STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676136	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huebner Creek Health & Rehabilitation Center	8306 Huebner Rd San Antonio, TX 78240

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 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. Based on observation and interview the facility failed to post, in a form and manner accessible and understandable to residents, resident representatives list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, including the Office of the State Long-Term Care Ombudsman program for 3 of 3 days (05/21/2025, 05/22/2025, and 05/23/2025) reviewed for posting of required information. The facility failed to post the required Office of the State Long-Term Care Ombudsman program information from 05/21/2025 to 05/23/2025. This failure could place residents at risk of lack of knowledge of who to contact should they require advocacy, investigation, and not knowing their rights or how to exercise their rights. The findings included: During an observation on 05/21/2025 at 04:00 p.m., information regarding the state long-term care Ombudsman was not available in a public posting. During an observation on 05/22/2025 at 08:20 a.m., information regarding the state long-term care Ombudsman was not available in a public posting. During an observation and interview on 05/23/2025 at 11:05 a.m., information regarding the state long-term care Ombudsman was not available in a public posting. The DON revealed she could also not locate the state long-term care Ombudsman posting. She stated not having the posted ombudsman contact information would impact residents and their ability to contact the ombudsman. The DON was unable to provide a timeline of how long the ombudsman posting was missing and did not know if any of the facility staff were responsible for checking to ensure all the required postings were posted. A facility policy for required postings was requested during the interview. During an interview on 05/23/2025 at 12:37 p.m., the DON revealed she had spoken with the ADO and was told the facility did not have a policy regarding required postings.

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
	676136	A. Building B. Wing	05/23/2025

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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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interview, the facility failed to post daily information that included the facility name, current date, total number and actual hours worked by registered nurses, licensed practical or licensed vocational nurses, certified nurse aides directly responsible for resident care per shift and the resident census for 3 of 3 days (05/21/2025, 05/22/2025, and 05/23/2025) reviewed for posting of required information. The facility failed to post the required current nurse staffing and census information from 05/21/2025 to 05/23/2025. This failure could place all residents, their families, and facility visitors at risk of not having access to information regarding staffing data and the facility census. The findings included: During an observation on 05/21/2025 at 04:00 p.m., information regarding the current nurse staffing and census information was not available in a public posting. During an observation on 05/22/2025 at 08:20 a.m., information regarding the current nurse staffing and census information was not available in a public posting. During an observation and interview on 05/23/2025 at 11:05 a.m., information regarding the current nurse staffing and census information was not available in a public posting. The DON revealed she also could not locate the daily census and nurse staffing posting. She revealed the posting was the responsibility of ADON A and on the weekends, the weekend supervisor. She revealed she was unable to provide a timeline of how long the daily census and nurse staffing posting was missing. The DON stated she was unsure if the lack of posting the daily census and nurse staffing would impact residents and facility guests because she was unsure if staff, residents, or facility guests ever looked at the posting or understood what information it was displaying. During an interview on 05/23/2025 at 12:09 p.m., ADON A revealed she was responsible for posting the daily nurse staffing information and census. She revealed she did not know how long the daily nurse staffing information and census had not been posted. She revealed the facility procedure for the document was to post it in a clear plastic display case that sat on a shelf located at the hallway juncture prior to entering the resident room hallways. She revealed she could not locate the display case when searching for it after having been notified by the DON that the posting could not be found. She revealed the facility had been maintaining the procedure of creating, updating, and preserving the daily census and nurse staffing documents. She revealed she had not had any residents or family members ask about the posting and because staffing was primarily consistent, she did not believe the lack of the posting would have impacted them. During an interview on 05/23/2025 at 12:37 p.m., the DON revealed she had spoken with the ADO and was told the facility did not have a policy regarding required postings.