

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on interview and record review, the facility failed to ensure the residents' right to formulate an advance directive for 1 of 8 residents (Resident #16) reviewed for advanced directives, in that:</p> <p>The facility failed to ensure Resident #16's RP desire to formulate an advanced directive OOH DNR was completed and part of the medical record.</p> <p>This failure could place residents at-risk of having their end of life wishes dishonored, and of having CPR performed against their wishes.</p> <p>The findings included:</p> <p>Record review of Resident of #16's face sheet, dated [DATE] revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that dementia, type 2 diabetes mellitus (chronic health condition that affects how body turns food into energy), and chronic obstructive pulmonary disease (a group of serious lung diseases that make it hard to breathe. It's caused by damage to the lungs that narrows the airways, or bronchi, and reduces airflow).</p> <p>Record review of Resident #16's quarterly MDS, dated [DATE], revealed the resident was severely cognitively impaired for daily decision-making skills.</p> <p>Record review of Resident #16's comprehensive care plan, last revised on [DATE], revealed there was no code status mentioned.</p> <p>Record review of Resident #16's Order Summary Report, dated [DATE], revealed no code status order.</p> <p>Record review of Resident #16's transfer admission records, dated [DATE], revealed Resident #16 was being transferred from another nursing facility. The record showed under advance directive: DNR. The packet contained orders from the previous nursing facility and one order showed a Do Not Resuscitate order dated [DATE] and showed active on [DATE] when the orders were printed.</p> <p>Record review of review of a OOH DNR form, dated [DATE], revealed only the RP's signature. No witness or doctor's signatures was on the form.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a social assessment, dated [DATE], stated .G. Financial/Legal .2. Advance Directive .b. Do Not Resuscitate (DNR). The DNR was checked off. The assessment by completed by the social worker.</p> <p>During an interview on [DATE] at 11:27 a.m., Resident #16's RP stated he was told by the facility staff that he needed to have the OOH DNR notarized. The RP stated no one from the facility had reached out to him about completing the DNR. The RP stated he was not aware the facility could help him with completing the DNR. The RP stated all of Resident #16's family agreed with a DNR because they thought any CPR would be brutal for the resident.</p> <p>During an interview on [DATE] at 11:31 a.m. the SW stated he was contracted to help the facility with a few task and would periodically come to the facility. The SW stated he participated at care plan meetings and would document what the Resident or RP's desire for code status was. The SW stated other facility staff was responsible for following up with any changes needed for a resident's code status.</p> <p>During an interview on [DATE] at 12:43 a.m., the DON stated Resident #16 was a full code. The DON stated the social worker is a contact vendor and other facility staff would assist with DNR paperwork. The DON stated she would look into the resident's code status and get back with this surveyor.</p> <p>During an interview on [DATE] at 10:12 a.m., the Administrator stated the staff member who did the admission paperwork for Resident #1 was out of the facility on leave. The Administrator stated Resident #1 came from another facility with a DNR but it was not notarized. The Administrator stated on the admission paperwork no was selected for an advance directive. The Administrator was not sure who would have followed up on the DNR and stated the DON or Program Manager would know more.</p> <p>During a follow up interview on [DATE] at 3:27 p.m., the DON stated they were going to complete the DNR paperwork for Resident #16 and had scheduled a meeting with the RP to have it completed. The DON stated she did not know what happened when the resident was admitted from the other facility with the incomplete DNR form, but the form was not completed properly so they were going to completely redo the DNR paperwork. The DON stated the resident's wishes would not be honored if their code status was supposed to be a DNR because they would perform CPR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility document titled Advance Directives, dated ,d+[DATE], stated Policy Statement The resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with state law and facility policy . a. Advance care planning - a process of communication between individuals and their healthcare agents to understand, reflect on, discuss, and plan for future healthcare decisions for a time when individuals are not able to make their own healthcare decisions. b. Advance Directive - a written instruction, such as a living will or durable power of attorney for health care, recognized by state law (whether statutory or as recognized by the courts of the state), relating to the provisions of health care when the individual is incapacitated . Do Not Hospitalize (DNH)- indicates that the resident is not to be hospitalized , even if he or she has a medical condition that would usually require hospitalization . Determining Existence of Advance Directive . 