STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure 1 of 24 (Resident #66) residents was treated with dignity during dining room observation. On 06/10/2025 at 12:45 pm, the Activity Director stood over Resident #66 when she fed her lunch. This failure could affect all residents in the facility and could result in low self-esteem. The findings included: Record review of Resident #66's electronic face sheet dated 06/10/2025 revealed an original admission date of 03/09/2024 and readmission date of 02/05/2025. Resident #66 was a [AGE] year-old female and her diagnoses included: Alzheimer's disease (a brain disorder that destroys memory and thinking skills), dementia (loss of cognitive functioning that interferes with ADLs), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities), anxiety (a feeling of worry, nervousness, or unease), and dysphagia (swallowing disorder). Record review of Resident #66's comprehensive care plan revised date 02/20/2025 reflected Problem, resident has an ADL self-care performance deficit r/t dementia. Interventions, EATING: Resident is now fed by staff. Record review of Resident #66's quarterly MDS assessment dated [DATE] reflected Resident #66 could rarely/never understand and could rarely/never be understood. She was not a candidate for a BIMS which indicated she was severely cognitively impaired. She was dependent on staff for her ADLs. During an observation on 06/10/2025 at 12:45 pm, Resident #66 was observed being fed by the Activity Director. The Activity Director stood over Resident #66 who was constantly trying to grab the food tray. During an interview on 06/10/2025 at 12:50 pm, the Activity Director stated she realized after a few bites of food were given to Resident #66, she needed to sit down to feed the resident. The Activity Director stated the importance of sitting at the level of the resident and to look at Resident #66 was more dignified than to stand and look down at her. She stated she was trained to sit while she fed a resident. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 06/11/2025 at 3:00 pm., the DON stated the Activity Director needed to sit while she fed Resident #66. She stated the Activity Director sitting was more dignified than standing over the resident. She stated staff that are trained to assist residents with eating are supposed to sit and be at eye level with the resident. During an interview on 06/13/2025 at 08:27 am, ADON B stated everyone who assisted with feeding should be sitting to the resident at eye-to-eye level. She stated it was disrespectful or undignified to stand over someone. Record review of the agency's policy titled Resident Rights, revised December 2016, reflected Team members shall treat all residents with kindness, respect, and dignity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure residents had the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents for 1 of 20 residents (Resident #18) reviewed for accommodation of needs. The facility failed to ensure Resident #18's call light was within reach while she was positioned on her bed in her room. This failure could place residents at risk for delay in care and services, and increased risk of falls and injuries. The findings included: Record review of Resident #18's face sheet, dated 06/3/2025, revealed the resident was a [AGE] year-old female with an original admission date of 08/06/2013 and re-admitted on [DATE] with diagnoses that included: atherosclerotic heart disease (the buildup of fats, cholesterol and other substances in and on the artery walls, limiting blood flow to the heart), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduced blood flow to the limbs), dysphagia (difficulty swallowing), hypertension (high blood pressure), and arthritis (swelling and tenderness in one or more joints, causing joint pain or stiffness that often gets worse with age). Record review of Resident #18's annual MDS assessment, dated 05/02/2025, indicated her BIMS score was 0 reflecting she had severe cognitive impairment. Further record review indicated the resident required supervision or touching assistance (helper provides verbal cues or touching/steadying assistance as resident completes activity) to all daily activities such as toilet hygiene, dressing, personal hygiene, sit to stand, toilet transfer, and chair-to-bed transfer. Record review of Resident #18's comprehensive care plan, dated 12/22/2014, reflected [Resident #18] has high risk of fall. For intervention - be sure the resident's call light is within reach and encourage the resident to use it. Observation on 06/10/2025 at 9:58 a.m. revealed Resident #18 was laying down on her bed in her room, and the call light was on the floor, which was located to the head of the resident's bed, and it was not within reach. Interview on 06/10/2025 at 9:59 a.m. was attempted with Resident #18, but the resident ignored the surveyor and kept sleeping on her bed. Interview on 06/10/2025 at 10:03 a.m. LVN-E stated Resident #18 was on her bed in her room, and the call light was on the floor located to the head of the resident's bed, and it was not within reach. LVN-E stated Resident #18 technically could use her call light because the resident did not have any impairment to arms and legs even though the resident forgot it all the time. The call light should have been within reach all the time. LVN-E did not know what reason the call light was on the floor, and the nurse stated the resident might not have proper care because she couldn't access her call light to ask for help. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/13/2025 at 12:30 p.m. ADON-B stated the facility did not have a DON, so ADONs functioned as the DON. Resident #18 could use the call light to get help even though the resident forgot using it all the time. The call light should have been always within reach per the resident's care plan, and the facility did not have the policy specifically regarding call lights. If Resident #18 could not use the call light because it was not within reach, the resident's care might be delayed. Record review of the facility policy, titled Resident Rights, revised 12/2016, revealed Team members shall treat all residents with kindness, respect, and dignity F. communicate with and access to people an services, both inside and outside the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the resident environment remained free of accidents and hazards for 3 residents (Resident #22, #49 and #39) of 24 residents reviewed for environmental hazards, in that: 1.Resident #22's wheelchair did not have a pad on the right arm rest which exposed a bare metal bar with holes where bolts would be attached. 2.Resident #49's wheelchair did not have a pad on the right arm rest which exposed a bare metal bar with holes where bolts would be attached. 