

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on, interview, and record review, the facility failed to consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility or to demonstrate their response and rationale for such response for 8 of 8 months (October 2025-May 2026) of Resident Council minutes reviewed. The facility failed to ensure all grievances that arose in the Resident Council meetings from October 2025 to May 2026 were resolved. This failure placed residents at risk of not controlling their own lives and home. Findings included: Review of Resident Council minutes reflected the following requests/grievances arising from the Resident Council: October 2025 Residents requested more activities on the weekend. Request requesting more staff in the dining room during meals Would like to see housekeepers, clean the restrooms better Would like to have more hot chocolate November 2025 Residents requested nurses introduced themselves when agency is being used Residents requested when staff moves the over bed table they remember to move it back. Same with turning on the light. If it wasn't on when they walked in, they need to turn it off when they leave. Residents requested meat from the kitchen, be more tender. Residents requested hot cocoa be available. Residents would like the busy board to be updated more frequently. Residents feel CNAs are on their phones too often. Residents would like CNAs to be reminded to knock before entering. December 2025 Food is cold sometimes. They like the meals, just want them warm. Wanting food to be a little softer. Wondering why toast isn't toasted. Wanting some more crafts, possible art show like activities. Staff on their phones. Residents requested nurses introduce themselves when agencies being used. January 2026 Would like bread to be toasted in the morning a bit more. February 2026 Would love to try beef enchiladas, one of the months! March 2026 Activities: would like to start a garden Want to try beef enchiladas April 2026 Try making coloring and activity. May 2026 Activities: would like to have more tea parties Want snacks passed out in the hallway Residents would like to go through the no-name clothes more often for donations. June 2026 Food is good but sometimes too salty. Review of grievances from October 2025 to June 2026 reflected no grievances created for any of the concerns/requests listed on the Resident Council minutes from October 2025 to June 2026. During a confidential group interview, seven residents stated the facility staff did not follow up with them on grievances discussed in the monthly Resident Council. They stated the facility staff said their concerns were small things, but the concerns were not small to the residents. They said there were ongoing issues with food, housekeeping, and facility administration as well as activities they had requested that were not happening. They stated the facility had recently undergone a change of management, and the new company had new rules, such as the staff could not warm up resident food in the microwave. They stated this was their home, and they should be able to warm up food. They stated there was also a new rule about visiting hours only being from 8:00 AM to 8:00 PM. During an interview on 06/25/2026 at 2:05 PM, the SW stated she was the grievance official and distributed the (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 676226	Facility ID: 676226
		If continuation sheet Page 1 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	grievances to appropriate departments heads after she received them. She stated she was not sure she had received any grievances from Resident Council since she began working at the facility in August 2026. She stated she always received grievances from the Resident Council at previous nursing facilities where she worked, but she had not thought about it. She stated now that she was thinking about it, it was odd that she had not received any grievances from the Resident Council. She stated she had not been told one way or the other if the Resident Council grievances were her responsibility. During an interview on 06/25/2026 at 2:38 PM, the AD stated she attended the Resident Council meetings and took minutes. She stated any grievances arising from the Resident Council were written on a separate piece of paper and given to the ADM. The AD stated she did not know what happened after that or who addressed the grievances. She stated she did not think about sharing a resolution to the grievances with the Resident Council and assumed whoever addressed the grievances did that. She stated that as she remembered it, most of the Resident Council grievances were about food. During an interview on 06/25/2026 at 4:01 PM, the ADM stated the AD wrote grievances on separate pieces of paper and gave them to her (the ADM) to address. The ADM stated she felt she had addressed all the Resident Council grievances. She stated some issues continued to arise over and over again, and these might not have continued to be addressed. She did not describe these grievances. She stated the grievance about staff not microwaving resident food was a policy of the new management company, and the corporate leaders of the new management company had met with the Resident Council to discuss changes. She stated she did not know if minutes were taken at that meeting but said she would inquire (as of 06/30/2026, the corporate staff for the new management company had not responded to her request for documentation of the meeting). She stated it was her who was ultimately responsible for all systems in the facility, but the AD was responsible for conveying grievances to her (the ADM). She stated she monitored for compliance by talking to residents. She stated the potential negative impact of not addressing Resident Council grievances was they would not feel like they had a say in their lives. Review of facility policy dated 06/2020 and titled Resident Council reflected the following: PurposeTo promote the exercise of a resident's right to organize and participate in resident groups at theFacilityPolicy I. The Facility encourages residents' involvement and input in the operation of the Facility throughthe Resident Council.II. The Facility must provide a resident council with a private space to meet.III. The purpose of the Resident Council is to provide a forum for:A. Residents to have input in the operation of the Facility;B. Discussion of residents' concerns;C. Consensus building and communication between residents and Facility Staff; andD. Staff to disseminate information and gather feedback from interested residents andfamily groups.ProcedureII. Responsibilities of the Resident Council:A. Making recommendations for the improvement of resident services provided by theFacility;B. Suggesting new activities;C. Reviewing reports submitted to the Council and making recommendations and/or takingappropriate action;D. Studying problem areas and making recommendations for their solution;E. Serving as an advisory group between the residents and management;F. Maintaining minutes of all meetings and submitting a copy to the Administrator forhis/her review; andG. Other responsibilities as appropriate or as may be requested by the Council and approvedby the Administrator.IV. Meeting MinutesA. Council members may appoint a resident member to record the minutes. Otherwise,minutes will be recorded and maintained by the designated Staff member.B. The minutes will include the following information: include names of the Councilmembers and any guests present, issues discussed, recommendations from the Council tothe Administrator, and follow-up on prior issues.C. Minutes may be recorded on Resident/Family Council Minutes.D. The Administrator reviews the minutes and any responses from departments within theFacility. Responses are presented at the next meeting, or sooner, if indicated.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure the resident's right to a safe, clean, comfortable and homelike environment for 2 of 4 resident halls (100-hall and 500-hall) reviewed for environment. The facility failed to ensure the carpet in the 100-hall and 500- hall was clean and free of foul odors. This failure placed residents at risk of diminished quality of life. Findings included: Observation on 06/24/2026 at 1:36 PM revealed 15 red or grey stains on the 500-hall carpet, outside of resident rooms. The red stains, of which there were three, were 3-4 inches in diameter, and the grey stains were 9-14 inches in diameter. The hall had a moderate unpleasant odor, similar to old urine, that came from the carpet. Observation on 06/25/2026 at 9:07 AM revealed 24 red or grey stains on the 100-hall carpet. The hall had a mild foul odor, similar to old urine, that came from the carpet. During an interview on 06/25/2026 at 12:30 PM, the MAINTD stated he had facilitated professional steam cleaning of the carpets a couple of times in the previous six months, but the stains and the foul odor were not coming out of the 100-hall and 500-hall carpets. He stated the carpets needed to be replaced, and there was nothing he could do until that was approved. During an interview on 06/25/2026 at 12:37 PM, the FT stated he did not have a large steam cleaner with which to clean the carpets. He stated the facility had the carpets professionally cleaned twice over the previous months. He stated he could do spot treatments and had spent hours on his hands and knees trying to get the stains out. He stated the odor was strong on the 500 and 100 hallways, and it was urine. He stated the only way to get rid of the smell was to tear up the carpets and put in new flooring. During an interview on 06/25/2026 at 2:10 PM, the HKS stated the facility had tried to have the stains and odor removed from the halls and had hand scrubbed many times, but nothing works. She stated several residents and family members had complained about the stains and especially the odor. During an interview on 06/25/2026 at 3:24 PM, the DON stated she had noticed the odor of urine on the 500-hall and 100-hall. She stated the person responsible for ensuring the resident's environment was clean and decent was everyone, but primarily housekeeping and maintenance. She stated the carpets could not be improved enough, and they needed to be replaced. She stated she was brand new to the facility and had not been privy to any interventions related to the odor and stains in the 500- and 100-halls. During an interview on 06/25/2026 at 4:01 PM, the ADM stated she was aware of the stains and foul odor on the 500-hall and 100-hall, and they were cited for it last year. She stated their previous management company would not replace the floors. She stated the carpets had been steam cleaned three times in the past six months, and she had a floor tech who would get on his hands and knees to clean stains. She stated the facility had transitioned to a new management company, and the new company had expressed plans to remove the carpet on all halls and put down new flooring. She stated it would be an unpleasant experience for a family member to visit and smell the urine and see all the stains. Review of grievances from January 2026 to June 2026 reflected the following: 02/27/2026 Grievance/Concern Detail Spouse voiced concern regarding an odor on 500-hall and requested it be addressed. Action Taken Carpet was professionally cleaned on 03/03/2026. Resident's floor in his room was stripped and waxed on 03/03/2026. 04/02/2026 Grievance/Concern Detail Room too dark, Resident room smells like urine (500-hall resident), and paper towel dispenser needs fixing. Action Taken Housekeeping went in and cleaned the floor and replaced the paper towels. Review of policy provided by the facility in response to a request for policy on Safe, Clean, Comfortable, and Homelike Environment, dated 08/2020 and titled Maintenance Services reflected the following: Purpose To protect the health and safety of residents, visitors, and Facility Staff. Policy The (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Maintenance Department maintains all areas of the building, grounds, and equipment.ProcedureI. The Maintenance Department is responsible for maintaining the buildings, grounds, andequipment in a safe and operable manner at all times.II. Functions of the Maintenance Department may include, but are not limited to:A. Maintaining the building in compliance with current federal, state, and local laws,regulations, and guidelines.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community for 13 of 17 residents (Residents #85, 67, 72, 60, 51, 36, 24, 22, 16, 8, 52, 63, and 31) reviewed for quality of life. Residents #85, 67, 72, 60, 51, 36, 24, 22, and 16 were observed in the television room for the entire mornings of 06/23/2026, 06/24/2026, and 06/25/2026, without any activities offered beyond sitting in their wheelchairs and watching television. Residents #8 and 52 were not offered in-room activities. Residents #63 and 31 were not offered materials for independent activities. These failures place residents at risk of boredom, depression, and loneliness. Findings included: 1. Review of the undated face sheet for Resident #16 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included transient cerebral ischemic attacks (temporary blockage of blood flow to the brain), malnutrition, and atherosclerosis (buildup of hard fat in the arteries). Review of the admission MDS assessment for Resident #16 dated 06/13/2026 reflected he did not participate in the BIMS assessment for cognition. The staff assessment reflected he had a memory problem, and his cognition was moderately impaired. The assessment for activity preferences reflected it was somewhat important to him to go outside when the weather was good and to participate in religious services. Review of the initial activity assessment for Resident #16 dated 05/19/2026 reflected the following: Attitude toward life and activities in general: interested. There was no information relating specific activity interests or notes recorded. Review of the care plan for Resident #16 dated 06/12/2026 reflected the following: FOCUS Risk for depression. GOAL Resident will be free of signs/symptoms of depression. INTERVENTIONS Observe resident for