

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  Town and Country Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  625 N Main St Boerne, TX 78006	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review the facility failed to ensure their posted nurse staffing information included the total number of actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift, in the facility reviewed for nurse staffing with 89 residents, in that: The facility's posted nurse staffing information did not include the actual hours worked by nursing staff. This failure placed residents at risk of not having accurate information posted about actual direct care hours worked and not receiving the appropriate level of care. The findings included: An observation of the facility's posted nurse staffing information on 01/07/2026 at 3:50 PM, revealed no documented actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the 6:00 AM- 2:00 PM, the 2:00 PM- 10:00 PM, or the 10:00 PM- 6:00 AM shifts. A record review of the facility's posted nurse staffing hours dated 10/01/2025 to 01/07/2026, revealed no documented actual hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift for the 6:00 AM- 2:00 PM, the 2:00 PM- 10:00 PM, or the 10:00 PM- 6:00 AM shifts. In a written communication from the Administrator on 01/08/2026 at 1:58 PM, when asked for the facility policy on posted nurse staffing information, the Administrator said no, the facility did not have a policy. During an interview with the facility's Administrator on 01/08/2026 at 2:27 PM, when asked who was responsible for posting the daily nurse staffing information, the Administrator stated, the staffing person was now responsible for posting the hours daily, but since she was new to the roll, it was a group effort but the Administrator was ultimately responsible for the posted nurse staffing information in the facility. When asked why the posted nurse staffing information did not include the actual hours worked by licensed and unlicensed nursing staff each shift, the Administrator responded, For some reason the actual hours worked were not transferred to the staff posting form. The Administrator could not state why the actual hours were not documented, but acknowledged the actual hours worked for nursing staff were not documented for 10/01/2025- 01/07/2026. When asked about the potential risk of not including actual hours worked by licensed and unlicensed nursing staff in the posted information, the Administrator stated that they would not know if the expected hours were met if the actual hours worked were not documented. During an interview with the facility's DON on 01/08/2026 at 4:00 PM, when asked why the posted nurse staffing information did not include the actual hours worked by licensed and unlicensed nursing staff each shift, the DON could not say why, but acknowledged the actual hours were not documented on the posted nurse staffing information.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 455796	If continuation sheet Page 1 of 1