

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Crestway Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 7181 Crestway Dr San Antonio, TX 78239	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, interview and record review, the facility failed to employ sufficient staff with the appropriate competencies, and skills set to carry out the functions of the food and nutrition service for 1 (Cook A) of 11 dietary staff reviewed for qualified dietary staff, in that: The facility failed to ensure [NAME] A had a current had Food Handler Certificate. This failure could place residents who ate food from the facility's kitchen at risk of not having their nutritional needs met and place them at risk for food born illnesses. Findings included: Record review of [NAME] A's food handler certificate revealed [NAME] A completed the Learn2Serve Food Handler Training Course through 360 Training. The certificate reflected a completion date of 04/15/2023 and an expiration date of 04/14/2026. Record review of a list of staff, dated 04/29/26, revealed [NAME] A was listed as an employee who worked in the kitchen and was hired on 1/14/26. During an interview on 04/29/26 at 2:30 p.m. the Administrator stated she would check to see if they had another food handler's certificate for [NAME] A because the current one was expired. During an interview on 04/29/26 at 3:00 p.m. the Dietary Manager stated [NAME] A was on the schedule for that afternoon and was instructed to complete his food handlers prior to returning to duty. The Dietary Manager stated he was new and had not noticed [NAME] A's food handler's certificate had expired. During an observation and record review on 4/30/26 at 9:00 a.m. the Administrator produced a food handler for [NAME] A that revealed [NAME] A successfully completed the required prerequisite program for Food Handler through The Always Food Safe Company. The certificate reflected a completion date of 04/22/2026 and indicated the certification was valid through 04/22/2029. Record review of [NAME] A's food handler's certificate through online database verification revealed [NAME] A successfully completed the required prerequisite program for Food Handler through The Always Food Safe Company. The certificate reflected a completion date of 04/29/2026 and indicated the certification was valid through 04/29/2029. During a follow-up interview, on 04/30/26, at 9:20 a.m. the Administrator stated she was unsure why the dates were different on the food handler's certificate that was given as the updated version for [NAME] A and was unsure why the date was different from the online verification that reflected, he completed the certificate on 4/29/26 instead of 4/22/26. Record review of the facility's policy titled Nutrition Services Personnel Guidelines, revised 01/01/2026, revealed under section IV, Dietary Employees should have food handlers permits in accordance with local, state, and federal regulations within 30 days of hire.</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
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