any signs/symptoms of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious, or health related complaints, and tearfulness. There was no care planning for activity preferences. Review of the entire clinical record for Resident #16 reflected his participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #22 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included repeated falls, moderate dementia, adjustment disorder with depressed mood, need for assistance with personal care, lack of coordination, abnormalities of gait and mobility, muscle wasting and atrophy, and muscle weakness. Review of the admission MDS assessment for Resident #22 dated 01/20/2026 reflected a BIMS score of 14, indicating intact cognition. The assessment for activity preferences included no activities that were important to her. Review of the quarterly activity assessment for Resident #22 dated 04/17/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident loves to stay in the TV room and watch shows with her friends, resident will come to the dining room and drink coffee, resident likes to come to the outside socials from time to time, resident does not participate in bingo, but does love to come most of the time to drink, coffee and watch the heat of the game! Activity Plan- Remind resident of our outside social so she can get some snacks and chat with her friends. Resident did play bowling one time, remind resident of bowling and movies that we have, might want to watch with her friends. Remind resident of bingo as well. Review of the care plan for Resident #22 dated 01/30/2026 reflected the following: FOCUS The resident is an (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	elopement risk/wanderer (WANDERER) r/t Disoriented to place, History of attempts to leave facility unattended, Impaired safety awareness, Resident wanders aimlessly. INTERVENTIONS-Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: [nothing additional here] Review of the entire clinical record for Resident #22 reflected her participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #24 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included cerebral infarction(death of brain tissue due to lack of blood flow to the brain), aphasia, following cerebral infarction, hemiplegia, and hemiparesis, following cerebral infarction, affecting right dominant side, muscle wasting an atrophy, bipolar disorder, major depressive disorder, vascular dementia, muscle, weakness, abnormalities of gait and mobility, repeated falls, anxiety, disorder, insomnia, and tremor. Review of the annual MDS assessment for Resident #24 dated 06/03/2026 reflected a BIMS score of 14, indicating intact cognition. The assessment for activity preferences included no activities that were important to her. Review of the care plan for Resident #24 dated 06/11/2026 reflected the following: FOCUSResident is dependent on staff for activities, cognitive stimulation, social interaction.GOALResident will maintain involvement in cognitive stimulation, social activities as desired through review date.INTERVENTIONS-Invite and encourage the resident to scheduled activities.-Place and assist resident with using video phone. Review of the entire clinical record for Resident #24 reflected her participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #36 reflected an [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included hemiplegia and hemiparesis (paralysis or weakness on one side of the body), abnormalities of gait and mobility, lack of coordination, vascular dementia, muscle wasting and atrophy, dysphasia following non-traumatic subarachnoid hemorrhage (difficulty with speech and language after a bleeding event in the brain), and malaise (a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify). Review of the annual MDS assessment for Resident #36 dated 06/07/2026 reflected a BIMS score of 07, indicating moderately impaired cognition. The assessment for activity preferences reflected it was somewhat important to him to listen to music he liked, do things with groups of people, do his favorite activities, and participate in religious groups or services. Review of the initial activity assessment for Resident #36 dated 06/05/2026 reflected the following: Attitude toward life and activities in general: interested. There was no information relating specific activity interests or notes recorded. Review of the care plan for Resident #36 dated 06/17/2026 reflected the following: FOCUSThe resident is dependent on staff for activities, cognitive stimulation, social interaction R/T hemi (paralysis on one side of the body) to both sides.GOALThe resident will maintain involvement in cognitive stimulation, social activities as desired through the review date.INTERVENTIONProvide with activities calendar. Notify resident of any changes to the calendar of activities. Review of the entire clinical record for Resident #36 reflected his participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #51 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included hypertensive heart disease (condition in which long-term high blood pressure causes damage to the heart), chronic kidney disease, abnormalities of gait and mobility, major depressive disorder, insomnia, pain, cognitive communication deficit (trouble communicating due to cognitive impairment), muscle weakness, dementia, and anxiety disorder. Review of the quarterly MDS assessment for Resident #51 dated 05/22/2026 reflected a BIMS score of 00, indicating severely impaired cognition. Review of the quarterly activity assessment for Resident #51 dated 05/19/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident likes food socials. Does not attend many (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	activities. Activity Plan- Make sure resident is aware of parties/food socials. Review of the care plan for Resident #51 dated 06/18/2026 reflected the following: FOCUSThe resident NEEDS ASSIST WITH REMINDING OF ACTIVITIES R/T Cognitive deficits. PARTICIPATES MOSTOF THE TIME.GOALAttend/participate in activities of choice 3-5 times weekly by next review date.INTERVENTIONS-Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary Invite the resident to scheduled activities.-The resident needs assistance/escort to activity functions.-The resident's preferred activities are: BINGO, GOING OUTSIDE, CATHOLIC MASS Review of the entire clinical record for Resident #51 reflected her participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #60 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included vascular dementia, anxiety disorder, and age-related cognitive decline. Review of the annual MDS assessment for Resident #60 dated 11/14/2025 reflected a BIMS score of 03, indicating severe cognitive impairment. The assessment for activity preferences included no activities that were important to him. Review of the quarterly activity assessment for Resident #60 dated 03/04/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident goes to book reading, and social/parties when family is visiting. Activity Plan- Remind family of parties and social so resident has family to sit with and socialize with. Review of the care plan for Resident #60 dated 06/18/2026 reflected the following: FOCUSThe resident has little or no activity involvement r/t Disinterest.GOALThe resident will express satisfaction with type of activities and level of activity involvement when asked through the review date.INTERVENTION-Establish and record The resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary.