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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676447 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort San Antonio, LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 6035 Eckhert 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 - Some | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27923</p> <p>Based on interviews and record reviews, the facility failed to deliver the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being for 3 of 30 Residents (Resident # 201, Resident # 67, and Resident # 203 who were reviewed for call light response in that:</p> <p>The facility failed to deliver timely call light response for Resident #201, Resident # 67, and Resident # 203.</p> <p>This deficient practice could affect residents who receive care at the facility and could result in missed or inadequate care.</p> <p>The findings were:</p> <p>Record review of Resident #201's face sheet dated 8/15/24 revealed Resident # 201 was admitted on [DATE] with diagnoses of fusion of spine (a surgical procedure to correct problems with the spine, type 2 diabetes mellitus (a condition in which the body has trouble controlling blood sugar), and adult T-cell lymphoma (a cancer of the immune system).</p> <p>Record review of Resident # 201's Admission MDS assessment dated [DATE] revealed that Resident # 201's BIMS score was not documented.</p> <p>Record review of Resident # 201's care plan initiated on 8/13/24 revealed Resident # 201 was at risk for falls and incontinence.</p> <p>Record review of Resident #67's face sheet dated 8/15/24 revealed Resident #67 was admitted on [DATE] with diagnoses of pulmonary embolism (a condition in which there is a blood clot in the lungs), acute respiratory failure (a condition in which the lungs are not operating properly, and severe protein-calorie malnutrition (a condition in which the body does not receive enough protein over a period of time)</p> <p>Record review of Resident # 67's 5-day MDS assessment dated [DATE] revealed a BIMS score of 13 (which indicates the cognition is intact).</p> <p>Record review of Resident # 67's care plan initiated on 8/1/24 revealed Resident# 67 was at risk for falls and incontinence.</p> <p>(continued on next page)</p> | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: 676447 | Facility ID: 676447 If continuation sheet Page 1 of 3 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident # 203's face sheet dated 8/15/24 revealed Resident # 203 was admitted on [DATE] with diagnoses of anemia (a condition in which the body does not have enough healthy red blood cells), UTI (a condition in which there was an infection in the body's urinary track), and malignant neoplasm of the endocervix(a condition in which there is cancer in the endocervix).</p> <p>Record review of Resident # 203's 5-day MDS assessment dated [DATE] revealed a BIMS score of 13 (which indicates the cognition is intact).</p> <p>Record review of Resident #203's care plan initiated on 8/2/24 revealed Resident #201 was at risk for falls and incontinence.</p> <p>During an interview on 8/12/24 at 2:00pm with Resident 201 he stated that in the morning on 8/12/24 he put his call light on when he was feeling nauseous and then he had vomited Resident # 201 stated that it took staff 2 hours to respond to his call light and to clean the emesis in his room. Resident #201 stated that waiting for the staff to respond to his call light and clean the emesis in his room was very upsetting and he was considering self-discharge from the facility.</p> <p>During an interview on 8/12/24 at 2:35pm with OT-E she stated that Resident #201 had spoken with her about his frustration with the call light response for his feeling of nauseous and then having vomited.</p> <p>During an interview on 8/12/24 at 3:00pm with CM-F she stated that Resident #201 had spoken with her about his frustration with the call light response for his feeling on nauseous and then having vomited.</p> <p>During an interview on 8/12/24 at 2:20pm with Resident #67 she stated she had an experience with her room call light within the last several days in which she put her light on in the morning for a toileting need and staff did not respond to her call light until after lunch.</p> <p>During a phone interview on 8/14/24 at 10:00am with a family member of Resident # 67, she stated that she visits Resident #67 often and has observed that it took staff over one hour on several occasions to respond to the room call light. The family member stated that the call light response time was very upsetting.</p> <p>During a group interview on 8/13/24 at 2:00pm Resident 203 stated that since her admission to the facility there have been several occasions in which it took staff 45 minutes to respond to her call light. Resident #203 stated that she felt very frustrated that she had to wait so long for her call light to be answered.</p> <p>Record review of the facility's resident council meeting notes for 7/25/24 revealed that a Resident who was discharged had felt that her call light response needed improvement.</p> <p>Record review of the facility's grievance log revealed a resident grievance dated 8/7/24 in which a Resident who was discharged had felt that staff did not respond well to her call lights.</p> <p>During an interview on 8/15/24 at 10:15am with the DON she stated that her expectation is for staff to respond promptly to resident call lights.</p> <p>(continued on next page)</p> | | |

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| F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | During an interview on 8/15/24 at 10:40am with the Administrator, she stated that she reviewed resident council notes and grievances and felt that staff response to resident call lights was done in a timely manner and that there was not a problem in this area. Record review of the facility's Admission Agreement that was undated stated under the Statement of Resident Rights the following: ' The right to live in an environment that promotes and supports each resident's dignity and to be treated with consideration and respect.' | | |