3. Resident #39's headboard on his bed was detached and his foot board had veneering missing which exposed raw rough particle board. This failure could place residents at risk of skin tears due to wheelchairs and furniture in disrepair. The findings included: 1.Record review of Resident #22's electronic face sheet dated 06/11/2025 reflected she was originally admitted to the facility on [DATE] and readmitted on [DATE]. She was an [AGE] year-old female and her diagnoses included: dementia (loss of cognitive functioning that interferes with ADLs), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities), anxiety (a feeling of worry, nervousness, or unease), and dysphagia (swallowing disorder). Record review of Resident #22's quarterly MDS assessment, dated 04/11/2025 reflected she could usually understand and usually be understood. She scored a 00 out of 15 on her BIMS which indicated she was severely cognitively impaired. Under Section GG0120 Mobility Devices, wheelchair was checked. Record review of Resident #22's care plan for the Problem of The resident has an ADL self-care performance needs extensive assistance x 2 with ADLS. Under Intervention was Assist with mobility as needed. Wheel resident to meals activities as needed, if in w/c. The care plan was initiated 05/30/2019 and revised 01/10/2024. Observation on 06/10/2025 at 10:17 am revealed Resident #22 was sitting in a wheelchair and the right arm rest did not have pad on the metal bar. Observation at the same time of Resident #22's right arm revealed there was no obvious injuries to her arm. During an interview on 06/10/2025 at 10:20 am, LVN A stated she was not aware Resident #22's right arm rest pad was missing, and she would put in a work order. She stated the arm rest needed the pad or the resident might get skin tears. She stated staff members could put work orders into the computer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/11/2025 at 3:00 pm., the DON stated resident equipment needed to be maintained to prevent harm. She stated Resident #22's wheelchair needed an arm pad to prevent the resident from harm such as a skin tear. She stated she was not aware the resident's wheelchair arm pad was missing and sometimes it happens when residents are placed at tables. She stated Resident #22's right arm rest pad needed to be replaced as soon as possible. During an Interview on 06/12/2025 at 11:35 a.m. with the Maintenance Director revealed the nurses would put a work order into the computer or tell him about the issue. He stated when a wheelchair needed service, he would repair the wheelchairs within 24-hours. The Maintenance Director confirmed Resident #22's wheelchair right arm rest was missing the pad, and he replaced it. During an Interview on 06/12/2025 at 08:00 am with the Administrator revealed the facility did not have a policy on wheelchair maintenance. He stated the Maintenance Director was good at making repairs when he received a work order. He stated he did rounds on the Memory Care Unit and was not aware Resident #22's right arm rest pad was missing and needed to be of high priority for repair related to resident safety. 2. Record review of Resident #49's electronic face sheet dated 06/11/2025 reflected she was originally admitted to the facility on [DATE] and readmitted on [DATE]. She was a [AGE] year-old female and her diagnoses included: Alzheimer's disease (a brain disorder that destroys memory and thinking skills), dementia (loss of cognitive functioning that interferes with ADLs), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities), anxiety (a feeling of worry, nervousness, or unease), and dysphagia (swallowing disorder). Record review of Resident #49's quarterly MDS assessment, dated 05/01/2025 reflected she could usually understand and usually be understood. She scored a 99 on her BIMS which indicated the resident was not able to complete the interview. Under Section GG0120 Mobility Devices, wheelchair was checked. Record review of Resident #49's care plan for the Problem of The resident has an ADL self-care performance, Interventions, resident requires assistance by staff. Observation on 06/10/2025 at 10:18 am revealed Resident #49 was sitting in a wheelchair and the right arm rest did not have pad on the metal bar. Observation at the same time of Resident #49's right arm revealed there was no obvious injuries to her arm. During an interview on 06/10/2025 at 10:20 am, LVN A stated she was not aware Resident #49's right arm rest pad was missing, and she would put in a work order. She stated the arm rest needed the pad or the resident might get skin tears. She stated staff members could put work orders into the computer. During an interview on 06/11/2025 at 3:00 pm., the DON stated resident equipment needed to be maintained to prevent harm. She stated Resident #49's wheelchair needed an arm pad to prevent the resident from harm such as a skin tear. She stated she was not aware the resident's wheelchair arm pad was missing and sometimes it happens when residents are placed at tables. She stated Resident #49's right arm rest pad needed to be replaced as soon as possible. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an Interview on 06/12/2025 at 11:35 a.m. with the Maintenance Director revealed the nurses would put a work order into the computer or tell him about the issue. He stated when a wheelchair needed service, he would repair the wheelchairs within 24-hours. The Maintenance Director confirmed Resident #49's wheelchair right arm rest was missing the pad, and he replaced it. During an Interview on 06/12/2025 at 08:00 am with the Administrator revealed the facility did not have a policy on wheelchair maintenance. He stated the Maintenance Director was good at making repairs when he received a work order. He stated he did rounds on the Memory Care Unit and was not aware Resident #49's right arm rest pad was missing and needed to be of high priority for repair related to resident safety. 3. Record review of Resident #39's electronic face sheet dated 06/12/2025 reflected he was originally admitted to the facility on [DATE] and readmitted on [DATE]. He was a [AGE] year-old male and his diagnoses included: dementia (loss of cognitive functioning that interferes with ADLs), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities), anxiety (a feeling of worry, nervousness, or unease), and degeneration of nervous system due to alcohol (progressive loss of nerve cell function and affects movement, mental and other bodily functions). Record review of Resident #39's annual MDS assessment, dated 05/01/2025 reflected he could usually understand and usually be understood. He scored a 5 out of 15 on his BIMS which indicated he was severely cognitively impaired. Record review of Resident #49's care plan for the Problem of The resident has an ADL self-care performance, deficit r/t confusion, Interventions, resident requires assistance by staff. Observation on 06/10/2025 at 10:30 am revealed Resident #39 was sitting in his room on his bed. The headboard of the bed was detached and sitting between the top of the bed and the wall. The footboard had exposed particle board which rough and uneven where the veneer had come off. During an interview on 06/10/2025 at 10:35 am, LVN A stated she was not aware Resident #39's headboard was off the bed and his footboard needed repair or replacement. She stated he could get a skin tear from the footboard. Observation on 06/11/2025 at 08:30 am of Resident #39's bed revealed the headboard and footboard were still in disrepair. During an interview on 06/11/2025 at 08:45 am with Resident #39, he stated the headboard was off his bed for some time, he was afraid to move on the bed because the headboard knocked against the wall, kaboom, kaboom, kaboom, and he worried about the resident who was in the next room. He stated if his leg were to get onto the foot board, he might get a scrape. During an interview on 06/11/2025 at 3:00 pm., the DON stated resident equipment needed to be maintained to prevent harm. She stated Resident #39's bed needed to have a safe headboard and footboard to prevent