

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 11/25/2025
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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. (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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that all licensed staff possessed the appropriate competencies, and skill sets necessary to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 2 of 13 nursing staff (RN A and LPN B) reviewed for competencies. The facility failed to ensure that RN A and LPN B obtained current basic life support (CPR and AED) program certifications upon hire. This failure could affect and diminish the resident's quality of life by potentially placing the residents at risk of not receiving competent and skilled care to assure resident safety and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The findings included: Record review of an untitled and undated facility document, provided by the DON on [DATE], revealed a list with facility employees, their department, position, hire date, primary phone number, and designated if the employee was PRN. Thirteen (13) licensed nursing staff was listed, including RN A with a hire date of [DATE] and LPN B with a hire date of [DATE]. Neither RN A nor LPN B was noted as PRN. Record review of RN A's and LPN B's Basic Life Support (CPR and AED) Program certifications, provided by the DON on [DATE], revealed RN A's certification expired 03/2025 and LPN B's certification expired 04/2024. During an interview on [DATE] at 11:23 a.m., the DON stated the facility did not have a competencies policy. The DON stated the facility procedure was to review competencies upon hire and annually. During an interview on [DATE] at 03:15 p.m., the HR stated she completed the CPR certification checks during the onboarding (integration of a new employee) of new hires. She stated she would send staff without current certifications a text reminder at least monthly, and after her third or fourth reminder, she included the DON in the texts. She stated she made the DON aware of both RN A's and LPN B's expired certifications. The HR stated she had initially known about RN A's expired certification when RN A was hired, around [DATE] (documented hire date [DATE]) and LPN B's expired certification on [DATE] (documented hire date [DATE]). The HR stated she was unsure of the impact of a nurse not having a current certification. She would just ensure the DON was aware the current certifications had not been received. The HR stated she did not believe either RN A or LPN B was scheduled on shifts without another licensed nurse present. Attempted interview on [DATE] at 03:43 p.m. with LPN B, but they did not answer or return the call. During an interview on [DATE] at 04:11 p.m., the DON stated her expectation was for the licensed staff to be CPR certified. She stated that the HR was responsible for auditing the licensed staff documents to verify current certification but was unsure how often the HR completed this task. She stated she was made aware of RN A's expired certification back in September of 2025 and had just found out about LPN B. She stated she did not believe both nurses' expired certification would have impacted resident care because both nurses would have still gone into action and performed CPR, and she felt both nurses were competent in performing the duties that would have been needed to be done. She stated neither nurse worked the same shift as the other, resulting in both nurses working with other licensed and CPR certified nurses. During an interview on [DATE] at 04:40 p.m., RN A stated she was notified a few weeks ago that her CPR certification had expired. She stated she felt competent in responding to a code and did not believe her expired certification would have impacted her resident care. During an interview on [DATE] at 05:07 p.m., the DON stated she did not have a competencies checklist. She stated that the process to verify CPR and AED competency was to obtain a certification document. Record review of policy titled, Cardiopulmonary Resuscitation (CPR), date revised [DATE], revealed: Policy: It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement guidelines regarding cardiopulmonary resuscitation (CPR). Policy Explanation and Compliance Guidelines: . 3. CPR certified staff will be available at all times. 4. CPR certified staff will maintain current CPR certification for healthcare providers through a CPR provider whose training includes a hands-on session either in a physical or virtual instructor-led setting in accordance with accepted national standards.</p>		