

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/15/2026
NAME OF PROVIDER OR SUPPLIER  Huebner Creek Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the assessment accurately reflected the resident's status for 2 of 5 residents (Resident #1 and #2) reviewed for assessments. 1. Resident #1's admission MDS, dated [DATE], was coded No regarding the resident had a pressure ulcer. Resident #1 had a pressure ulcer to her right buttock. 2. Resident #2's Medicare-5 days MDS, dated [DATE], was coded No regarding the resident had an indwelling urinary catheter. Resident #2 had an indwelling urinary catheter. These failures could place residents at risk for inadequate care due to inaccurate assessments. The findings included: 1. Record review of Resident #1's face sheet, dated 01/15/2026, revealed the resident was [AGE] years old female, originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of intracerebral hemorrhage (sudden bleeding into the tissues of the brain), type 2 diabetes mellitus (the body has trouble controlling blood sugar and using it for energy), and dementia (over time destroy nerve cells and damage the brain). Further record review of the resident's face sheet revealed the resident was discharged from the facility on 07/22/2025. Record review of Resident #1's admission MDS, dated [DATE], revealed the resident's BIMS score was 4 out of 15, which indicated the resident had severe cognitive impairment, and in Section M (Skin Condition), it was coded No regarding the question of Does this resident have one or more unhealed pressure ulcers/injuries? Record review of Resident #1's comprehensive care plan, dated 07/01/2025, revealed The resident has a pressure ulcer or potential for pressure ulcer development, Resident has actual unstageable pressure ulcer to right buttock. Record review of Resident #1's physician order, dated 06/20/2025, revealed the resident had the order of Clean right buttock with normal saline, pat dry, and apply triad - once daily. Record review of Resident #1's Weekly-Ulcer Assessment, dated 06/20/2025, revealed the resident had state II pressure ulcer right buttock area near sacrum and for the wound treatment, Clean the wound with normal saline, pat dry. Apply triad and leave open to air. Interview on 01/14/2026 at 4:15 p.m. with MDS nurse-A stated because Resident #1 had a pressure ulcer to her sacrum area, Yes should have been coded to the question of Does this resident have one or more unhealed pressure ulcers/injuries? in Section M (Skin Condition) of the resident's admission MDS, dated [DATE], instead of No. The MDS nurse-A said it was mistake, he did not know what reason the former MDS nurse coded No to this question, and the former MDS nurse did not work anymore. The MDS nurse-A said coding accurately was a MDS nurse's responsibility, and inaccurate MDS assessment might affect improper care to Resident #1. 2. Record review of Resident #2's face sheet, dated 01/15/2026, revealed the resident was [AGE] years old female, originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnoses of sepsis (the body responded improperly to an infection), urinary tract infection (an infection in any part of the urinary system), type 2 diabetes mellitus (the body has trouble controlling blood sugar and using it for energy), and dementia (over time destroy nerve cells and damage the brain). Record review of Resident #2's Medicare-5 days MDS, dated [DATE], revealed the resident's BIMS score was 8 out of 15, which</p> <p>(continued on next page)</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:  676136	Facility ID:  676136  If continuation sheet Page 1 of 4