-Explain to the resident the importance of social interaction, leisure activity time.-Encourage the resident's participation inviting to all appropriate activities-Invite/encourage the resident's family members to attend activities with resident in order to support participation.-Modify daily schedule, treatment plan PRN to accommodate activity participation as requested by the resident.-Monitor/document for impact of medical problems on activity level.-Remind the resident that the resident may leave activities at any time, and is not required to stay for entire activity.-The resident needs a variety of activity types and locations to maintain interests.-The resident needs assistance/escort to activity functions. Review of the entire clinical record for Resident #60 reflected his participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #67 reflected [AGE] year-old admitted to the facility on [DATE]. His diagnoses included cerebral infarction (death of brain tissue due to lack of blood flow to the brain), hypertensive heart disease (condition in which long-term high blood pressure causes damage to the heart), mood disorder, abnormalities of gait and mobility, cognitive communication deficit, lack of coordination, and muscle weakness. Review of the quarterly activity assessment for Resident #67 dated 05/19/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Spending time with his son and watching TV.Activity Plan- N/A Review of the admission MDS assessment for Resident #67 dated 11/17/2025 reflected a BIMS score of 13, indicating intact cognition. The assessment for activity preferences reflected it was somewhat important to him to keep up with the news. Review of the care plan for Resident #67 dated 04/08/2026 reflected the following: FOCUSThe resident has a mood problemGOALThe resident will have improved mood state (SPECIFY: happier, calmer appearance, no s/sx of depression, anxiety orsadness) through the review date.INTERVENTIONS-Monitor/record/report to MD prn acute episode feelings or sadness; loss of (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	pleasure and interest in activities; feelings of worthlessness or guilt; change in appetite/ eating habits; change in sleep patterns; diminished ability to concentrate; change in psychomotor skills.-Monitor/record/report to MD prn mood patterns s/sx of depression, anxiety, sad mood as per facility behavior monitoring protocols. Review of the entire clinical record for Resident #67 reflected his participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #72 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included age-related cognitive decline, muscle wasting and atrophy, lack of coordination, muscle weakness, repeated falls, cognitive communication deficit, and history of falling. Review of the annual MDS assessment for Resident #72 dated 06/11/2026 reflected she could not participate in the BIMS assessment for cognitive function. The staff assessment reflected she had memory problems and her cognition was severely impaired. The assessment for activity preferences reflected it was very important to her to go outside when the weather was good and somewhat important to have books, magazines, and newspapers to read, to listen to music she liked, to do her favorite activities, and to spend time with groups of people. Review of the quarterly activity assessment for Resident #72 dated 06/11/2026 reflected the most recent activity assessment was in the system, but had not been filled out. Review of the care plan for Resident #72 dated 04/23/2026 reflected the following: FOCUSThe resident has a psychosocial well-being problem.GOALThe resident will demonstrate adjustment to nursing home placement by/through review dateINTERVENTIONEncourage participation from resident who depends on others to make own decisions.There was no care planning specific to activity interests. Review of the entire clinical record for Resident #72 reflected her participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #85 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnosis included vascular dementia, repeated falls, muscle weakness, lack of coordination, muscle wasting and atrophy, disorder of the autonomic nervous system, cognitive communication deficit, major depressive disorder, and anorexia. Review of the annual MDS assessment for Resident #85 dated 12/13/2025 reflected a BIMS score of 03, indicating severe cognitive impairment. The assessment for activity preferences reflected it was somewhat important to her to participate in her favorite activities. Review of the quarterly activity assessment for Resident #85 dated 03/13/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident listens to DAR reading every Thursday, will come outside socials with supervision. Likes to watch TV with other residents. Activity Plan- Bring resident to reading every Thursday, remind family of socials so resident can enjoy them with family.Review of the entire clinical record for Resident #85 reflected her participation in activities was not being documented anywhere. Review of the care plan for Resident #85 dated 06/18/2026 reflected the following: FOCUSThe resident is dependent on staff for meeting emotional, intellectual, physical, and social needs r/t Immobility. Needs assist and reminding of activities r/t dementia.GOALThe resident will maintain go to at least two group activity a week through review date.INTERVENTIONS-Ensure that the activities the resident is attending are: Compatible with physical and mental capabilities; Compatible with known interests and preferences; Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation), Compatible with individual needs and abilities; and Age appropriate.-Establish and record the resident's prior level of activity involvement and interests by talking with the resident, caregivers, and family on admission and as necessary.-Introduce the resident to residents with similar background, interests and encourage/facilitate interaction.-Invite the resident to scheduled activities.-Thank resident for attendance at activity function.-The resident needs assistance with ADLs as required during the activity.-The resident needs 1:1 bedside/in-room visits and activities if (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	unable to attend out of room events.-The resident needs assistance/escort to activity functions.-The resident prefers activities which do not involve overly demanding cognitive tasks. Engage in simple, structured activities.