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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455510 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>12/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Castle Hills Rehabilitation and Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8020 Blanco Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen observed for food service sanitation. The kitchen was dirty. This failure could place residents who eat meals from the kitchen at risk for spread of infections, food contamination, and food borne illness. During an observation on 10/2/25 from 10:45 AM to 11:10 AM, the kitchen reflected a need for sanitation, cleanliness and safety. Observation reflected: dirt, crease build-up, and debris under the juice table, pantry floor, steam table, and cooking table. During an interview on 10/2/25 at 11:00 AM, the FSS stated that he had no explanation for the dirty kitchen. The FSS added that he was up all last night trying to clean the kitchen and had no help. During an interview on 10/2/25 at 11:05 AM, the Dietician A stated: the kitchen needed to be kept cleaned and sanitized. The Dietician had not explanation for the dirty kitchen. During an interview on 10/2/25 at 11:07AM, Dietician B stated the kitchen needed to be kept cleaned and sanitized as a pest control measure. Dietician B stated she could not explain why the kitchen was not meeting regulations around sanitation and cleanliness. During an interview on 10/2/25 at 12:10 PM, the DON stated: she had no explanation for the kitchen not meeting regulation around sanitation and cleanliness. The DON stated she expected the FSS to comply with the facility's policy on Sanitation Inspection and to keep her informed when he needed help in the kitchen; The DON stated the FSS was educated on the need to put in work orders when applicable. Record review of facility' policy entitled Sanitation Inspection dated 7/1/25 read: .It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations.</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 |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>455510  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>12/10/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Castle Hills Rehabilitation and Care Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8020 Blanco Rd<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Keep all essential equipment working safely.</p> <p>Based on observation, interview, and record review, the facility failed maintain all mechanical, electrical, and patient care equipment in safe operating condition 1 of 1 kitchen observed for food service sanitation and safety. The kitchen had numerous overhead ceiling lights were not functioning. This failure could place residents who eat meals from the kitchen at risk for food contamination, and food borne illness. During an observation on 10/2/25 from 10:45 AM to 11:10 AM, the kitchen reflected lack for safety, 3 ceiling lights were not functioning over the 3-sink area, 2 lights over the cooking table, and 2 lights not functioning in the pantry. During an interview on 10/2/25 at 11:00 AM, the FSS stated that he had no explanation for the overhead lights at numerous ceiling fixtures not working. The FSS stated he did not have a work order for the replacement of the lights not working in the kitchen. During an interview on 10/2/25 at 11:05 AM, the Dietician A stated: overhead lighting was required in the kitchen to allow staff to better see and perform kitchen staff duties. The Dietician had not explanation for the some of the overhead lights not functioning. During an interview on 10/2/25 at 11:07AM, Dietician B stated she could not explain why the kitchen was not meeting regulations around sanitation and cleanliness, and lighting. During an interview on 10/2/25 at 12:10 PM, the DON stated: she had no explanation for the kitchen not meeting regulation lighting. The DON stated she expected the FSS to comply with the facility's policy on Sanitation Inspection and to keep her informed when he needed help in the kitchen; The DON stated the FSS was educated on the need to put in work orders when applicable. Record review of facility' policy entitled Sanitation Inspection dated 7/1/25 read: .It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations.</p> |  |  |