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicated the resident had moderate cognitive impairment, and in Section H (Bladder and Bowel), it was coded None of the above regarding the question of the resident's status such as indwelling catheter, external catheter, ostomy, intermittent catheterization, and none of the above. Record review of Resident #2's comprehensive care plan, dated 12/11/2025, revealed The resident has an indwelling urinary catheter. For intervention - catheter care as ordered. Record review of Resident #2's physician order, dated 12/11/2025, revealed the resident had the order of Monitor Foley catheter [indwelling urinary catheter] every shift for leakage, blockage, sediment buildup, or low output - every shift. Interview on 01/15/2026 at 2:02 p.m. with MDS nurse-A stated because Resident #2 had an indwelling urinary catheter when the resident was readmitted to the facility on [DATE], Indwelling catheter should have been coded to the question of indwelling catheter, external catheter, ostomy, intermittent catheterization, and none of the above in Section H (Bladder and Bowel) of the resident's Medicare-5 days MDS, dated [DATE], instead of None of the above. The MDS nurse-A said it was mistake and coding accurately was a MDS nurse's responsibility, and inaccurate MDS assessment might affect improper care to Resident #2. Interview on 01/15/2026 at 9:41 a.m. with DON stated all MDS assessments should have been coded accurately to give appropriate cares to residents. Record review of the facility policy, titled MDS Policy for MDS assessment data accuracy, dated 08/2025, revealed The purpose of the MDS policy is to ensure each resident receives an accurate assessment by qualified to address the needs of the resident who are familiar with his/her physical, mental, and psychosocial well-being. 1. The assessment accurately reflects the resident's status.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 (Resident #3) of 3 residents reviewed for incontinence care. On 01/14/2026, CNA-B did not clean Resident #3's suprapubic area (region of the abdomen located below the umbilical region) and did not open the resident's labia area. This failure could place residents who require incontinence care at risk for cross contamination and the development of new or worsening urinary tract infections. The findings included: Record review of Resident #3's face sheet, dated 01/15/2026, revealed the resident was [AGE] years old female and admitted to the facility on [DATE] with diagnoses of fracture of neck of left femur (hip fracture), type 2 diabetes mellitus (the body has trouble controlling blood sugar and using it for energy), and dementia (over time destroy nerve cells and damage the brain), and chronic kidney disease (a condition in which the kidneys are damaged or have a problem with their structure that prevent s them from filtering blood the way they should). Record review of Resident #3's quarterly MDS assessment, dated 11/19/2025, revealed the resident's BIMS score was 8 out of 15 which indicated the resident had moderate cognitive impairment. Section H (Bladder and Bowel) indicated the resident was frequently incontinence to bladder and bowel. Record review of Resident #3's comprehensive care plan, dated 08/01/2025, revealed The resident has bowel and bladder incontinence for dementia, hospice status, weakness, impaired mobility and pain. For intervention - Check resident every two hours and assist with toileting as needed and Provide peri care after each incontinent episode. Observation on 01/14/2026 at 9:24 a.m. revealed CNA-B removed Resident #3's old and dirty brief and cleaned the resident's right and left groin area. The CNA-B did not clean Resident #3's suprapubic area and cleaned the resident's genital area without opening labia. The CNA-B turned Resident #3 to right side, cleaned the resident's buttock and rectal area, and then put new and clean brief to the resident after changing gloves with sanitizing hands. Interview on 01/14/2026 at 9:41 a.m. CNA-B stated she did not clean Resident #3's suprapubic area and did not open the resident's labia area because she was nervous and forgot. CNA-B said she should have cleaned Resident #3's suprapubic area and opened the labia to prevent possible infection. CNA-B said she had peri-care training in November 2025. Interview on 01/14/2025 at 5:00 p.m. with DON stated CNA-B should have cleaned Resident #3's suprapubic area and opened the labia area to prevent possible infection. DON said she was responsible for providing training related to peri-care and monitoring skill checkoffs. Record review of the facility policy, titled Perineal Care, effective dated 05/11/2022, revealed . 16. Wipe across the pubis area. 17. Gently perform perineal care, wiping from clean, urethral area, to dirty, rectal area, to avoid contaminating the urethral area - female resident: Working from front to back, wipe one side of the labia majora, the outside folds of perineal skin that protect the urinary meatus and the vaginal opening.</p>		

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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, distribute, and serve food for 1 of 1 kitchen in accordance with professional standards for food service safety. The facility failed to write a discard date on ham and cheese in the walk-in refrigerator. The facility failed to ensure foods were stored at least 18 inches from the ceiling. The facility failed to ensure that bacon was covered in the walk-in refrigerator. The facility failed to ensure [NAME] C wore a beard restraint while cooking for 01/13/26 dinner. These failures could place residents at risk for food borne illness. The findings included: Observation and interview on 01/13/26 at 04:16PM revealed there was a package of ham and a package of cheese in the walk-in cooler that did not have discard dates. The CDM revealed when the ham and cheese were opened, they had 14 days until they had to throw it out. It was observed that there were boxes in the walk-in refrigerator and walk-in freezer that were less than 18 inches from the ceiling. The CDM revealed she was in charge of putting the boxes away in the walk-in refrigerator and should move the boxes from the top shelf in the refrigerator and freezer because they were too close to the ceiling. She revealed it was important to not have these boxes to the ceiling so there was appropriate ventilation. It was observed that there was bacon in the walk-in refrigerator that was not covered fully. The CDM revealed [NAME] E was in charge of storing the bacon this morning and should have covered it fully. Observation and interview on 01/13/26 at 04:18PM, [NAME] C did not have beard restraint while he was cooking 01/13/26 dinner. He revealed he was trained to put the beard restraint on, but he forgot today. He revealed it was important to use a beard restraint so that hair could not get in the food. Interview on 01/15/26 at 01:49 PM, [NAME] D (Cook E was not available and her phone number not in service) revealed that boxes should be a certain distance from the ceiling for proper circulation in the refrigerator and freezer. She revealed discard dates were important to write on prepared foods and bacon needed to be properly wrapped fully so that the food did not go bad. She revealed she had been trained on this when she was hired. Interview on 01/15/26 at 02:02PM, CDM revealed it was important for bacon to be covered to prevent contamination. She revealed it was important for staff to put discard dates on foods to prevent them from serving foods that was bad. She revealed she oversaw this and would toss foods that were past expiration dates. She revealed boxes should not be stored so close to the ceiling so the air could flow in the refrigerator and freezer. She further revealed it was important for hair nets to be used so hair did not fall in the foods. Record review of the facility's policy, dated 2012, titled Food Storage and Supplies reflected 1. Storerooms are to be well lighted, ventilated, and temperature controlled. b. All food and supplies are to be stored six inches above the floor on surfaces which facilitate thorough cleaning, and 18 inches or more from the sprinkler head. and 6. It is important to distinguish between an expiration date and a production date, or a best by or use by date. Best by or use by dates indicate when a product will have the best flavor or quality and are not an indicator of the product's safety. Record review of the facility's policy, dated 2019, titled Dress Code reflected . 1. Facial hair must be neatly trimmed, and dietary staff must wear hair restraints/nets.</p>		