

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676498	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2025
NAME OF PROVIDER OR SUPPLIER  The Village at Incarnate Word		STREET ADDRESS, CITY, STATE, ZIP CODE  4707 Broadway Street San Antonio, TX 78209	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 resident environment remained as free of accident hazards as possible and each resident received adequate supervision to prevent accidents for 1 of 9 residents (Resident #1) reviewed for accidents and supervision.</p> <p>The facility failed to supervise Resident #1 whose injury of left eye bruising during a bath using a Mechanical lift. CNA A was using a mechanical lift by herself on 12/2/2025 to transfer Resident #1.</p> <p>The non-compliance began on 12/6/2024 and ended on 12/23/2024. The facility had corrected the non-compliance before the survey began on 05/14/2025.</p> <p>This deficient practice could place residents at risk that required a Mechanical lift at risk of harm, serious injury, or death.</p> <p>The findings included:</p> <p>Record review of intake #549463 dated 12/6/2024 was documented, Complainant was concerned of red discoloration under her mother's eye. She questioned the charge nurse of mark. Charge nurse indicated that we are doing treatment for eye infection. Daughter feels that it was not an eye infection. She believes that CNA hit her mother in the face during a transfer with Hoyer lift. Who: CNA; When: 12/2/24; Where: In Room during a shower transfer. Treated red discoloration with antibiotics due to drainage to the eye. After concern of color change to the resident's face, we did a skull series that was negative. Monitoring the resident for pain or discomfort. Yes. Inservice staff on how to properly use a Hoyer lift and report incidents and accidents immediately. Staff member on suspension till complete investigation.</p> <p>Record review of Resident #1's admission Record dated 5/14/2025 was documented she was admitted on [DATE] with diagnosis of dementia, Alzheimer's disease, Diabetes II, she had a contracture to her left hand and on hospice care. Resident #1 was discharged on 5/8/2025.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Quarterly MDS dated [DATE] was documented she had memory problems with short/long-term cognition, no behaviors, she was impaired on both side of upper/lower extremity, she mobilized with a wheelchair, she was dependent with all ADL's including shower/bath, she was incontinent of bowel/bladder, her height and weight were 60/135. Record review of MDS dependence means, helper does all of the effort. Resident does not offer the effort to complete the activity, or the assistance of 2 or more helpers were required for the resident to complete the activity.</p> <p>Record review of Resident #1's care plan dated 4/30/2025 was documented she had an ADL self-care performance deficit related to Dementia, impaired balance, I use a wheelchair to mobility. Interventions was documented Bathing/showering is totally dependent on staff for bathing and as necessary, she had a left-handed contracture, and she required 2 staff for Mechanical lift transfers.</p> <p>Record review of Resident #1's progress note dated 12/3/2024 at 9:37 AM by LVN A noted redness and clear discharge to Left eye with discoloration around Left eye, some inflammation noted, no facial grimacing noted with touch, pt with eye infection history with same symptoms. NP [NAME] notified, antibiotics started, and daughter notified.</p> <p>Record review of Resident #1's skin observation dated 12/3/2024 by LVN A was documented, noted redness and clear discharge to left eye with discoloration to left eye, some inflammation noted, no facial grimacing noted with touch, Resident #1's eye infection history with same symptoms.</p> <p>Record review of Resident #1's progress note dated 12/6/2024 at 4:30 PM with ADON notified administration of the discoloration surrounding resident's eye worsening. This nurse observed area in question. Area is dark red/purple in color, measuring 4.4 cm (l) x 3.2 cm (w). The resident initially does not grimace to touch but does pull face away upon more palpation.</p> <p>Record review of Resident #1's progress note 12/6/2024 at 6:04 PM ADON the staff immediately in-serviced on the importance of 2 person assist when using a Mechanical lift to transfer residents. Nursing to monitor resident's pain every shift for the next 3 days and treat or report to MD as appropriate. NP and RP notified.</p> <p>Record review of Resident #1's progress note dated 12/6/2024 was documented left eye worsening, nurse called the ADM, skull series x-ray was negative, started order to monitor for pain. In-service staff on Hoyer transfers and reporting incidents. Notified family, MD, DON, ADON.