harm. She stated she was not aware of the issue and told staff to report equipment issues to the Maintenance Director with a work order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an Interview on 06/12/2025 at 08:00 am with the Administrator revealed the facility did not have a policy on wheelchair maintenance. He stated the Maintenance Director was good at making repairs when he received a work order. He stated he did rounds on the MCU and was not aware Resident #39's headboard and footboard needed to be repaired to ensure his safety. During an Interview on 06/12/2025 at 11:35 a.m. with the Maintenance Director revealed the nurses would put a work order into the computer or tell him about the issue. He stated he was not aware of Resident #39's headboard and footboard needed to be repaired. During an interview on 06/12/2025 at 11:51 a.m. with CNA C, who worked on the MCU, stated Residents #22 and #49 were without armrest pads for two or three days. He stated he did not report it this week and did not know why. He stated he reported the headboard being off from Resident #39's bed and the footboard condition months ago but he could not remember to whom. He stated residents had frail skin and could get skin tears from equipment in disrepair. During an interview on 06/13/2025 at 08:27 am, ADON B stated staff were trained to report broken equipment or furniture. She stated the repairs were probably overlooked. Record review of the facility Work Orders dated April 1, 2025, to May30, 2025 did not reflect the missing arm rest pads for Residents #22 and #49 or the detached headboard and footboard in need of repair for Resident #39.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure a resident maintained acceptable parameters of nutritional status, such as usual body weight or desirable body weight range, unless the resident's clinical condition demonstrated this was not possible or the resident preferences indicated otherwise for 1 of 5 Residents (Residents #16) whose records were reviewed for nutrition status maintenance. The facility failed measuring Resident #16's weight when the resident was re-admitted to the facility on [DATE], and the physician order said, Measuring weight upon admission/re-admission and every week for 4 weeks. These failures could affect residents at risk for losing weight and result in unplanned weight loss and a decline in the resident's overall health. The findings were: Record review of Resident #16's face sheet, dated 06/13/2025, revealed the resident was [AGE] years old male and originally admitted to the facility on [DATE] and re-admitted to the facility on [DATE] with diagnosis of pneumonitis due to inhalation of food and vomit (complication of pulmonary aspiration or the inhalation of food, liquid, or vomit inti the lungs), chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems), dysphagia (difficulty swallowing), heart failure (the heart muscle does not pump blood as well as it should), and edema (swelling caused by fluid trapped in your tissues). Record review of Resident #16's quarterly MDS, dated [DATE], revealed the resident's BIMS was 0 out of 15 which indicated the resident had severe cognitive impairment, and the resident required supervision or touching assistance (helper provides verbal cues or touching/steadying assistance as resident completes activities) to eating and dependent (helper does all of the effort) to sit to stand and chair to bed transfer. Record review of Resident #16's comprehensive care plan, dated 04/12/2023, revealed The resident is able to feed self with setup, cuing direction. Does not like staff assistance and The resident has potential nutritional problem related to severe intellectual disabilities and history of dysphagia - weight is expected to fluctuate due to being on a diuretic, and weight loss may be due to recent hospitalization and recent downgrade in diet. For interventions - monitor/document/report any sign and symptom of malnutrition: Emaciation (cachexia), muscle wasting, significant weight loss, and weight: upon admission/readmission and every week for 4 weeks. Record review of Resident #16's physician order, dated 05/28/2025, revealed Pureed diet and thin liquid diet and weight upon admission/readmission and every week for 4 weeks. Record review of Resident #16's weight log revealed the resident's weight on 06/05/2025 was 162.4 pounds, and weight on 06/12/2025 was 164.6 pounds. There was no weight on re-admission date, which was on 05/28/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #16's nursing note for readmission assessment, dated 05/28/2025, revealed the facility nurse did not measure Resident #16's weight on 05/28/2025. The facility nurse measured the resident's weight on 06/05/2025 (162.4 pounds) and 06/12/2025 (164.6 pounds). Interview on 06/12/2025 at 3:46 p.m. ADON-B stated the nurse who conducted re-admission assessment on 05/28/2025 did not measure Resident #16's weight per the physician order, and the nurse was an agency nurse and not work anymore. ADON-B said she did not know what reason the nurse did not measure Resident #16's weight on 05/28/2025 (re-admission date), the nurse should have measured the resident's weight as the physician order, and if the facility did not know the resident's weight correctly, the resident might have unplanned weight loss and a decline in the resident's overall health. Record review of the facility policy, titled Weight System, dated 04/2022, revealed Residents are weighted at admission, readmission, and per physician orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice for 1 (Residents #27) of 3 reviewed for respiratory care. Resident #27's nebulizer mask was not covered in a plastic bag when it was not used on 06/10/2025. This failure could affect residents with oxygen therapy and could lead them to lack of care including possible infection by not following infection control. The findings included: Record review of Resident #27's face sheet, dated 06/13/2025, revealed the resident was a [AGE] year-old female and originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), type 2 diabetes mellitus (not control blood sugars in the body), and hypertension (high blood pressure). Record review of Resident #27's quarterly MDS assessment, dated 03/21/2025, revealed the resident's BIMS score was 9 out of 15 which indicated the resident had moderate cognition impairment and required dependent (helper does all of effort) to sit to stand, chair-to-bed, and toilet transfer. Record review of Resident #27's physician order, dated 05/31/2025, revealed the resident had the order of Ipratropium-Albuterol inhalation solution 0.5-2.5 (3) mg/3ml - 3 ml inhale orally every 6 hours for 3 days and as needed for cough/congestion. Record review of Resident #27's medication administration record, from 06/01/2025 to 06/30/2025, revealed the order of Ipratropium-Albuterol inhalation solution 0.5-2.5 (3) mg/3ml - 3 ml inhale orally every 6 hours for 3 days and as needed for cough/congestion was scheduled 12:00 am, 6:00 am, 12:00 pm, and 6:00 pm and given by 06/03/2025 as ordered. Observation on 06/10/2025 at 2:38 p.m. revealed Resident #27 was on the bed and sleeping in her room. Resident #27's nebulizer mask connected to a nebulizer was on the nightstand uncovered. Interview on 06/10/2025 at 2:42 p.m. with LVN-F stated Resident #27's nebulizer mask was on the nightstand without a plastic bag. Further interview with LVN-F said the resident's nebulizer