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives . If the Resident Has an Advance Directive 1. If the resident or the residents representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff. 2. The director of nursing services (DNS) or designee notifies the attending physician of advance directives (or changes in advance directives) so that appropriate orders can be documented in the residents' medical record and pian of care . 3.The residents wishes are communicated to the residents direct care staff and physician by placing the advance directive documents in a prominent, accessible location in the medical record and discussing the residents wishes in care planning meetings. 4. The plan of care for each resident is consistent with his or her documented treatment preferences and/or advance directive. a. Facility staff are not required to provide care that conflicts with an advance directive. b. Facility staff are not required to implement an advance directive if state law allows the provider to conscientiously object .7. The interdisciplinary team will review annually with the resident his or her advance directives to ensure that such directives are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded in the medical record. 8. Changes or revocations of a directive must be submitted in writing to the administrator. The administrator may require new documents if changes are extensive. The interdisciplinary team will be informed of changes and/or revocations so that appropriate changes can be made in the resident medical record and care plan .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on observation, interview and record review the facility failed to ensure that all alleged violations involving abuse, neglect, including injuries of unknown source were reported immediately, but not later than 2 hours after the allegation was made, if the events that caused result in serious bodily injury for 1 of 8 residents (Resident #32) whose records were reviewed for abuse and neglect:</p> <p>The facility failed to report to the state reporting agency (HHSC) an injury of unknown origin when Resident #32 suffered a nose fracture and was not able to say what happened.</p> <p>These deficient practices could affect residents by contributing to further abuse and neglect.</p> <p>The findings were:</p> <p>Record review of Resident #32's Admission record revealed an [AGE] year-old female admitted [DATE] with Alzheimer's disease (a brain disorder that causes a gradual decline in memory, thinking, and the ability to perform daily tasks) and white matter disease (is a general term for damage to the white matter in the brain, which can lead to a range of neurological symptoms).</p> <p>Record review of Resident #32's quarterly MDS, dated [DATE], revealed the resident had moderately impaired cognition for daily decision making.</p> <p>Record review of Resident #32's care plan, last updated 6/26/24, revealed she had an actual fall with fracture to nose, related to poor balance, poor safety awareness, and generalized weakness with interventions to monitor/ document/ report as needed x 72hrs to MD for s/s of pain, change in mental status, bruising, new onset of confusion, sleepiness, inability to maintain posture, agitation, pharmacy consult to evaluate medications, provide activities that promote exercise and strength building when possible, PT consult for strength and mobility, therapy to screen for services. Continue with all current interventions in place, and monitor vital signs as ordered or every shift.</p> <p>Record review of incident report, dated 6/26/24, revealed Resident #32 had an unwitnessed fall. The incident description showed the nursing description: notified by staff resident on the floor. This nurse observed resident on tour, face down with blood on the floor under face. [NAME] by former facility nurse. The Resident description: already stated she does not know what happened, she was getting up to go to the bathroom. Swelling and bruising noted at bridge of nose and forehead in between eyes. The incident was not witnessed. Under mental status it showed the resident was oriented two person, to place, the time, and disoriented/confused at times. Predisposing situation factors were improper footwear.</p> <p>Record review of a Nursing note, dated 6/26/24, stated Returned from ER with DX: Nasal Fracture and UTI. Prescription filled by family member, cefdinir 300mg 1 cap PO Every 12 hours X 10days .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/4/24 at 1:16 p.m., Resident #32 stated she had never fallen at the facility. Resident #32 stated she had only broken her nose when she was a little girl. Resident #32 stated she had never had an injury since she had been at the facility. The resident struggled to answer questions and smiled and stated she could not think.</p> <p>During an interview on 11/06/24 at 10:03 a.m., the Administrator stated when deciding if they should report an incident, they look at injuries of unknown origin, any fractures, what the resident tells them, and were staff involved. The Administrator stated the DON does the self-reports to HHSC for the facility. The Administrator stated she thought Resident #32 was able to tell the DON what happened, so they did not report it. The Administrator stated they thought Resident #32 was getting up to go to the bathroom when she fell and did not think it was abuse or neglect so they did not report it to HHSC.