-The resident's preferred activities are: country gospel music, Bible study, live music events, visiting with her son and sister. Observation on 06/23/2026 at 9:13 AM to 11:48 AM revealed Residents #85, 67, 72, 60, 51, 36, 24, 22, and 16 were in their wheelchairs in the central television room. Observation and an interview on 06/24/2026 at 10:16 AM revealed a Hospice chaplain in the sitting room holding a religious activity. There were three residents present in the activity, and none of them were Residents #85, 67, 72, 60, 51, 36, 24, 22, and 16. At the end of the activity, the chaplain stated he came to the facility every week to hold Bible study and singing hymns, and there were seldom more than two or three people in the activity. He stated he really wished that the staff would bring some of the residents who spent all day sitting in the television room to the religious activity. He stated he always checked in with those residents, and they did not talk or answer questions, but they could have easily been moved in their wheelchairs to the sitting room. He stated he had mentioned this to the staff a couple of time, but he had not filed any formal grievance about it. Observation on 06/24/2026 at 9:00 AM to 11:50 AM revealed Residents #85, 67, 72, 60, 51, 36, 24, 22, and 16 were in their wheelchairs in the central television room. Observation on 06/25/2026 at 9:13 AM to 12:00 PM revealed Residents #85, 67, 72, 60, 51, 36, 24, 22, and 16 were in their wheelchairs in the central television room. Observation from 9:00 AM to 10:00 AM revealed the AD did not enter the television room to invite any residents to an activity. An interview was attempted with all nine residents, and the only one who responded with any more than eye contact was Resident #24, who shook her head when asked at 9:55 AM if she wanted to go outside. Observation on 06/25/2026 at 10:01 AM revealed the AD on the front porch with two residents, none of whom were Residents #85, 67, 72, 60, 51, 36, 24, 22, or 16, facilitating an exercise activity. Observation on 06/25/2026 at 2:30 PM revealed an ice cream social in the dining room. Five residents were involved in the activity. None of them were Residents #85, 67, 72, 60, 51, 36, 24, 22, or 16. 2. Review of the undated face sheet for Resident #8 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included cognitive communication deficit, muscle weakness, muscle, wasting and atrophy, and mild cognitive impairment. Review of the annual MDS assessment for Resident #8 dated 09/01/2025 reflected a BIMS score of 10, indicating moderate cognitive impairment. The assessment for activity preferences included no activities that were important to him. Review of the quarterly activity assessment for Resident #8 dated 03/20/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident goes outside with (FM) every day, (FM) does ask if the resident would like to participate, but he would rather stay outside with her. Resident does come to holiday celebrations with (FM). Loves to listen to his music in his room and watch movies.Remind (FM) of social/parties on holiday events. Review of the care plan for Resident #8 dated 06/18/2026 reflected the following: FOCUSThe resident has impaired cognitive function/dementia or impaired thought processes r/t Impaired decision making.GOALThe resident will be able to communicate basic needs on a daily basis through the review date. Review of the entire clinical record for Resident #8 reflected his participation in activities was not being documented anywhere. During observation and an interview on 06/23/2026 at 9:24 AM, Resident #8 stated he had not been at the facility for very long, and they did not give him much to do, but he mostly watched television. He stated he did not know the AD and no staff had asked him about activities. He stated his FM visited frequently. He stated he liked to chat with intelligent people, but he was not interested in group activities. Review of the undated face sheet for Resident #52 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included heart disease, dementia, cognitive (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	communication deficit (trouble communicating due to cognitive impairment), lack of coordination, anxiety disorder, major depressive disorder, muscle weakness, chronic pain syndrome, and malaise (a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify). Review of the annual MDS assessment for Resident #52 dated 08/23/2025 reflected a BIMS score of 14, indicating intact cognition. The assessment for activity preferences included no activities that were important to her. Review of the quarterly activity assessment for Resident #52 dated 04/15/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident has come to the women's tea party, comes to some socials with (FM). Activity Plan- Remind (FM) of social events and holiday events. Get resident up to go to the women's tea party. Review of the care plan for Resident #52 dated 06/18/2026 reflected the following: FOCUSThe resident is CONFINED TO BED. NEEDS INDIVIDUAL ACTIVITIES. HAS DX: MILD DEMENTIA, CHRONIC PAIN AND Immobility.GOALThe resident will do at least 3 individual activities a week through review date.INTERVENTIONS-Provide the resident with materials for individual activities as desired. The resident likes the following independent activities: word find puzzle books watching TV, and nails done-The resident needs 1:1 bedside/in-room visits and activities if unable to attend out of room events. Review of the entire clinical record for Resident #52 reflected her participation in activities was not being documented anywhere. During an interview on 06/23/2026 at 9:40 AM, Resident #52 stated no staff had offered her any activities. She stated she did not like to get out of bed and participate in group activities, but she did like to chat with people, and she would love to be read to. She stated she also wanted to send a note to a friend of hers, but she could no longer write, so she wanted some help with that. During an interview on 06/23/2026 at 12:40 PM, Resident #52 stated no staff had offered her any activities. During an interview on 06/24/2026 at 11:41 AM, Resident #52 stated no staff had offered her any activities.During an interview on 06/24/2026 at 1:47 PM, Resident #52 stated no staff had offered her any activities.During an interview on 06/24/2026 at 1:54 PM, Resident #52 stated no staff had offered her any activities. 