

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  02/13/2026
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 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 and interview, the facility failed to post on a daily basis 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 20 of 20 days (01/23/2026 - 02/12/2026) reviewed for posting of required information. The facility failed to post the required current nurse staffing and census information from 01/23/2026 to 02/12/2026. 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 02/12/2026 at 09:23 a.m., 10:30 a.m., and at 12:49 p.m., a document labeled Friday - 01/23/26 E-Daily [facility name], dated 01/23/2026, was posted on a wall of the front lobby. The document included the following information: current census and the scheduled number and hours worked of registered nurses, licensed practical nurses, and certified nurse aides for the day, evening, and nocturnal shifts. During an interview on 02/13/2026 at 04:51 p.m., the ADON revealed he was responsible for posting the daily census and nurse staffing posting. He stated he had just not put them out but had the postings prepared in a book. He stated he just forgot to post them. He revealed he had never observed a resident or guest looking for the posting but some of the residents' families would ask staff directly who was providing care for their family member that day. During an interview on 02/13/2026 at 05:27 p.m., the ADON revealed the facility did not have a policy on the posting of the daily census and nursing staffing. During an interview on 02/13/2026 at 05:34 p.m., the DON revealed her expectation was for the daily census and nurse staffing posting to be posted daily. She revealed the ADON was responsible for the task of posting the daily census and nurse staffing and was unsure why the document was not posted for 02/12/2026. During an interview on 02/13/2026 at 05:59 p.m., the ADMIN revealed his expectation was for the daily census and nurse staffing posting to be posted daily. He revealed he did not know how the lack of posting the document could impact residents or facility guests, but that it was a requirement to be posted. He stated he knew that some families were aware of their ability to review the nurse staffing binder which was located at the nursing station and was accessible to facility guests. He stated the nurse staffing binder included information such as who was scheduled to work and the nursing staff assignments, where staff were assigned to be working and which residents they would be providing care to.</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 3

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  02/13/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of infections for 2 of 2 residents (Resident #1 and Resident #2) reviewed for infection control. The facility failed to ensure LPN A cleaned the blood pressure cuff between Resident #1 and Resident #2 on 02/13/2026. These deficient practices could place residents at-risk for infections. The findings included: During an observation on 02/13/2026 at 07:40 a.m., LPN A was observed taking Resident #1's blood pressure prior to administering medications to the resident. LPN A returned to her medication cart and placed the blood pressure cuff on the cart. LPN A did not sanitize the blood pressure cuff. LPN A then administered Resident #1 his medications. At 07:58 a.m., LPN A then went and took Resident #2's blood pressure with the same cuff. LPN A again returned to her medication cart and placed the blood pressure on top of her cart. LPN A again did not sanitize the blood pressure cuff. During an interview on 02/13/2026 at 10:32 a.m., LPN A revealed she forgot to wipe the blood pressure cuff between residents because she was nervous and just forgot. She revealed she was aware that the failure to wipe the blood pressure cuff with the disinfectant wipes between residents was an infection control concern and stated nursing staff received frequent trainings on hand hygiene and infection control. Record review of Resident #1's admission Record, dated 02/13/2026, reflected a [AGE] year-old male. He was admitted on [DATE]. Record review of Resident #1's Medical Diagnosis tab, dated 02/13/2026, reflected diagnoses included metabolic encephalopathy (occurs when the brain's normal functioning is disrupted due to chemical or metabolic imbalances in the body), essential (primary) hypertension (a condition where the force of blood against the artery walls is consistently too high), and paroxysmal atrial fibrillation (an irregular heart rhythm that can cause fatigue, heart palpitations, shortness of breath, and dizziness). Record review of Resident #1's admission MDS Assessment, dated 12/15/2025, reflected the resident had a BIMS score of 14, which indicated he was cognitively intact. He had an active diagnosis of hypertension but no infections in the last seven (7) days of the assessment. He had not received any antibiotic (a medication prescribed to treat bacterial infections) medications during the last seven (7) days or since admission/entry. During an interview on 02/13/2026 at 11:40 a.m., Resident #1 revealed the staff checked his blood pressure daily. He revealed he had no concerns regarding his medication administration by the staff. Record review of Resident #2's admission Record, dated 02/13/2026, reflected an [AGE] year-old male. He was admitted on [DATE]. Record review of Resident #2's Medical Diagnosis tab, dated 02/13/2026, reflected diagnoses included anemia (a condition characterized by a deficiency of healthy red blood cells leading to insufficient oxygen delivery to the body's tissues), atherosclerotic heart disease (a condition characterized by the buildup of fats, cholesterol, and other substances in the artery walls leading to narrowed arteries and reduced blood flow), and essential (primary) hypertension. Record review of Resident #2's Significant Change MDS Assessment, dated 01/19/2026, reflected the resident had a BIMS score of 12, which indicated he was moderately cognitively impaired. He had an active diagnosis of hypertension but no infections in the last seven (7) days of the assessment. He had not received any antibiotic medications during the last seven (7) days or since admission/entry. During an interview on 02/13/2026 at 11:48 a.m., Resident #2 revealed no complaints or concerns regarding his medication administration or care by the staff. During an interview on 02/13/2026 at 04:51 p.m., the ADON revealed he provided staff training on infection control and during the training he discussed the need to wipe the blood pressure cuff between residents with disinfectant wipes. He revealed the impact of failing to disinfect the</p> <p>(continued on next page)</p>		

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  02/13/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>blood pressure cuff between residents was that it could cause the spread of infection. During an interview on 02/13/2026 at 05:34 p.m., the DON revealed her expectation was for staff to disinfect the blood pressure cuff with disinfectant wipes between every resident. She revealed the reason for disinfecting the blood pressure cuff between residents was to prevent the spread of any type of infections. She stated there was a possibility a resident might have been exposed to something by a facility guest and not decontaminating the blood pressure cuff after use might risk exposure to another resident. During an interview on 02/13/2026 at 05:59 p.m., the ADMIN revealed his expectation was for staff to use the disinfectant wipes to sanitize the blood pressure cuffs. He revealed the impact of not sanitizing the blood pressure cuff was that it was an infection control concern with the potential of the cuff carrying and transmitting germs to another resident. Record review of facility policy Infection Control Plan: Overview, dated 2019, reflected: Infection ControlThe facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.IntentThe intent of this policy is to assure that the facility develops, implements, and maintains an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility. The program will: - Perform surveillance and investigation to prevent, to the extent possible, the onset and the spread of infection; - Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions;.</p>		