</p> <p>During an interview on 11/6/24 at 3:16 p.m., the DON stated she was responsible for completing fall incident reports. The DON stated Resident #32 tended to walk quickly and stumble. The DON stated Resident #32 can be confused at times. The DON stated the fall was unwitnessed, but she recalled Resident #32 told her she fell when she got up to go use the bathroom. The DON stated she is not sure why she forgot to document what the resident told her. The DON stated she did not consider this a reportable incident because they knew what happened when they found her on the floor. The DON stated the fall was unwitnessed and the resident did break her nose, but she only needed ice as needed and antibiotics for treatments. The DON stated Resident #32 was not able to describe how she fell ; she was only able to say she was getting up to go to the bathroom. The DON stated she did not know how the resident fell . The DON stated the incident fall report was her investigation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy titled Freedom from Abuse, Neglect, and Exploitation, revised 12/12/2020, stated Our Home meets the requirements as set forth in NFRLMC, Subchapter G, Freedom from Abuse, Neglect, and Exploitation . TYPES OF INCIDENTS TO REPORT: Abuse, Neglect, Exploitation, Death due to unusual circumstances, A Missing Resident, Misappropriation, Drug Theft, Suspicious injuries of unknown source, Fire, Emergency situations that pose a threat to resident health and safety. Time frames for each incident type: Abuse of any kind (with or without serious bodily injury); OR neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, that results in serious bodily injury. WHEN to report the above types of incidents: IMMEDIATELY, BUT NOT LATER THAN TWO HOURS AFTER INCIDENT OCCURS OR IS SUSPECTED. S483.11(b) F 608-Serious bodily injury means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization , or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011{19}{A) of the Act) . HHSC rules define abuse as: . Injuries of unknown source: Note: an injury should be classified as an injury of unknown source when both of the following conditions are met: D The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and The injury is suspicious because of the extent of the injury, the location of the injury, the number of injuries observed at one point in time or the incidence of injuries over time. If a resident cannot explain his or her injury and another person did not observe the incident that resulted in the injury, but the injury does not meet the criteria listed above, the NF is not required to report it. For example, a resident has a minor skinned knee, but she can't remember if and when she fell . Example of an injury of unknown source that must he reported: A resident has bruising on their left cheek bone area that was determined to be non-serious. No one witnessed the source of the injury. Although the injury was determined to be non-serious, the injury is suspicious because of the location of the injury.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on observations, interviews, and record reviews the facility failed to develop and implement a comprehensive person-centered care plan that included measurable objectives and time frames to meet a resident's medical and nursing needs to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 8 residents (Resident #16) reviewed for comprehensive care plans:</p> <p>The facility failed to ensure Resident #16's care plan contained a code status.</p> <p>This deficient practice could place residents at risk of not being provided with the necessary care or services and having personalized plans developed to address their specific needs.</p> <p>The findings included:</p> <p>Record review of Resident of #16's face sheet, dated [DATE] revealed an [AGE] year-old female admitted to the facility on [DATE] with diagnoses that dementia, type 2 diabetes mellitus (chronic health condition that affects how body turns food into energy), and chronic obstructive pulmonary disease (a group of serious lung diseases that make it hard to breathe. It's caused by damage to the lungs that narrows the airways, or bronchi, and reduces airflow). The advance directive section listed the resident as full code.</p> <p>Record review of Resident #16's quarterly MDS, dated [DATE], revealed the resident was severely cognitively impaired for daily decision-making skills.</p> <p>Record review of Resident #16's comprehensive care plan, last revised on [DATE], revealed there was no code status mentioned.</p> <p>Record review of Resident #16's Order Summary Report, dated [DATE], revealed no code status order.</p> <p>Record review of Resident #16's transfer admission records, dated [DATE], revealed Resident #16 was being transferred from another nursing facility. The record showed under advance directive: DNR. The packet contained orders from the previous nursing facility and one order showed a Do Not Resuscitate order dated [DATE] and showed active on [DATE] when the orders were printed.</p> <p>Record review of review of an OOH DNR form, dated [DATE], revealed only the RP's signature. No witness or doctor's signatures were on the form.</p> <p>Record review of a social assessment, dated [DATE], stated .G. Financial/Legal .2. Advance Directive .b. Do Not Resuscitate (DNR). The DNR was checked off. The assessment by completed by the social worker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 11:27 a.m., Resident #16's RP stated he was told by the facility staff that he needed to have the OOH DNR notarized. The RP stated no one from the facility had reached out to him about completing the DNR. The RP stated he was not aware the facility could help him with completing the DNR. The RP stated all of Resident #16's family agreed with a DNR because they thought any CPR would be brutal for the resident.