mask should have been covered in a plastic bag when it was not used to prevent possible infection. Interview on 06/13/2025 at 12:30 p.m. ADON-B stated Resident #27's nebulizer mask should have been covered in a plastic bag when it was not used to prevent possible infections. Further interview with ADON-B said the facility did not have a policy related to specifically covering a nasal cannula and mask in a plastic bag when not used, the facility follows standards nursing care, and it was nurse's responsibility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of professional guidelines, titled HomeCare (https://www.homecaremag.com/february-2020/dont-let-oxygen-concentrator-lead-infection), dated 04/18/2025, revealed Patients receiving supplemental oxygen via an oxygen concentrator in the home are common. Unfortunately, compliance issues related to infection prevention and control are also common. To prevent these compliance issues-and, more importantly, to prevent respiratory infections-provide education based on the manufacturer's instructions for use. When none are provided, follow these five-infection prevention and control strategies for a patient on oxygen at a liter flow of up to 5 liters per minute (L/min) in the home except those with an artificial airway, with cystic fibrosis, or who are severely immunosuppressed. These patients and those on higher liter flows of oxygen may require a higher standard of respiratory equipment management and additional disinfection activities.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 1 (Resident #19) of 13 residents and 2 of 2 medication rooms (A-wing and C-wing medication room) reviewed for pharmacy services. 1. When LVN-G administered medication (Omeprazole delayed release 20 mg) to Resident #19 through gastrostomy tube (feeding tube inserted thought the belly that bring nutrition or medication directly to the stomach), LVN-G opened the medication, but the label of the medication said, Do not open or crush! 2. There was one box of suction catheter kit expired 06/07/2025 found inside A-wing medication room on 06/11/2025. 3. There was one box of suction catheter tray expired 07/28/2024 found inside C-wing medication room on 06/11/2025. This failure could place residents at risk of inaccurate drug administration and not having appropriate therapeutic effects. The findings included: Record review of Resident #19's face sheet, dated 06/13/2025, revealed the resident was a [AGE] years old female, originally admitted to the facility on [DATE], and re-admitted to the facility on [DATE] with diagnoses of multiple sclerosis (disease that causes breakdown of the protect covering of nerve and cause numbness, weakness, trouble walking, and other symptoms), dementia (a group of thinking and social symptoms that interferes with daily functioning), chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems), dysphagia (difficulty swallowing), diverticulitis of intestine (inflammation of irregular bulging pouches in the wall of the large intestine), and gastro-esophageal reflux disease (a digestive disease in which stomach acid or bile irritate the food pipe lining). Record review of Resident #19's annual MDS assessment, dated 04/29/2025, revealed the resident's BIMS was 99 which indicated the resident was not able to interview, required dependent (helper does all of the effort) to all daily activities of living, such as transfer, dressing, and personal hygiene, and had on feeding tube. Record review of Resident #19's comprehensive care plan, dated 04/15/2024, revealed The resident requires tube feeding related to dysphagia and nothing by mouth diet, and the resident has chronic GERD (gastro-esophageal reflux disease). For interventions, give medications as ordered and monitor/document side effects and effectiveness. Record review of Resident #19's physician order, dated 12/07/2024, revealed the resident had the order of Omeprazole delayed release 20 mg one capsule once a day via gastrostomy tube for GERD (gastro-esophageal reflux disease). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Resident #19's medication administration record, from 06/01/2025 to 06/30/2025, revealed Omeprazole delayed release 20 mg one capsule once a day via gastrostomy tube for GERD (gastro-esophageal reflux disease) was scheduled at 9:00 a.m. Observation on 06/12/2025 at 9:07 a.m. revealed LVN-G took out Resident #19's one capsule of omeprazole 20 mg from the bottle of the medication, opened the capsule, mixed it with water, and LVN-G administered the medication (omeprazole 20 mg) via Resident #19's gastrostomy tube. Further observation on 06/12/2025 at 10:04 a.m. revealed the bottle of Resident #19's omeprazole 20 mg had label, and the label said, Do not crush or do not open! Should swallow whole. Interview on 06/12/2025 at 10:04 a.m. with LVN-G stated the bottle of Resident #19's omeprazole 20 mg had label, and the label said, Do not crush or do not open! Should swallow whole. LVN-G said she did not pay attention to read the label, and that was why LVN-G opened it. LVN-G stated she should have read the label and followed the direction and contacted Resident #19's primary care physician regarding changing omeprazole to liquid form. If nurses did not follow the direction for omeprazole, the resident might not have therapeutic effects. Interview on 06/13/2025 at 12:30 p.m. with ADON-B said LVN-G should not open Resident #19's omeprazole 20 mg because the label said, Do not crush or do not open! Should swallow whole. The facility nurses should have contacted Resident #19's primary care physician regarding changing omeprazole to liquid form. If nurses did not follow the direction for omeprazole, the resident might not have therapeutic effects. Record review of the facility policy, titled Medication Administration, undated, revealed during medication administration, the facility staff should observe the 6 rights, ensure that the resident is properly positioned, administer medications at the appropriate medication administration time, document scheduled medication administration per facility policy, observe resident privacy rights per applicable law, observe manufacturer medication administration guidelines, and confirm resident consumption of the medication. 2. Observation on 06/11/2025 at 3:38 p.m. revealed one box of suction catheter kit expired on 06/07/2025 found inside the A-wing medication room. Interview on 06/11/2025 at 3:47 p.m. with regional RN acknowledged one box of suction catheter kit expired on 06/07/2025 found inside the A-wing medication room. Regional RN said she did not know the reason the expired suction catheter kit was inside the A-wing medication room, and nurses should discard all expired medications and suction kit from the medication rooms as per the facility policy. The facility did not have any residents for suction. Potential harm was nurses might use the expired suction kit, and the kit might not have therapeutic effects. 