

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER The Enclave		STREET ADDRESS, CITY, STATE, ZIP CODE 18803 Hardy Oak 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>Based on observation, interview, and record review the facility failed to ensure, in accordance with state and federal laws, all drugs and biologicals were stored in locked compartments under proper temperature controls and permitted only authorized personnel to have access to the keys for 1 of 1 treatment carts (TC #1) reviewed for medication storage. The facility failed to ensure the treatment cart was locked. This failure could place residents at risk of medication misuse and drug diversion. Findings included: During observation on 2/26/26 at 6:59 am, TC #1 was observed to be unlocked and unattended by the state investigator and HR. Further observation revealed a bottle of betadine in the basket affixed to the side of the cart. There were no staff at the nurses' station and there were residents moving about the facility. HR said TC #1 was not supposed to be unlocked. HR further stated he did not know who was responsible for the cart at the time because he was Human Resources, but that the Treatment Nurse had just arrived at the facility. During an interview on 2/26/26 at 7:03 am, the TN said the night nurse was responsible for the treatment cart, as that nurse worked the night shift and would have provided treatments for the residents. An interview was attempted on 2/26/26 at 1:47 pm with LVN A without success. During an interview on 2/26/26 at 2:05 pm, the DON said she expected medication/treatment carts to be locked when not in use and unattended, adding medications/treatments must be secured and not left outside/on top of the cart. The DON said the facility did have mobile residents. The DON said any staff in the facility could pass by a medication/treatment cart and lock it, but the nurse assigned to the cart was responsible for locking it when the cart was not in use/unattended. The DON said it was important to keep medication/treatment carts locked for the safety of the residents/visitors. The DON further stated this was important so that the residents were unable to get into the cart and access medications/treatment that were in the cart. The DON said unlocked medication/treatment carts put residents at risk because they could ingest or take anything in the unlocked cart. The DON further stated a resident, or visitor could pass by a cart and take any medication/treatment left outside the cart if the cart was not being monitored. Record review of the facility's policy titled, Medication Cart Use and Storage revised January 2023, revealed: .Responsible Disciplines Licensed Nurses, C.M.A.'s.The medication cart and its storage bins should be kept closed, secured and/or in the line of sight when not in use.</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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