</p> <p>During an interview on [DATE] at 11:31 a.m., the SW stated he was contracted to help the facility with a few task and would periodically come to the facility. The SW stated he participated at care plan meetings and would document what the Rresident or RP"s desire for code status was. The SW stated other facility staff was responsible for following up with any changes needed for a resident"s code status.</p> <p>During a follow up interview on [DATE] at 3:27 p.m., the DON stated they were going to complete the DNR paperwork for Resident #16 and had scheduled a meeting with the RP to have it completed but the resident was full code until then. The DON stated the current staff that completed care plans worked at the facility on Tuesdays and Thursdays. The DON stated the MDS nurse would always inquire what the resident or RP wanted to continue with the code status or change it. The DON stated she was surprised the code status was not listed on the care plan because she always hears the MDS nurse discuss it at every meeting. The DON stated the care plan is the residents plan of care and for code status would tell the staff what we are supposed to do if the resident needed CPR.</p> <p>Record review of the facility's policy titled Care Plans, Comprehensive Person-Centered, dated ,d+[DATE], stated Policy Statement A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 1. The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. 2. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment . 7. The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: (1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on observation, interview and record review, the facility failed to provide pharmaceutical services including procedures that assures the accurate acquiring, receiving, dispensing, and administering of medications on 1 (central supply room) of 3 medication storage rooms and 1 (north hall crash cart) of 2 crash carts reviewed for pharmacy services.</p> <p>The facility failed to discard and replace expired supplies.</p> <p>This failure could place residents who receive medications at risk of not receiving the intended therapeutic benefit of the medications.</p> <p>Findings included:</p> <p>During an observation on [DATE] at 12:29 p.m., the central supply storage room on the north hallway contained a drawer of gastrostomy tubes (A tube inserted through the wall of the abdomen directly into the stomach. It allows air and fluid to leave the stomach and can be used to give drugs and liquids, including liquid food, to the patient. Giving food through a gastrostomy tube is a type of enteral nutrition. Also called PEG tube and percutaneous endoscopic tube.) with an expiration date of [DATE] and a bottle of iodoform packing strips (sterile, medicated gauze strips that are used to pack or drain open or infected wounds) with an expiration date of ,d+[DATE].</p> <p>During an observation on [DATE] at 12:34 p.m., the north hallway crash cart contained a CPR barrier mask (a piece of personal protective equipment (PPE) that prevents the spread of bodily fluids and saliva between the rescuer and the patient during CPR) with a use by date of [DATE] and a capnography mask (used to detect the levels of CO₂ in the blood by measuring End-tidal Carbon Dioxide).</p> <p>During an interview on [DATE] at 12:35 p.m., Medical Records stated the expired supplies should be removed from the storage cart and storage room.</p> <p>During an interview on [DATE] at 3:08 p.m., the DON stated night shift nurses are responsible for checking the crash carts. The DON stated they should check if the supplies are on the cart and if they are expired. The DON stated the expired supplies should not be on the cart and they should be checking them. The DON said they would remove the expired supplies from the storage room because they do not use expired supplies.</p> <p>Record review of the facility's policy titled Storage of medications, dated ,d+[DATE], stated The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation . 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. 4. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>46677</p> <p>Based on observation, interview, and record review, the facility failed to ensure that each resident received and the facility provided food prepared in a form designed to meet individual needs for 1 of 3 meals observed, in that:</p> <p>Cook A did not ensure food prepared for residents receiving a mechanical soft diet was in the proper consistency for this diet.</p> <p>This deficient practice could affect residents who ate mechanical soft texture diets, and place them at-risk by contributing to choking, weight loss, and dissatisfaction.</p> <p>The findings were:</p> <p>Record review of the facility's list of resident's diets, dated 11/6/2024, revealed 23 of the 48 residents received mechanical soft diets.</p> <p>Observation on 11/05/2024 at 11:43 AM, revealed [NAME] A preparing mechanical soft porkchops. [NAME] A completed the process and placed the mechanical soft porkchops in a tray before placing it on the steamtable. Surveyor asked [NAME] A to stir mechanical soft porkchops. Four quarter sized pieces of porkchop was observed within the tray of mechanical soft porkchops.