

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 11/14/2025
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 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. (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
---	-------	-----------

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 11/14/2025
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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 reviewed for nutrition services. The facility failed to ensure the kitchen and refrigeration areas were free from dirt and debris. The facility failed to ensure food stored in the dry storage and refrigeration areas were labeled properly with the contents and dates prepared/opened. These failures could lead to contamination and foodborne illness. Findings included: On 11/14/2025 at 11:55 AM the following was observed in the facility's only kitchen: Multiple flying insects were present in the food preparation and distribution areas. A layer of white and brown debris coating the floor as well as multiple items of trash behind the freestanding refrigerator in the central food preparation area. Multiple broken tiles on the wall near the freestanding refrigerator, exposing broken drywall/cracked wood and dirty, white and black debris. A wet, black substance surrounding the plumbing of the dishwashing area that extended onto the floor and surrounding walls. A similar substance was noted on the ceiling tiles of the dishwashing area, as well. Dirt and debris along the edges of the floors of the main food preparation area. A wet, black substance underneath the wire rack storage shelves in the facility's only walk-in refrigerator area. The plumbing of the hand washing sink in the main food preparation area included an open, exposed pipe protruding from the wall. The wall trim beneath the handwashing sink was peeling away from the wall, exposing brown, stained, and damaged dry wall. Also, on 11/14/2025 at 11:55 AM, the following food storage practices were observed: In the walk-in refrigeration area, one tray of white colored beverages and one tray of orange and brown beverages portioned into single serve cups and covered with plastic wrap were not dated or labeled with the contents of the cups. In the dry storage area, two bags of bread buns (one full bag, and one partially used bag) were not dated or labeled. A third, partially full bag of white sandwich rolls was also undated. In an interview on 11/14/2025 at 12:00 PM, the DSM stated that the kitchen occasionally had flies present due to the moisture from the dishwashing area. He said the plumbing beneath the dishwasher had looked that way since he started working at the facility several years prior. He was also aware of the exposed pipe beneath the handwashing sink and attributed the issue to a recent plumbing issue, and he said the pipe should not be open to the kitchen. The DSM was not aware of the dirt/debris behind the refrigerator, underneath the rack in the walk-in refrigerator, or along the walls in the food preparation area. He said that the area was cleaned routinely and was not sure why those areas were not clean. Additionally, the DSM said the prepared beverages were typically prepared in the morning and labeled with the date of preparation at the end of the day due to the kitchen staff being busy. He also said the unlabeled bread items were typically returned to the box that was labeled with the contents and date opened, and he was unsure why the kitchen staff had deviated from this procedure. In an interview on 11/14/2025 at 1:10 PM with the Admin., he said he was aware of the issues with the plumbing in the kitchen, including the exposed pipe beneath the handwashing sink and the plumbing beneath the dishwasher as the facility had undergone a kitchen audit by the city earlier in the week. He was also aware of the broken tiles and wall trim. He was not aware of the dirt/debris behind the refrigerator, in the walk-in refrigerator, or along the walls. He was aware of intermittent issues with insects in the facility but did not know that there were currently flying insects in the kitchen. He said his expectation was the kitchen would be cleaned thoroughly and free from pests. Record review of the facility policy titled Date Marking for Food safety (undated, received 11/14/2025) revealed the following: . The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded . The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared . The marking system shall consist of a color-coded label, the date/date of opening, and the day/date the item must be consumed or discarded . Record review of the facility policy titled Maintaining a Sanitary Tray Line (date implemented 7/1/2025) revealed the following: . The facility prioritizes tray assembly to ensure foods are handled safely . in order to prevent the spread of bacteria that may cause food borne illness.</p>		

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 11/14/2025
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)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain an effective pest control program so that the facility is free of pests for 1 of 1 dining area and 1 of 4 (Resident #1) resident's rooms reviewed for physical environment. The facility failed to ensure Resident #1's room was free from flying insects. The facility failed to ensure the communal dining area was free from flying insects. These failures could lead to contamination and/or decreased quality of life. Findings included: 1. Record review of Resident #1's face sheet dated 11/13/2025 revealed a [AGE] year-old male admitted to the facility on [DATE]. Relevant diagnoses included end-stage renal disease (when the kidneys are badly damaged). Record review of Resident #1's quarterly MDS, submitted 9/25/2025, reflected a BIMS score of 15 which indicated intact cognition. In an observation and interview on 11/13/2025 at 3:15 PM, flying insects were noted in Resident #1's room. Resident #1 said he consistently had flies in his room, and he had observed them frequently in the kitchen and dining areas as well. He felt the presence of the insects in his room and the kitchen/dining room was disgusting. 2. In an observation on 11/14/2025 at 12:30 PM, the facility was observed serving lunch to multiple residents in the communal dining area. Multiple flying insects were observed in the area, causing the residents to swat at the insects as they landed on their bodies and in their food. In an observation and interview on 11/14/2025 at 12:35 PM, Resident #1 was observed to be eating in the communal dining area. He said there were always flies present in the dining room whenever he eats there, and that it is disruptive to his meal and dirty. In an interview with the Admin. on 11/14/2025 at 1:10 PM, he said he was aware of intermittent issues with insects in the facility, including residents' rooms. He was unaware of the flying insects observed in the dining area. He said the facility received scheduled pest control treatments. Record review of the most recent invoice dated 10/16/2025 from the pest control company reflected 90 fungus gnats and 12 dead fungus gnats were found at the facility by the technician during the visit. The invoice detailed the chemical treatment used and recommendations for prevention, including removing standing water from the kitchen, repairing damaged floors/walls, and fixing faulty plumbing. A facility policy regarding pest control was requested from the DON on 11/14/2025 at 12:15 PM but not provided prior to exit.</p>