

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER REGENT CARE CENTER OAKWELL FARMS		STREET ADDRESS, CITY, STATE, ZIP 8501 LAURENS LN SAN ANTONIO, TX 78218	
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 0924 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Put firmly secured handrails on each side of hallways. Based on observation and interview, the facility failed to equip corridors with firmly secured hand rails for 1 of 6 halls (300 Hall) reviewed for hand rails, in that: One hand rail in the 300 Hall Dressing Room was loose and not firmly secured to the wall. This deficient practice could place residents who were at risk for falls at risk for falls with injuries. The findings were: Observation on 06/09/2020 at 10:57 a.m. revealed one hand rail in the 300 Hall Dressing Room was loose and not firmly secured to the wall. During an interview with the ADON on 06/09/2020 at 5:19 p.m., the ADON confirmed one hand rail in the 300 Hall Dressing Room was loose and not firmly secured to the wall. During an interview with the Administrator on 06/10/2020 at 12:19 p.m., the Administrator confirmed the facility did not have a policy for hand rails.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.