</p> <p>Interview with [NAME] A on 11/05/2024 at 11:47 AM, revealed he had been the cook at the facility for about two years. [NAME] A stated he received training from the dietary manager on preparing mechanical soft textures when he started at the facility. [NAME] A stated the mechanical soft texture should look like pulled pork consistency. [NAME] A stated it was important to prepare mechanical soft foods to the appropriate texture and size so that the residents can eat it. [NAME] A stated the large pieces of porkchop in the mechanical soft porkchop could cause the residents to choke.</p> <p>Interview with the DM on 11/05/2024 at 12:39 PM, revealed she trained the staff on therapeutic diets and altered textures. DM stated the altered textures were for the resident's safety to prevent them from choking. The DM stated the large pieces of porkchop that were left in the mechanical soft porkchops could cause the residents to choke.</p> <p>Record review of facility policy Therapeutic Diets, dated 2017, revealed 4. A 'therapeutic diet is considered a diet ordered by a physician, practitioner or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet, for example: a. diabetic/calorie-controlled diet; b. low sodium diet; c. cardiac diet; and d. altered consistency diet.</p> <p>Policy identifying process of preparing mechanical soft diet was requested from Administrator on 11/06/2024 at 8:20 AM and was not provided prior to exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45857</p> <p>Based on interview, and record review, the facility failed to collaborate with hospice representatives and coordinate the hospice care planning process for each resident receiving hospice services, to ensure quality of care for the resident, ensuring communication with the hospice medical director, the resident's attending physician, and others participating in the provision of care for 1 of 2 residents (Resident #13) reviewed for hospice services, in that:</p> <p>The facility failed to ensure Resident #13's most recent Physician Certification of Terminal Illness was completed and part of the hospice documents at the facility.</p> <p>This deficient practice could place residents who receive hospice services at-risk of receiving inadequate end-of-life care due to a lack of documentation, coordination of care and communication of resident needs.</p> <p>The findings were:</p> <p>Record review of Resident #13's face sheet, dated 11/06/24, revealed the resident was admitted to the facility on [DATE] with diagnoses including atherosclerotic heart disease of native coronary artery without angina pectoris (a disease that causes plaque buildup in the arteries), acute kidney disease (a sudden reduction in kidney function that can range from mild to severe), and dementia (a decline in mental ability that affects a person's daily life).</p> <p>Record review of Resident #13's quarterly MDS assessment, dated 7/29/24, revealed a BIMS score of 1 which indicated severe cognitive impairment. Section O of the MDS indicated the resident received hospice care.</p> <p>Record review of Resident #13's care plan, revised 8/2/24, revealed Resident #13 was on hospice services for senile degeneration of brain with interventions of care for Resident #13 to be coordinated, communicated and implemented between hospice and nursing facility's staff.</p> <p>Record review of Resident #13's order summary, dated 11/6/24, revealed:</p> <p>- Admit to [Nursing Facility] with [hospice provider] effective 6/24/23 with Dr .Do Not Resuscitate dx senile degeneration of brain not elsewhere classified .with a start date of 10/13/23 and no end date.</p> <p>Record review of Resident #13's facility clinical record as of 11/5/24, revealed a binder with Resident #13's there was a form for the Certification of Terminal Illness dated 8/17/24 for recertification. The document was not signed by the hospice staff, attending physician, and hospice physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/5/24 at 1:53 p.m., medical records stated she took for responsibility for the hospice documents about a week ago. Medical records stated hospice probably sent the wrong document and it was not reviewed. Medical records stated she would contact hospice and get a copy of the correct form. Medical records stated the certification of terminal illness and recertification form should be a part of the hospice record to show the resident has been recertified so the facility can receive funds and provide the services to the resident.</p> <p>During an interview on 11/6/24 at 3:35 p.m., the DON stated medical records had been responsible for hospice records. The DON stated hospice staff brings the documents and medical records should check the records again. The DON stated the form was used to ensure the resident continues to be certified for hospice services and proof they are still eligible for hospice.</p> <p>Record review of the facility policy titled Hospice Program, dated 7/2017, stated, Policy Statement Hospice services are available to residents at the end of life . 12.Our facility has designated _____ (Name) _____ (Title) to coordinate care provided to the resident by our facility staff and the hospice staff. (Note: this individual is a member of the IDT with clinical and assessment skills who is operating within the state scope of practice act). He or she is responsible for the following: d. Obtaining the following information from the hospice:(3) Physician certification and recertification of the terminal illness specific to each resident .