STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676114	A. Building B. Wing	06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Hills Health and Rehabilitation Center	2091 Bandera Hwy Kerrville, TX 78028

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life for 1 of 15 (Resident #1) residents in 1 of 1 dining room reviewed for residents rights.The facility failed to promote Resident #1's dignity during lunch when staff did not serve Resident #1 her meal tray with other residents at her table.This failure could affect all residents who eat in the dining room, by contributing to emotional distress and unmet needs. Findings included: Record review of Resident#1's face sheet dated 06/19/2026 reflected an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1's diagnoses included heart failure, muscle weakness, cognitive communication deficit (problems with communication), macular degeneration (blurred eyes), dementia (memory, thinking, difficulty), and paroxysmal atrial fibrillation (irregular heartbeat that comes and goes). Record review of Resident #1's quarterly MDS dated [DATE] reflected Resident #1 had a BIMS score of 13, which indicated intact cognitive response. The MDS also reflected Resident #1 was independent with eating (resident completes the activity by themself with no assistance from a helper). Record review of Resident #1's care plan dated 06/16/2026 reflected: Focus: [Resident #1] is at risk for nutritional changes. Goal: Will tolerate ordered diet through the review date. Will maintain adequate nutritional status as evidenced by maintaining weight with no signs or symptoms of malnutrition through review date. Interventions: If eats less than 50%, offer meal replacement. Meals in dining room if resident is in agreement. Observation of the lunch meal tray pass on 06/19/2026 at 12:11p.m., revealed Resident #1's tablemates got their lunch trays at 12:11p.m. Resident #1 was the only resident at the table without a meal tray. Observation of the lunch meal tray pass on 06/19/2026 at 12:31p.m., revealed Resident #1 was yelling, I have not gotten my tray! Staff did not acknowledge Resident #1. Resident #1 kept trying to get staff attention without success. During an interview with Resident #1 on 06/19/2026 at 12:36p.m., she said the staff did not give her meal tray to her with her tablemates daily. She said she wanted to eat with her tablemates. She said it upset her that she had to wait so long to get her meal tray. Observation of the lunch meal tray pass on 06/19/2026 at 12:39p.m., revealed Resident #1 got her meal tray. Some of her tablemates were done eating. During an interview with LVN A on 06/19/2026 at 3:53p.m., she said she had been trained on resident rights. She said the policy for meal tray pass was to make sure residents who were sitting at the same table got their meal tray at the same time. She said the CNAs were responsible for putting the meal tickets in order in which they thought the residents would sit. She said the kitchen staff would make the meal trays according to the order of the meal tickets given to them by the CNA. She said residents who were cognitive might not like having to wait for their meal tray after everyone at their table got their tray. She said the nurse monitored to ensure that all residents at the same table got their meal tray at the same time. She said the nurse monitored through observation. She said Resident #1 may not have gotten her meal tray with her tablemates because the CNA may have thought she was eating in her room. During an interview with CNA B on 06/19/2026 at 4:10p.m., she said she had been trained on resident rights. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	She said the policy for meal tray pass was to make sure residents who were sitting at the same table got their meal tray at the same time. She said the nurse was responsible for putting the meal tickets in order in which the residents sat in the dining room. She said the kitchen staff would make the meal trays according to the order of the meal tickets given to them by the nurse. She said if a resident did not get their meal tray with their tablemates the resident may feel left out. She said the nurse monitored to ensure that all residents at the same table got their meal tray at the same time. She said the nurse monitored through observation. She added that the CNA should alert the nurse if a resident did not get their meal tray. She said she did not know why Resident #1 did not get her meal tray with her tablemates. During an interview with the DON on 06/19/2026 at 4:32p.m., she said she had been trained on resident rights. She said the policy for meal tray pass was to give each resident their meal tray at the same table before moving to the next table. She said the CNA was responsible for putting the meal tickets in order per table. She said if a resident did not get their meal tray with their tablemates the resident may get upset while it may not bother other residents. She said the nurse monitored to ensure that all residents at the same table got their meal tray at the same time. She said the nurse monitored through observation. She said she did not know why Resident #1 did not get her meal tray with her tablemates. During an interview with the ADM on 06/19/2026 at 4:51p.m., he said he had been trained on resident rights. He said the policy for meal tray pass was staff were to pass meal trays per table. He said the nurse was responsible for putting the meal tickets in order per table. He said if a resident did not get their meal tray with their tablemates the resident may feel left out so it was important all residents got their meal tray with their tablemate. He said the nursing department monitored to ensure that all residents at the same table got their meal tray at the same time. He said the nursing department monitored through observation. He added the nursing department should be aware of the policy. He said she did not know why Resident #1 did not get her meal tray with her tablemates. Record review of Serving the Meal Policy dated 05/2024 did not reflect anything about serving the meal trays together. Record review of Resident Rights Dignity and Respect Policy dated 07/2025 reflected It is the policy of this facility that all residents be treated with kindness, dignity, and respect. The staff shall display respect for Resident's when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings.