and moved it to the bed frame. During an interview on 7/15/26 at 9:23 a.m., Resident #2 stated he had catheter for 2 years and one UTI about one month ago. The resident stated he was not certain where the catheter bag was hanging and he assumed it was hanging properly. During an interview on 7/15/26 at 10:20 a.m., LVN F stated she observed the drainage bag hanging on a waste basket inside the empty trash liner, instead of on the bed frame. LVN F stated that the drainage bag needed to be hung on the bed frame to avoid contamination. LVN F stated she had no explanation for the reason the drainage bag was placed in the waste basket. During an interview on 7/15/26 at 11:00 a.m. the DON stated that Resident #2's drainage bag should not have been in the waste basket. She stated the drainage bag should have been placed on the bed frame. The DON stated the error of placement could have occurred during an ADL activity like a transfer. The DON stated she had no explanation for the inappropriate placement of the drainage bag which had the potential for contamination. Attempted telephone interview on 7/15/26 at 11:30 a.m., LVN G (night nurse on 7/14/26) to check on placement of catheter and drainage bag; message left for return call to surveyor. Record review of Resident #2's TAR dated 7/4/26 revealed the last time the catheter and drainage bag was changed was 7/4/26. Further review revealed that the placement of the catheter and drainage bag was checked on 7/14/26 on night shift by LVN G. Record review of R#2's physician orders dated 6/18/26 read: check for Patency and Placement every shift. Record review of Resident #2's TAR order read: check for Patency and Placement every shift. Record review of facility Catheter Care policies, dated 10/1/25, read, Bag and gather all supplies used, discarding disposable items in the trash can. Record review of facility Infection Prevention and Control Program, dated 12/1/25, read, This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and (continued on next page)</p> |                                                                                               |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676353                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY<br>COMPLETED<br><br>07/17/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Coronado at Stone Oak                                                                          |                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>19638 Stone Oak Parkway<br>San Antonio, TX 78258 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                      |                                                                                               |                                                 |
| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | to help prevent the development and transmission of communicable diseases and infections as per<br>accepted national standards and guidelines. |                                                                                               |                                                 |