3. Observation on 06/11/2025 at 4:02 p.m. revealed one box of suction catheter tray expired on 07/28/2024 found inside the C-wing medication room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/11/2025 at 4:03 p.m. with regional RN acknowledged one box of suction catheter tray expired on 07/28/2024 found inside the C-wing medication room. Regional RN said she did not know the reason the expired suction catheter tray was inside the C-wing medication room, and nurses should discard all expired medications and suction tray from the medication rooms as per the facility policy. The facility did not have any residents for suction. Potential harm was nurses might use the expired suction tray, and the tray might not have therapeutic effects. Record review of the facility policy, titled Delivery, Receipt, and Storage of Medications, undated, revealed Facility staff should take all measures required by facility policy, applicable law, and the State Operations Manual following administration of medications. Following resident medication administration, facility staff should appropriately document medication administration, dispose of unused medications per facility policy, discard used supplies per facility policy, and clean reusable equipment and supplies.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure all drugs and biologicals were stored in locked compartments for 2 of 20 residents (Residents #46 and #238) reviewed for storage. 1. Resident #46's insulin Lantus Solos Flex Pen for diabetes had no open date, found inside B-wing nursing cart on 06/11/2025. 2. Resident #238's insulin Novolog Flex Pen for diabetes had no open date, found inside B-wing nursing cart on 06/11/2025. These failures could place residents at risk of having not therapeutic effects by using old insulins. The findings were: 1. Record review of Resident #46's face sheet, dated 06/13/2025, revealed Resident #46 was a [AGE] year-old male and admitted to the facility 12/04/2020 and re-admitted to the facility 05/31/2024 with diagnoses of dementia (a group of thinking and social symptoms that interferes with daily functioning), type 2 diabetes mellitus (body does not insulin properly, resulting in high blood sugar levels), hypokalemia (low potassium level in the blood), and heart failure (the heart muscle does not pump blood as well as it should). Record review of Resident #46's annual MDS, dated [DATE], revealed the resident's BIMS score was 14 out of 15, which indicated the resident's cognition was intact, and the resident was receiving insulin injections every day as ordered. Record review of Resident #46's physician's order, dated 03/24/2025, revealed the resident had the order of Insulin Lantus Solostar Subcutaneous solution Pen - inject 100 UNIT/ML - Inject 10 unit subcutaneously at bedtime for type 2 diabetes mellitus- hold for blood sugar under 150 and inject 18 unit subcutaneously one time a day in the morning for type 2 diabetes mellitus- hold for blood sugar under 150. Record review of Resident #46's medication administration record, dated from 06/01/2025 to 06/30/2025, revealed the resident was receiving Insulin Lantus Solostar Subcutaneous solution Pen - inject 100 UNIT/ML - Inject 10 unit subcutaneously at bedtime and 18 unit subcutaneously one time a day in the morning for type 2 diabetes mellitus at 7:30 am and 8:00 pm. Observation on 06/11/2025 at 4:38 p.m. revealed Resident #46's insulin Lantus Solostar Subcutaneous solution Pen for diabetes with no open date was found inside the B-wing nursing cart. Interview on 06/11/2025 at 4:39 p.m. with regional RN stated Resident #46's insulin Lantus Solostar Subcutaneous solution Pen for diabetes with no open date was found inside the B-wing nursing cart, and the insulin pen should have been discarded 28 days after opening it. If the insulin pen did not have any open date, nurses did not know when they have to discard the insulin pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/11/2025 at 5:00 p.m. LVN-H stated he was working as an agency nurse, and when he came to the facility for work on 06/11/2025, he saw Resident #46's insulin Lantus Solostar Subcutaneous solution Pen without open date. LVN-H said he did not use it today (06/11/2025) morning time because Resident #46's blood sugar was less than 150. Further interview, LVN-H said Resident #46's insulin pen for diabetes should have been discarded 28 days after opening it. However, LVN-H did not know if he should discard the insulin pen because the insulin pen did not have open date. The LVN-H did not know when the facility nurses opened Resident #46's insulin pen. 2. Record review of Resident #238's face sheet, dated 06/13/2025, revealed Resident #238 was an [AGE] year-old female and admitted to the facility on [DATE] with diagnoses of cerebral atherosclerosis (build-up of plaque in the blood vessels of the brain occurs), dementia (a group of thinking and social symptoms that interferes with daily functioning), type 2 diabetes mellitus (body does not insulin properly, resulting in high blood sugar levels), heart failure (the heart muscle does not pump blood as well as it should), and hypertension (high blood pressures). Record review of Resident #238's admission MDS revealed it was in progress at this time (06/13/2025) because the resident was admitted to the facility on [DATE]. Record review of Resident #238's physician's order, dated 06/10/2025, revealed the resident had the order of Insulin Novolog solution 100 unit/ml inject as per sliding scale if 100-150 = 6 units, 151-200 = 8units, 201-250 = 10 units, 251-300 = 12 units, 301-350 = 16 units subcutaneously before meals for diabetes. Record review of Resident #238's medication administration record, dated from 06/01/2025 to 06/30/2025, revealed the resident was receiving Insulin Novolog solution 100 unit/ml inject as per sliding scale if 100-150 = 6 units, 151-200 = 8units, 201-250 = 10 units, 251-300 = 12 units, 301-350 = 16 units subcutaneously before meals for diabetes at 7:00 am, 1100 am, and 5:00 pm. Observation on 06/11/2025 at 4:39 p.m. revealed Resident #238's insulin Novolog Flex Pen for diabetes with no open date was found inside the B-wing nursing cart. Interview on 06/11/2025 at 4:40 p.m. with regional RN stated Resident #238's insulin Novolog Flex Pen for diabetes with no open date was found inside the B-wing nursing cart, and the insulin pen should have been discarded 28 days after opening it. If the insulin pen did not have any open date, nurses did not know when they have to discard the insulin pen. Interview on 06/11/2025 at 5:01 p.m. LVN-H stated he was working as an agency nurse, and when he came to the facility for work on 06/11/2025, he saw Resident #238's insulin Novolog Flex Pen without open date. Further interview, LVN-H said Resident #238's insulin pen for diabetes should have been discarded 28 days after opening it. However, LVN-H did not know if he should discard the insulin pen because the insulin pen did not have open date. The LVN-H said the resident's family might bring it from home, but it was still facility nurse's responsibility to write open date on the pen. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/13/2025 at 12:30 p.m. ADON-B said the facility nurses should have written open dates on insulins when they opened them to discard them 28 days after opened. Nurses would not know when they have to discard insulins if insulins did not have open dates, and it might cause improper use, and residents might not have therapeutic effects. ADON-B said that it was nurse's responsibility, and ADONs sometimes reviewed nursing carts, but they did not know what reason nurses did not write the open dates. Further interview with ADON-B said there was no policy regarding insulin, and the facility followed standard of care. Record review of the professional guidelines, titled Mount [NAME] (https://www.mountsinai.org/health-library/special-topic/insulin-and-syringes-storage-and-safety), dated 06/20/2025, revealed Discard insulin after 28 days from the date of opening.