3.Review of the undated face sheet for Resident #31 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included cerebral infarction (death of brain tissue due to lack of blood flow to the brain), memory deficit following other cerebrovascular disease, muscle weakness, abnormalities of gait and mobility, cognitive communication deficit, lack of coordination, Alzheimer's disease, major depressive disorder, and anxiety disorder. Review of the admission MDS assessment for Resident #31 dated 03/27/2026 reflected a BIMS score of 03, indicating severely impaired cognition. The assessment for activity preferences reflected it was very important to her to do things with groups of people and to do her favorite activities and somewhat important to her to have books, magazines or newspapers to read. Review of the initial activity assessment for Resident #31 dated 03/29/2026 reflected Attitude toward life and activities in general: interested. There was no information relating specific activity interests or notes recorded. Review of the care plan for Resident #31 dated 06/17/2026 reflected the following: FOCUSThe resident is an elopement risk/wanderer (SPECIFY) r/t Disoriented to place, Impaired safety awareness,Resident wanders aimlessly, significantly intrudes on the privacy or activitiesINTERVENTIONS Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: [nothing additional here]. Review of the entire clinical record for Resident #31 reflected her participation in activities was not being documented anywhere. Review of the undated face sheet for Resident #63 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included chronic kidney disease, morbid obesity, chronic obstructive pulmonary disease (COPD), depressive episodes, muscle weakness, and repeated falls. Review of the annual MDS assessment for Resident #63 dated (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10/10/2025 reflected a BIMS score of 09, indicating severe cognitive impairment. The assessment for activity preferences reflected it was somewhat important to her to participate in her favorite activities. Review of the quarterly activity assessment for Resident #63 dated 05/01/2026 reflected the following: Describe resident's favorite activities, special accomplishments, and/or new interests. Resident enjoys watching TV and participating in the facility. Smoke breaks. Activity Plan- Will continue to encourage resident to attend activities of interest. Review of the care plan for Resident #63 dated 04/15/2026 reflected the following: FOCUSThe resident is dependent on staff etc.) for meeting emotional, intellectual, physical, and social needs r/t Physical Limitations. Has DX: depression. Has limited mobility R/T bilateral BKA. Uses W/C for mobility. Needs encouragement to attend activities.GOALThe resident will be out of room daily and do at least one activity a day through review date.INTERVENTIONS-Ensure that the activities the resident is attending are: Compatible with physical and mental capabilities; Compatible with known interests and preferences; Adapted as needed (such as large print, holders if resident lacks hand strength, task segmentation), Compatible with individual needs and abilities; and Age appropriate.-Introduce the resident to residents with similar background, interests and encourage/facilitate interaction.-Invite the resident to scheduled activities.-Provide with activities calendar. Notify resident of any changes to the calendar of activities.-Review resident's activity needs with the family/representative.-Thank resident for attendance at activity function.-The resident needs assistance with ADLs as required during the activity.-The resident needs assistance/escort to activity functions. Review of the entire clinical record for Resident #63 reflected her participation in activities was not being documented anywhere. Observation on 06/23/2025 at 11:27 AM, revealed Resident #31 was walking around the facility with her walker and talking about needing to go find her car. She stated she was not working there and needed to find where her car was parked. She was seen walking from door to door looking out the windows to see if she could find her car. She had a wander guard on which did alarm when she got close to the front door. During an interview on 06/24/2026 at 1:43 PM, Resident #63 stated she did not like to participate in group activities, but she did like to color, and wished she had some pencils, markers, or crayons to color in her coloring book. She stated she had some coloring books in a white bag in her closet, but she could not reach them and needed help. After a search of her closet, drawers, and under her bed, the coloring books could not be found. She stated the AD did not talk to her very much. During an interview on 06/25/2026 at 1:11 PM, LVN C stated he and the CNAs got residents up for activities if they were asked to, but that rarely ever happened. He stated the AD walked through the halls and invited people to the group activities, but he never saw her go into the rooms and have one-to-one activities with residents who spent most of their time in bed. During an interview on 06/25/2026 at 1:50 PM, CNA G stated she did not see anyone doing one-to-one activities with the residents on her hall. During an interview on 06/25/2026 at 2:38 PM, the AD stated she had worked at the facility for a year and three months. She stated there were a few volunteers who came in to hold activities regularly, but she did not have an activity aide. She stated when she was not in a group activity, she was typically having one-to-one visits or updating the activity calendar. She stated she was not sure if she asked any of the residents in the television room if they wanted to come to any of the group activities. She stated those residents did not want to go to group activities. She stated they had a huge event once a month and almost everybody came to those. She stated Resident #31 did not want to participate in any activities. She stated she did not know what Resident #31 did for a living or as a younger person and did not think that would help her to identify any possible recreational activities she would like. She stated she did not know Resident #8. She stated she did one-to-one visits with Resident #52, and the last time she did one was probably two weeks ago. She stated she (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	used to document activities in the POC system with the old management company, but there was no documentation system yet with the new management company. She stated the potential negative impact of not receiving activities was it could really bring them down. During an interview on 06/25/2026 at 4:01 PM, the ADM stated she was responsible for overseeing the activities program. She stated ultimately it was also her responsibility to ensure the one-to-one and independent activities were offered. She stated she monitored for compliance by looking around the building and looking at the activity calendar as well as morning meeting. She stated the potential negative impact on residents of not having activities offered was they might be depressed. Review of the facility's policy dated 06/2020 and titled Activities Program reflected the following: PurposeTo encourage residents to participate in activities to make life more meaningful, to stimulate andsupport physical and mental capabilities to the fullest extent, and to enable the resident to maintainthe highest attainable social, physical and emotional functioning.PolicyI. The Facility provides an Activity Program designed to meet the needs, interests, and preferencesof residents. The activities are varied and work to address the needs and interests identifiedthrough the assessment process. The Activity Program may address areas including, but notlimited to:A. Social activities;B. Indoor and outdoor activities;C. Activities away from the Facility;D. Religious programs;E. Opportunity for resident involvement for planning activities;F. Creative activities;G. Educational