</p> <p>Record review of x ray dated 12/6/2025 of Skull x ray 2 views resulted in no fractures. X ray revealed osteoporosis.</p> <p>Record review of Resident #1's skin observation dated 12/7/2024 was documented included face, bruised.</p> <p>Observation on 5/15/2025 at 11:20 AM with CNAs H, O with resident revealed no concerns with Mechanical lift transfer.</p> <p>During interview on 5/15/2025 at 11:21 AM with CNA H and O stated they were trained on Mechanical lift transfers and to always have 2 staff. CANs stated they were trained to ask any nurse, such as DON, MDS, or MA. CNAs were trained not to do a mechanical lift transfer if don't have 2 staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/15/2025 at 1:49 PM with CNA B worked for 2 years and worked the morning shift. CNA B stated she used a Mechanical lift transfer to take Resident #1 a shower, placed her back in the chair, lowered her down, took the sling down and noticed she had red eye. CNA B stated she notified LVN A about Resident #1's eye. CNA B stated she did not see Resident #1's eye hit by Mechanical lift transfer. CAN B stated the ADON had told her she hit Resident #1 in the eye with the Mechanical lift transfer. CNA B stated it was not intentional that Resident #1 was hit in the eye and was an accident. CNA B stated no other staff was present at the time of Resident #1's Hoyer transfer and bath. CNA B stated everyone was busy and could not find anyone to help her with Resident #1's Hoyer transfer. CNA B stated she was the only one in the shower room with the resident. CAN B stated the ADM, after watching the camera footage, told CAN B when she took off the sling from the mechanical lift, she hit Resident #1 in the eye. CNA B stated she did get suspended for 1 week and when she returned to work the facility was shorthanded. CNA B stated she did tell ADM that they were shorthanded, and they have hired some new CNAs. CNA B stated she was educated about the Mechanical lift transfers and having 2 staff at times.</p> <p>During an interview on 5/15/2025 at 3:09 PM with CNA C stated he had worked for 3 years and worked all 3 shifts. CNA C stated she was trained, the residents' that required a Mechanical lift transfer were to always have 2 staff. CNA C stated Resident #1 required a Mechanical lift transfer, she was not interviewable, she was alert, she could not carry a conversation, and certain people she would respond too. CNA C stated he was trained to always have a 2 people for Mechanical lift transfers and if could not find staff CNAs were not supposed to do the Hoyer Mechanical lift transfer. CNA C stated he did see Resident #1's eye was discolored around her eye, not her normal skin color, and looked like a bruise. CNA C stated he did not think it was Abuse. CNA C stated Resident #1 had a history of eye infections.</p> <p>During an interview on 5/16/2025 at 11:09 AM with the ADON, stated the Mechanical lift transfers must be always with 2 staff. The ADON stated she did not think this (Resident #1 eye bruise) was abuse and was an accident. ADON stated Resident #1 was treated with antibiotics due to an eye infection she had, because she had a history of eye infection. ADON stated the ADM asked her to look at Resident #1's eye, and when assessed it looked like a bruise to her. The ADON stated Resident #1's eye was bruised, this occurred on 12/2/2025 with CNA A during Mechanical lift transferring of Resident #1 into shower chair. ADON stated on camera footage looked like CNA C hit Resident #1's eye by accident, and Resident 31's face was struck by the bar of the Mechanical lift. The ADON stated CNA C was compassionate with residents. ADON stated LVN A did the skin assessment for Resident #1 on 12/3/2025. The ADON, stated from LVN A, Resident #1's eye appeared to be an infection. The ADON read LVN A's progress note for Resident #1 eye assessment and was documented, the eye had clear discharge to left eye with discoloration around the left eye, some inflammation noted. no facility grimacing noted with touch, order for antibiotics in place. The ADON stated CNA B did not know if she accidentally hit resident with the Mechanical lift or not. ADON stated Resident #1's eye was an incident and was report to the STATE. The ADON stated she in-serviced all nursing staff on Mechanical lift transfers that always required 2- person. ADON stated an x-ray of skull series was negative for Resident #1, and she did not go to the hospital. The ADON stated the ADM would be responsible to make sure all nursing staff were trained on Mechanical lift, upon hire and in-service staff on new hire package on all transfers, including Mechanical lift lifts.</p> <p>(continued on next page)</p>		

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