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen observed for kitchen sanitation. 1. The facility failed to ensure two trays of prepared and poured glasses of beverages in the refrigerator were dated. 2. The facility failed to ensure a try with six prepared bowls of cereal in the dry storage were dated. These failures could place residents who received meals and/or snacks from the kitchen at risk for food borne illness. The findings included: During observation 06/10/2025 at 8:53 a.m. the initial tour of the kitchen revealed in the walk-in refrigerator two trays with beverages poured not dated, and in the dry storage a tray with 6 bowls of cereal not dated. An interview with DM on 06/10/2025 at 10:27 a.m. revealed all open items being stored in the walk-in refrigerator and in the dry storage are to be labeled with the date prepared and date to use by. DM stated staff preparing to store open or prepared items in the walk-in refrigerator or dry storage are responsible to date items. DM stated by not dating the items the residents were at risk for food born illness. An interview with [NAME] on 06/12/2025 at 10:34 a.m. revealed all open items being stored in the kitchen's walk-in refrigerator and in the dry storage were to be labeled with the date opened and the use by date. [NAME] stated all staff are responsible to label items. [NAME] stated if items were not labeled then it would be possible to use old or expired items causing food born illness. Record review of the facility's policy named Food Storage dated 2018 revealed Date, label and tightly seal all refrigerated foods using clean, nonabsorbent, covered containers that are approved for food storage. and Use the first-in, first-out (FIFO) rotation method. Date packages and place new items behind existing supplies, so that the older items are used first. Record review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&HS, revealed, 3-501.17 Ready-to-Eat/Time Temperature Control for Safety Food, Date Marking. (B) Except as specified in (E) - (G) of this section, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record reviews, the facility failed to maintain medical records that were complete and accurately documented in accordance with accepted professional standards and practices for 1 (Resident #16) of 20 residents reviewed for medical records. The facility failed to ensure facility nurses documented Resident #16's mechanically altered diet correctly on 06/08/2025's Weekly Swallowing/Nutritional Status. This failure placed resident at risk for missed treatment and care which could result in decline in health and well-being. Findings included: Record review of Resident #16's face sheet, dated 06/13/2025, revealed the resident was a [AGE] year old male and originally admitted to the facility on [DATE] and re-admitted to the facility on [DATE] with diagnoses of pneumonitis due to inhalation of food and vomit (complication of pulmonary aspiration or the inhalation of food, liquid, or vomit inti the lungs), chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems), dysphagia (difficulty swallowing), heart failure (the heart muscle does not pump blood as well as it should), and edema (swelling caused by fluid trapped in your tissues). Record review of Resident #16's quarterly MDS, dated [DATE], revealed the resident's BIMS was 0 out of 15 indicated the resident had severe cognitive impairment, and the resident required supervision or touching assistance (helper provides verbal cues or touching/steadying assistance as resident completes activities) to eating and dependent (helper does all of the effort) to sit to stand and chair to bed transfer. Further record review of the MDS revealed the resident was receiving Mechanically altered diet. Record review of Resident #16's comprehensive care plan, dated 04/12/2023, revealed The resident is able to feed self with setup, cuing direction. Does not like staff assistance and The resident has potential nutritional problem related to severe intellectual disabilities and history of dysphagia - Provide and serve diet as ordered of pureed diet and thin liquid for diet. Record review of Resident #16's physician order, dated 05/28/2025, revealed Pureed diet and thin liquid diet. Record review of Resident #16's Swallowing/Nutritional Status Weekly, dated 06/08/2025, revealed regarding to the question Has the resident required a mechanically altered diet in the past 7 days? (for example, pureed food, thickened liquids), the facility nurses answered No. Observation on 06/10/2025 at 12:45 p.m. revealed Resident #16 received pureed diet with thin liquids per the physician order at the main dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 06/13/2025 at 12:30 p.m. with ADON-B stated Resident #16's Weekly Swallowing/Nutritional Status on 06/08/2025 was inaccurate because Resident #16 was receiving pureed and thin liquid diet as ordered; therefore, the answered should have been Yes. ADON-B said she did not know what reason facility nurses documented inaccurately, but the resident's medical document should be accurate because inaccurate medical record might cause incorrect care to the resident, and the facility did not have policy regarding accurate clinical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development of communicable diseases and infections for 3 (Resident #25, #237, and #19) of 20 residents reviewed for infection control practices. 1. CNA D failed to remove her gloves and perform hand hygiene before moving from a contaminated-body site to a clean-body site during care for Resident #25. 2. When CNA-I was providing peri care to Resident #237, CNA-I grabbed new and clean brief with old and dirty gloves after cleaning Resident #237's buttock area, put the new and clean brief under the resident, and closed it. 3. When LVN-G administered medications to Resident #19 through gastrostomy tube (feeding tube inserted thought the belly that bring nutrition or medication directly to the stomach), LVN-G did not wear a gown. However, Resident #19 had enhanced barrier precaution, and the sign attached on the door said, Staff must wear gloves and gown for the following high-contact resident care activities such as cares using feeding tube. This deficient practice could place residents at risk for cross contamination and infections. The findings included: 1. Record review of Resident #25's electronic face sheet dated 06/12/2025 reflected she was originally admitted to the facility on [DATE] and readmitted on [DATE]. She was a [AGE] year-old female. Her diagnoses included: Alzheimer's disease (a brain disorder that destroys memory and thinking skills), dementia (loss of cognitive functioning that interferes with ADLs), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities) and cardiomyopathy (a disease that affects the heart muscle, making it harder for the heart to pump blood effectively). Record review of Resident #25's quarterly MDS assessment dated [DATE] reflected she usually understood and usually understands. She scored a 01 out of 15 on her BIMS which indicated she was severely cognitively impaired. She was occasionally incontinent of bladder and always incontinent of bowel. She required moderate assistance with ADLs. Record review of Resident #25's comprehensive care plan initiated 05/15/2025 reflected Problem, resident has a UTI, Interventions, check for incontinence, wash, rinse and dry soiled