activities; andH. Exercise activities.II. A variety of activities should be offered on a daily basis, which includes weekends and evenings.III. Activities are developed for individual, small group, and large group participation.IV. The activit		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to properly store, prepare, and distribute food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed for food and nutrition services. The facility failed to ensure food was properly labeled and dated in the facility kitchen refrigerator on 06/23/2026. This deficient practice could place residents who ate food served from the kitchen at risk for health complications and foodborne illnesses. Findings included: An observation on 06/23/2026, at 9:10 AM, revealed multiple food items in the facility refrigerator were stored without the required labeling and date marking. Specifically, the following items were identified as undated and unlabeled: one large plastic bag of cheese, one bag large bag of Vegetarian Burgers, one box of natural smoked bacon, one bag of turkey breast, and three containers of strawberries. In an interview on 06/25/2026, at 10:36 AM, CK H stated she was trained on labeling and dating recently, and she dated food 3 for 3 days then after the 3 days, the food would be discarded. She stated all food should be labeled and dated after it was opened, and if this was not done then residents could become sick. Currently, in the kitchen the facility used a system first in, first out. In an interview on 6/25/2026, at 10:45 AM, CK J stated he was in-serviced recently on food labeling and dating. He stated, in the kitchen, it was the facility's protocol to put the name of the item on the label, then date the item after it is opened, and when it would need to be cycled out. He stated if food items were not labeled and dated correctly, residents could become sick. He stated the facility had a system to ensure old food was never served to residents, and to ensure this, he stated they used the newest date items first, then older date items were removed from stock. In an interview on 6/25/2026, at 10:57 AM, CK I stated she was recently trained on food labeling and dating, and all items in the kitchen should be labeled and dated as soon as they were opened with the name, month, and date it was opened to prevent serving expired items to residents. She stated if residents were served food that was not properly labeled or dated, they could become sick. She stated, at the facility, to ensure residents are not served expired food, the facility uses the system first in first out. In an interview on 6/25/2026, at 11:01AM, the DM stated it was his expectation that all items in the kitchen be labeled and dated. He stated he trained his staff daily on these topics and he was trained last February by his Regional Coordinator. He stated he provided a guide for all his employees to follow regarding shelf-life timelines. He stated if food items were not labeled and dated correctly then residents could become sick. He stated when he was hired, he started the system first in first out (FIFO) which ensures that older food is used before newer stock arrives. Review of the facility's policy titled, Food Storage Dated, 6/1/2026, reflected: Frozen Meat/Poultry and Food Guidelines C. Storage: Store items promptly at 0 F or below. Foods should be stored in their original containers if designed for freezing. Foods to be frozen should be stored in airtight in the original packing containers or plastic Ziplock storage bags or wrapped in heavy-duty aluminum foil or special laminated papers. i. Label and date all food items.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 6 of 13 residents (Residents #16, #22, #31, #8, #67, and #72) reviewed for care plans. The facility failed to ensure that Residents #16, #22, #31, #8, #67, and #72 had care planning for activity preferences. This failure placed residents at risk of not having recreational interventions in their care. Findings included: Review of the undated face sheet for Resident #16 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included transient cerebral ischemic attacks (temporary blockage of blood flow to the brain), malnutrition, and atherosclerosis (buildup of hard fat in the arteries). Review of the admission MDS assessment for Resident #16 dated 06/13/2026 reflected he did not participate in the BIMS assessment for cognition. The staff assessment reflected he had a memory problem, and his cognition was moderately impaired. The assessment for activity preferences reflected it was somewhat important to him to go outside when the weather was good and to participate in religious services. Review of the care plan for Resident #16 dated 06/12/2026 reflected the following: FOCUSRisk for depressionGOALResident will be free of signs/symptoms of depressionINTERVENTIONSObserve resident for any signs/symptoms of depression, including: hopelessness, anxiety, sadness, insomnia, anorexia, verbalizing, negative statements, repetitive anxious, or health related complaints, and tearfulness. There was no care planning for activity preferences. Review of the undated face sheet for Resident #22 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included repeated falls, moderate dementia (decline in function and memory severe enough to interfere with living), adjustment disorder with depressed mood (excessive emotional responses to identifiable stressors), need for assistance with personal care, lack of coordination, abnormalities of gait and mobility, muscle wasting and atrophy, and muscle weakness. Review of the admission MDS assessment for Resident #22 dated 01/20/2026 reflected a BIMS score of 14, indicating intact cognition. The assessment for activity preferences included no activities that were important to her. Review of the care plan for Resident #22 dated 01/30/2026 reflected the following: FOCUSThe resident is an elopement risk/wanderer (WANDERER) r/t Disoriented to place, History of attempts to leave facility unattended, Impaired safety awareness, Resident wanders aimlessly. INTERVENTIONS-Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: [nothing additional here] There was no care planning for activity preferences. Review of the undated face sheet for Resident #31 reflected a [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included cerebral infarction (death of brain tissue due to lack of blood flow to the brain), memory deficit following other cerebrovascular disease (memory deficit following cerebral infarction), muscle weakness, abnormalities of gait and mobility, cognitive communication deficit (trouble communicating due to cognitive impairment), lack of coordination, Alzheimer's disease (dementia caused by a buildup of proteins in the brain), major depressive disorder, and anxiety disorder. Review of the admission MDS assessment for Resident #31 dated 03/27/2026 reflected a BIMS score of 03, indicating severely impaired cognition. The assessment for activity preferences reflected it was very important to her to do things with groups of people and to do her favorite activities and