

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2025
NAME OF PROVIDER OR SUPPLIER  Castle Hills Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8020 Blanco Rd San Antonio, TX 78216	

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 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.  (continued on next page)

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

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

TITLE

(X6) DATE

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort for 1 of 8 residents (Resident #1) reviewed for Nursing Facility Specialized Services. The facility failed to ensure a request to the State Agency was submitted for Resident #1 within the 20th day timeframe so the resident could benefit from a DME customized wheelchair. This failure could place residents at risk for not receiving the benefits of the recommendations from the LIDDA. The findings included: A record review of Resident #1's admission record dated 8/15/2025 revealed an admission date of 3/21/2025 with diagnoses which included cerebral palsy (a group of disorders that affect movement and muscle coordination caused by brain damage or abnormal development, usually occurring before, during, or shortly after birth.)A record review of Resident #1's quarterly MDS assessment dated [DATE] revealed Resident #1 was a [AGE] year-old female admitted for LTC and assessed as medically complex with a BIMS score of 15 out of a possible 15 which indicated intact cognition. Further review revealed Resident #1 was assessed with the need and use of a manual wheelchair. A record review of Resident #1's care plan dated 8/15/2025 revealed, (Resident #1) has impaired physical functioning related to range of motion limitations, bilateral lower extremities, cerebral palsy, and activity intolerance, date-initiated March 22nd, 2025, locomotion; dependent in manual wheelchair; initiated March 22nd, 2025; revision April 10th, 2025. A record review of Resident #1's initial PASSR Comprehensive Service Plan Form (PCSP) dated 4/16/2025 revealed the LIDDA assessed Resident #1 positive for intellectual developmental disabilities and recommended that Resident #1 would benefit from the use of a DME customized wheelchair. A record review of the email correspondence between the Facility's Regional Therapy Resource, the Administrator, the SW, the LIDDA, and the HHSC PASSR Quality Monitoring unit from 7/24/2025 through 7/25/2025 revealed the PASSR QM unit advised the facility, the reason for this e-mail is to notify you that according to our records and interdisciplinary team meeting was held and entered into the long term care online portal for one or more of your residents. During the IDT meeting nursing facility specialized services were recommended and agreed upon for the resident in your facility. For your facility to be in compliance with the 26 Texas administration code chapter 554 subchapter BB Section 554.2704 (1)(7) A nursing facility must initiate nursing facility specialized services within 20 business days following the date that the services are agreed to in the IDT meeting. Currently your nursing facility is out of compliance as per this TAC rule; as of today our records show that the HHSC PASRR unit has not received a request for specialized services for the following residents: (Resident #1) date of IDT meeting: 4/16/2025. During an interview on 8/14/2025 at 3:00 PM the SW stated the facility's expectations were for residents who were assessed as PASSR positive for IDD would have a coordinated care plan meeting with the LIDDA and if the LIDDA recommended and NFSS the SW would submit the recommendations in the Texas Medicaid &amp; Healthcare Partnership (TMHP) via the Simple Care Forms System (SimpleCFS) website. The SW stated she was responsible for submitting NFSS's recommended by the LIDDA into the TMHP SimpleCFS website. The SW stated Resident #1 had a care plan meeting with the LIDDA on 4/16/2025 where the LIDDA recommended a custom wheelchair for Resident #1. The SW stated she had not submitted the NFSS for the custom wheelchair in the SimpleCFS website by 5/14/2025 because the DOR had not been able to secure the DME custom wheelchair from the DME vendor. The SW stated she was unaware she was required to enter the NFSS for the wheelchair in the SimpleCFS website within 20 days from the LIDDA care plan meeting. During an interview on 8/15/2025 at 4:00 PM the Administrator stated the facility's policy had not addressed the requirement from the State Agency to have a NFSS Submitted into the SimpleCFS website within 20 days from the LIDDA care plan meeting. The Administrator stated the risk to residents could be a possible delay in NFSS services however his policy was for residents to receive services prior to approval from the TMHP SimpleCFS regardless of a payor source. The Administrator stated Resident #1 was assessed by the DOR as safe in the bariatric wheelchair provided by the facility.</p>		