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>46677</p> <p>Based on interview and record review the facility failed to develop, implement, and maintain an effective training program for all new and existing staff for 17 (Cook A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, Admin, DON, ADON) of 17 employees reviewed for training requirements.</p> <p>The facility failed to ensure required trainings were provided to [NAME] A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, Admin, DON, ADON annually.</p> <p>The facility failed to ensure required trainings were provided to the Admin upon hire.</p> <p>This failure could place residents at risk of being cared for by staff who have been insufficiently trained.</p> <p>Findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Maintenance revealed a hire date of 02/24/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Intention Control, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for Admissions revealed a hire date of 05/31/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Abuse, Dementia, QAPI, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide C revealed a hire date of 07/19/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls, being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of personnel records for CNA F revealed a hire date of 04/26/2010. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Record review of personnel records for [NAME] B revealed a hire date of 07/01/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for DD revealed a hire date of 04/04/2006. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for AD revealed a hire date of 05/22/1996. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls being provided annually.</p> <p>Record review of personnel records for LVN G revealed a hire date of 08/17/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, QAPI, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for RN H revealed a hire date of 11/22/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for LVN I revealed a hire date of 12/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health being provided annually.</p> <p>Record review of personnel records for LVN J revealed a hire date of 05/12/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for Admin revealed a hire date of 04/15/2024. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI being provided upon hire.</p> <p>Record review of personnel records for DON revealed a hire date of 10/05/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Dementia, QAPI, Ethics, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for ADON revealed a hire date of 07/27/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Abuse, Dementia, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on communications training for 8 of 17 employees (Cook A, Maintenance, CNA E, Med Aide D, CNA F, [NAME] B, LVN G, LVN I) reviewed for training, in that:</p> <p>The facility failed to ensure effective communication training was provided to [NAME] A, Maintenance, CNA E, Med Aide D, CNA F, [NAME] B, LVN G, LVN I annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Maintenance revealed a hire date of 02/24/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Intention Control, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for CNA F revealed a hire date of 04/26/2010. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Record review of personnel records for [NAME] B revealed a hire date of 07/01/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for LVN G revealed a hire date of 08/17/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, QAPI, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0941</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of personnel records for LVN I revealed a hire date of 12/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on rights of the resident training for 3 of 17 employees (Cook A, Admissions, DON) reviewed for training, in that:</p> <p>The facility failed to ensure effective rights of the resident training was provided to [NAME] A, Admissions, DON annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Admissions revealed a hire date of 05/31/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Abuse, Dementia, QAPI, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for DON revealed a hire date of 10/05/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Dementia, QAPI, Ethics, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0942</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on abuse, neglect, exploitation, and misappropriation training for 5 of 17 employees (Admissions, CNA E, Med Aide D, LVN G, ADON) reviewed for training, in that:</p> <p>The facility failed to ensure effective abuse, neglect, exploitation, and misappropriation training was provided to Admissions, CNA E, Med Aide D, LVN G, ADON annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for Admissions revealed a hire date of 05/31/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Abuse, Dementia, QAPI, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for LVN G revealed a hire date of 08/17/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, QAPI, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for ADON revealed a hire date of 07/27/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Abuse, Dementia, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8. Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>46677</p> <p>Based on interview and record review the facility failed to develop, implement, and maintain an effective training program for all new and existing staff for 17 (Cook A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, Admin, DON, ADON) of 17 employees reviewed for training requirements.</p> <p>The facility failed to ensure required trainings were provided to [NAME] A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, Admin, DON, ADON annually.</p> <p>This failure could place residents at risk of being cared for by staff who have been insufficiently trained.</p> <p>Findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Maintenance revealed a hire date of 02/24/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Intention Control, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for Admissions revealed a hire date of 05/31/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Abuse, Dementia, QAPI, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide C revealed a hire date of 07/19/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls, being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of personnel records for CNA F revealed a hire date of 04/26/2010. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Record review of personnel records for [NAME] B revealed a hire date of 07/01/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for the DD revealed a hire date of 04/04/2006. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for the AD revealed a hire date of 05/22/1996. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls being provided annually.</p> <p>Record review of personnel records for LVN G revealed a hire date of 08/17/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, QAPI, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for RN H revealed a hire date of 11/22/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for LVN I revealed a hire date of 12/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health being provided annually.</p> <p>Record review of personnel records for LVN J revealed a hire date of 05/12/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for the Admin revealed a hire date of 04/15/2024. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI being provided upon hire.</p> <p>Record review of personnel records for the DON revealed a hire date of 10/05/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Dementia, QAPI, Ethics, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for the ADON revealed a hire date of 07/27/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Abuse, Dementia, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with HR on 11/05/2024 at 3:33 PM, revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with the Admin on 11/05/2024 at 4:33 PM, revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary, based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on standards, policies, and procedures for an infection prevention and control program training for 4 of 17 employees (Cook A, Maintenance, CNA E, Med Aide D) reviewed for training, in that:</p> <p>The facility failed to ensure effective standards, policies, and procedures for an infection prevention and control program training was provided [NAME] A, Maintenance, CNA E, Med Aide D annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Maintenance revealed a hire date of 02/24/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Intention Control, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide training in compliance and ethics.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on ethics training for 4 of 17 employees (Cook A, CNA E, Med Aide D, DON) reviewed for training, in that:</p> <p>The facility failed to ensure effective ethics training was provided [NAME] A, CNA E, Med Aide D, DON annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for DON revealed a hire date of 10/05/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Dementia, QAPI, Ethics, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8, Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	

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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>46677</p> <p>Based on interview and record review, the facility failed to provide mandatory effective training on behavioral health for 16 of 17 employees (Cook A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, DON, ADON) reviewed for training, in that:</p> <p>The facility failed to ensure effective behavioral health training was provided [NAME] A, Maintenance, Admissions, CNA E, Med Aide C, Med Aide D, CNA F, [NAME] B, DD, AD, LVN G, RN H, LVN I, LVN J, DON, ADON annually.</p> <p>This failure could affect residents and place them at risk of being uninformed due to lack of staff training.</p> <p>The findings include:</p> <p>Record review of personnel records for [NAME] A revealed a hire date of 01/04/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Residents Rights, QAPI, Intention Control, Ethic, Behavioral Health HIV, Falls, or Restraints being provided annually.