areas. Observation on 06/11/2025 at 4:07 pm of CNA D (agency aide) perform incontinent care for Resident #25 revealed she finished wiping Resident #25's buttocks and threw away the dirty wipes. CNA D then proceeded to take the clean incontinent brief and place it on the resident without changing gloves or sanitizing hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 06/11/2025 at 4:15 pm, CNA D stated she should have sanitized her hands and changed gloves between dirty and clean. She stated the wrong practice could result in cross contamination and the resident getting an infection. She stated she was trained to sanitize her hands and change gloves between dirty and clean. During an interview on 06/11/2025 at 3:00 pm., the DON stated Resident #25 was treated for a UTI, and agency staff are supposed to come trained and know how to do proper incontinent care. She stated CNA D needed to sanitize her hands and change her gloves prior to putting on Resident #25's clean brief to prevent cross contamination. Record review of Credentials (undated) sent by the agency for CNA D reflected she had completed a Long Term Care Essentials Clinical Assessment Outline, Urinary Incontinence, and Infection Control. Record review of the facility policy and procedure titled Infection Control revised February 2018 reflected This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Perineal care, rinse, and dry area thoroughly, discard disposable items into designated containers, remove gloves and discard into designated container, wash, and dry hands thoroughly or use hand sanitizer, put on clean gloves and apply protective ointment if needed and clean brief. 2. Record review of Resident #237's face sheet, dated 06/13/2025, revealed the resident was a [AGE] year-old female, originally admitted to the facility on [DATE], and re-admitted to the facility on [DATE] with diagnoses of cerebral palsy (congenital disorder of movement, muscle tone, or posture), type 2 diabetes mellitus (body does not insulin properly, resulting in high blood sugar levels), hypertension (high blood pressure), urinary tract infection (infection to the urinary bladder), and obstructive and reflux uropathy (the flow of urine is blocked). Record review of Resident #237's quarterly MDS assessment, dated 04/21/2025, revealed the resident's BIMS was 99 indicated the resident was not able to interview, required dependent (helper does all of the effort) to chair to bed and toilet transfer, had indwelling urinary catheter, and always bowel incontinence. Record review of Resident #237's comprehensive care plan, dated 08/02/2024, revealed The resident has chronic indwelling catheter and bowel incontinence. For intervention - Catheter care and monitor/document for signs and symptoms of urinary tract infection and bowel incontinence care. Observation on 06/11/2025 at 1:33 p.m. revealed CNA-I put on gloves and gown and cleaned Resident #237's indwelling urinary catheter, then rolled the resident to left side, cleaned the resident's buttock area, removed old and dirty brief, then made the resident on supine position. Without changing gloves, CNA-I grabbed a new and clean brief with old and dirty gloves, put it under the resident, and closed it. CNA-I took off the old and dirty gloves and washed her hands with water before leaving Resident #237's room. Interview on 06/11/2025 at 1:44 p.m. with CNA-I stated she grabbed and put a new and clean brief with old and dirty gloves to Resident #237. CNA-I said she should have changed her gloves after sainting her hands then grabbed the new and clean brief. CNA-I stated it was her mistake, and the resident might have infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/13/2025 at 12:30 p.m. with ADON-B stated CNA-I should have changed her gloves after sanitizing her hands then grabbed the new and clean brief. Facility DON and ADONs conducted skill checkoffs once a year to all CNAs to make sure CNAs provide correct catheter and peri care to residents. ADON-B said Resident #237 might have infection. Record review of the facility policy, titled Perineal Care, revised 02/2018, revealed . Wash and rinse the rectal area thoroughly. Rinse and dry area thoroughly. Discard disposed items into designated containers. Removed gloves and discard into designated container. Wash and dry your hands. Put on gloves and apply protective ointment if needed and clean brief. 3. Record review of Resident #19's face sheet, dated 06/13/2025, revealed the resident was a [AGE] year old female, originally admitted to the facility on [DATE], and re-admitted to the facility on [DATE] with diagnoses of multiple sclerosis (disease that causes breakdown of the protect covering of nerve and cause numbness, weakness, trouble walking, and other symptoms), dementia (a group of thinking and social symptoms that interferes with daily functioning), chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems), dysphagia (difficulty swallowing), diverticulitis of intestine (inflammation of irregular bulging pouches in the wall of the large intestine), and gastro-esophageal reflux disease (a digestive disease in which stomach acid or bile irritate the food pipe lining). Record review of Resident #19's annual MDS assessment, dated 04/29/2025, revealed the resident's BIMS was 99 which indicated the resident was not able to interview, required dependent (helper does all of the effort) to all daily activities of living, such as transfer, dressing, and personal hygiene, and had on feeding tube. Record review of Resident #19's comprehensive care plan, dated 04/15/2024, revealed The resident requires tube feeding related to dysphagia and nothing by mouth diet, and the resident requires enhanced barrier precaution related to gastrostomy tube. For intervention - gown and gloves required when providing direct care and follow enhanced barrier precaution guidelines when providing close contact resident care. Record review of Resident #19's physician order, dated 03/20/2025, revealed the resident had the order of Enhanced Barrier Precaution every shift due to gastrostomy tube. Observation on 06/12/2025 at 9:07 a.m. revealed when LVN-G administered medications to Resident #19 through gastrostomy tube, LVN-G put on gloves after washing her hands with water but did not wear a gown. Further observation revealed there was a sign posted regarding enhanced barrier precaution attached on the resident room door, and the sign attached on the door said, Staff must wear gloves and gown for the following high-contact resident care activities such as cares using feeding tube. Interview on 06/12/2025 at 10:04 a.m. with LVN-G said she should have put on a gown because Resident #19 had enhanced barrier precaution due to her gastrostomy tube care. LVN-G said she was nervous and forgot wearing a gown. It was her mistake, and the resident might have infection. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 06/13/2025 at 12:30 p.m. with ADON-B stated LVN-G should have put on a gown because Resident #19 had enhanced barrier precaution due to her gastrostomy tube care. The facility did not have policy regarding enhanced barrier precaution but followed enhanced barrier precaution's guidelines, which was Staff must wear gloves and gown for the following high-contact resident care activities such as cares using feeding tube. Resident #19 might have infection if nurses did not follow the guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program for all new and existing staff members. 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 5 of 27 (Cook K, Dietary Aide L, CNA M, CNA N, and LVN O) employees reviewed for training requirements. The facility failed to implement and maintain a training program that ensured [NAME] K, Dietary Aide L and CNA M received required trainings upon hire. The facility failed to implement and maintain a training program that ensured CNA N and LVN O received required trainings annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of personnel record for [NAME] K revealed hire date of 03/25/2025. Review of training log provided by human resources revealed [NAME] K did not complete required trainings upon hire. Record review of personnel record for Dietary Aide L revealed hire date of 04/07/2025. Review of training log provided by human resources revealed Dietary Aide L did not complete required trainings upon hire. Record review of personnel record for CNA M revealed hire date of 05/12/2025. Review of training log provided by human resources revealed CNA M did not complete required trainings upon hire. Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N completed the required annual trainings. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O completed the required annual trainings. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy indicating new hire training topics, time frame to complete initial trainings, required annual training topics, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on interview and record review, the facility failed to ensure annual communications training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure communication training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received annual communication training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual communication training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including communication trainings, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on interview and record review, the facility failed to ensure annual rights of the resident training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure resident rights training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received resident rights training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual resident rights training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including resident rights training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on interview and record review, the facility failed to ensure annual abuse, neglect and exploitation training and dementia training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure abuse, neglect and exploitation training and dementia training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received abuse, neglect and exploitation training or dementia training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual abuse, neglect and exploitation training or dementia training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including abuse, neglect and exploitation training and dementia training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. Based on interview and record review, the facility failed to ensure annual QAPI training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure QAPI training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received QAPI training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual QAPI training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including QAPI training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on interview and record review, the facility failed to ensure annual infection control training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure infection control training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received infection control training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual infection control training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including infection control training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide training in compliance and ethics. Based on interview and record review, the facility failed to ensure annual ethics training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure abuse, neglect and exploitation training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received ethics training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual ethics training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including ethics training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to ensure CNA received the required minimum 12 hours annual in-service 1 of 27 (CNA N) employees reviewed for training requirements was completed. The facility failed to provide the required 12 hours of annual training to CNA N. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed evidence of less than 12 hours per year of required in-service training being provided annually. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics including required trainings for CNAs, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455824	A. Building B. Wing	06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wurzbach Nursing and Rehabilitation	8300 Wurzbach Rd San Antonio, TX 78229

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on interview and record review, the facility failed to ensure annual behavioral health training for 2 of 27 (CNA N, and LVN O) employees reviewed for training requirements was completed. The facility failed to ensure abuse, neglect and exploitation training was provided CNA N and LVN O annually. This failure could place residents at risk of being cared for by staff who have been insufficiently trained. Findings were: Record review of the personnel records for CNA N revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that CNA N received behavioral health training. Record review of the personnel records for LVN O revealed a hire date of 01/01/2020. Review of training log for the previous 12 months provided by human resources revealed no evidence that LVN O received annual behavioral health training. Interview with HR Representative on 06/13/2025 at 1:40 PM revealed she was new to the facility. HR stated the facility uses an online training program that emails the employee and their supervisor of assigned trainings. HR stated it was the responsibility of the employee to complete their trainings and human resources responsibility to ensure trainings were completed. HR stated the facility relies on the on-line training system to keep track of the annual trainings. HR stated by not ensuring staff complete annual trainings it could lead to mistreatment or neglect of the residents. Interview with Administrator 06/13/2025 at 1:55 PM revealed employees received emails from the online training system when new trainings are assigned. Administrator stated it staff were to complete trainings when they are assigned. Administrator stated the facility did not have a policy that identified required trainings subjects or the timeframes when to complete them. Administrator stated he assumed human resources was responsible to ensure staff completed trainings. Administrator stated staff needed their annual trainings to ensure residents received good care. A policy required annual training topics, including behavioral health training, time frame to complete annual trainings and who is responsible to ensure trainings were completed was requested but not provided prior to exit.