</p> <p>Record review of personnel records for Maintenance revealed a hire date of 02/24/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Intention Control, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for Admissions revealed a hire date of 05/31/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Abuse, Dementia, QAPI, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for CNA E revealed a hire date of 05/18/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Falls, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for Med Aide C revealed a hire date of 07/19/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls, being provided annually.</p> <p>Record review of personnel records for Med Aide D revealed a hire date of 06/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, Dementia, QAPI, Intention Control, Ethics, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of personnel records for CNA F revealed a hire date of 04/26/2010. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Record review of personnel records for [NAME] B revealed a hire date of 07/01/2022. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health, HIV, Falls being provided annually.</p> <p>Record review of personnel records for DD revealed a hire date of 04/04/2006. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for AD revealed a hire date of 05/22/1996. Further review of a training log, provided by the HR Manager revealed no evidence of Dementia, QAPI, Behavioral Health, Falls being provided annually.</p> <p>Record review of personnel records for LVN G revealed a hire date of 08/17/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, Abuse, QAPI, Behavioral Health, HIV, Restraints, Emergency Preparedness being provided annually.</p> <p>Record review of personnel records for RN H revealed a hire date of 11/22/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for LVN I revealed a hire date of 12/02/2021. Further review of a training log, provided by the HR Manager revealed no evidence of Communication, QAPI, Behavioral Health being provided annually.</p> <p>Record review of personnel records for LVN J revealed a hire date of 05/12/2021. Further review of a training log, provided by the HR Manager revealed no evidence of QAPI, Behavioral Health, HIV being provided annually.</p> <p>Record review of personnel records for DON revealed a hire date of 10/05/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Residents Rights, Dementia, QAPI, Ethics, Behavioral Health, HIV, Falls, Restraints, being provided annually.</p> <p>Record review of personnel records for ADON revealed a hire date of 07/27/2023. Further review of a training log, provided by the HR Manager revealed no evidence of Abuse, Dementia, QAPI, Behavioral Health, HIV, Restraints being provided annually.</p> <p>Interview with HR on 11/05/2024 at 3:33 PM revealed the facility used an online system, RELIAS, to train staff on their initial and annual trainings. HR stated she is responsible to ensure staff receive their annual trainings by logging into RELIAS and assigning staff their trainings. When asked what contributed to staff not receiving their annual trainings HR stated it's been a rough year. When surveyor asked HR why it was important that staff receive their annual trainings, HR stated it was important to ensure the residents are well taken care of.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Sarah Roberts French Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Texas Ave San Antonio, TX 78201	
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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with Admin on 11/05/2024 at 4:33 PM revealed it is the responsibility of HR and herself to ensure staff receive initial and annual trainings. Admin stated by staff not receiving their annual trainings the residents would be at greater risk for poor treatment, abuse and neglect.</p> <p>Record review of facility policy In-Service Training, All Staff, dated August 2022, revealed 6. Required training topics include the following: a. Effective communication with residents and family (direct care staff); b. Resident rights and responsibilities; c. Preventing abuse, neglect, exploitation, and misappropriation of resident property including: (1) activities that constitute abuse, neglect, exploitation or misappropriation of resident property; (2) procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of resident property; and (3) dementia management and resident abuse prevention. d. Elements and goals of the facility QAPI program; e. The infection prevention and control program standards, policies and procedures; f. Behavioral health; and g. The compliance and ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating five or more facilities.) 7. Training requirements are met prior to staff providing services to residents, annually, and as necessary ,based on the facility assessment. Based on the outcome of the facility assessment, additional training may include: a. advanced care planning; b. cultural competence; c. end of life care; d. geriatrics or gerontology; e. substance abuse; f. grief and loss; g. person-centered care; h. grief and loss; i. trauma-informed care; j. specialized rehabilitation therapy; k. substance use disorders; l. intellectual disability; and/or m. mental disorders.</p> <p>8. Completed training is documented by the staff development coordinator, or his or her designee and includes: a. the date and time of the training; b. the topic of the training; c. the method used for training; d. a summary of the competency assessment; and</p> <p>e. the hours of training completed.</p>		