somewhat (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	important to her to have books, magazines or newspapers to read. Review of the care plan for Resident #31 dated 06/17/2026 reflected the following: FOCUSThe resident is an elopement risk/wanderer (SPECIFY) r/t Disoriented to place, Impaired safety awareness,Resident wanders aimlessly, significantly intrudes on the privacy or activitiesINTERVENTIONS Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Resident prefers: [nothing additional here].There was no care planning for activity preferences. Review of the undated face sheet for Resident #8 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included cognitive communication deficit (trouble communicating due to cognitive impairment), muscle weakness, muscle, wasting and atrophy, and mild cognitive impairment. Review of the annual MDS assessment for Resident #8 dated 09/01/2025 reflected a BIMS score of 10, indicating moderate cognitive impairment. The assessment for activity preferences included no activities that were important to him. Review of the care plan for Resident #8 dated 06/18/2026 reflected the following: FOCUSThe resident has impaired cognitive function/dementia or impaired thought processes r/t Impaired decision making.GOALThe resident will be able to communicate basic needs on a daily basis through the review date.There was no care planning for activity preferences. Review of the undated face sheet for Resident #67 reflected a [AGE] year-old admitted to the facility on [DATE]. His diagnoses included cerebral infarction (death of brain tissue due to lack of blood flow to the brain), hypertensive heart disease (condition in which long-term high blood pressure causes damage to the heart), mood disorder, abnormalities of gait and mobility, cognitive communication deficit (trouble communicating due to cognitive impairment), lack of coordination, and muscle weakness. Review of the admission MDS assessment for Resident #67 dated 11/17/2025 reflected a BIMS score of 13, indicating intact cognition. The assessment for activity preferences reflected it was somewhat important to him to keep up with the news. Review of the care plan for Resident #67 dated 04/08/2026 reflected the following: FOCUSThe resident has a mood problemGOALThe resident will have improved mood state (SPECIFY: happier, calmer appearance, no s/sx of depression, anxiety orsadness) through the review date.INTERVENTIONS-Monitor/record/report to MD prn acute episode feelings or sadness; loss of pleasure and interest in activities; feelings of worthlessness or guilt; change in appetite/ eating habits; change in sleep patterns; diminished ability to concentrate; change in psychomotor skills.-Monitor/record/report to MD prn mood patterns s/sx of depression, anxiety, sad mood as per facility behavior monitoring protocols.There was no care planning for activity preferences. Review of the undated face sheet for Resident #72 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included age-related cognitive decline, muscle wasting and atrophy, lack of coordination, muscle weakness, repeated falls, cognitive communication deficit (trouble communicating due to cognitive impairment), and history of falling. Review of the annual MDS assessment for Resident #72 dated 06/11/2026 reflected she could not participate in the BIMS assessment for cognitive function. The staff assessment reflected she had memory problems and her cognition was severely impaired. The assessment for activity preferences reflected it was very important to her to go outside when the weather was good and somewhat important to have books, magazines, and newspapers to read, to listen to music she liked, to do her favorite activities, and to spend time with groups of people. Review of the care plan for Resident #72 dated 04/23/2026 reflected the following: FOCUSThe resident has a psychosocial well-being problem.GOALThe resident will demonstrate adjustment to nursing home placement by/through review dateINTERVENTIONEncourage participation from resident who depends on others to make own decisions.There was no care planning for activity preferences. Review of the activity calendar (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reflected the following:06/23/20269:30 Outside Yoga10:00 am Watergun Painting11:00 am Communion1:30 pm [NAME] Snowglobes3:00 PM Bingo!06/24/20269:30 am Outside Stretching10:00 am Bible study11:00 AM Summer Wordsearch1:30 PM Woman's Tea Party06/25/20269:30 am Outside Yoga10:30 am Coffee & Chat11:00 AM Summer Coloring2:00 PM Ice Cream3:00 PM Loteria! During observation and an interview on 06/23/2026 at 9:24 AM, Resident #8 stated he had not been at the facility for very long, and they did not give him much to do, but he mostly watched television. He was lying in his bed with his remote control and a bedside table over him. He stated he did not know the AD and no staff had asked him about activities. He stated his FM visited frequently. He stated he liked to chat with intelligent people, but he was not interested in group activities. Observation on 06/23/2026 at 11:27 AM, Resident #31 was walking around the facility with her walker and talking about needing to go find her car. She stated she was not working there and needed to find where her car was parked. She was seen walking from door to door looking out the windows to see if she could find her car. She had a wander guard on which did alarm when she got close to the front door. Observation on 06/25/2026 at 9:13 AM to 12:00 PM revealed Residents #67, #72, #22, and #16 were in their wheelchairs in the central television room. Observation from 9:00 AM to 10:00 AM revealed the AD did not enter the television room to invite any residents to an activity. An interview was attempted with all four residents, and none of them responded with anything more than eye contact. During an interview on 06/25/2026 at 2:38 PM, the AD stated she was responsible for the care plans but could not elaborate. She stated they all worked as a team and reached out to her and that was typically how they did things. During an interview on 06/25/2026 at 3:24 PM, the DON stated the MDSN was responsible for care plans. She stated they held regular care plan meetings and discussed changes to the plans of care during morning meeting. During an interview on 06/25/2026 at 3:43 PM, the MDSN stated this was her first MDS position, and she was learning since the new management company took over that she had been doing things for the old company incorrectly since 12/2025. She stated they were still working out the best way to ensure care plans were updated and comprehensive. She stated she did not know who was responsible for entering care planning for activity preferences, but she thought it was probably the AD. She stated she would have to ask how not having care planning for activities might negatively impact residents. She stated it was important to have care plans in place to make sure they had everything done that could be done for the residents. During an interview on 06/25/2026 at 4:01 PM, the ADM stated the care plans were updated when the AD entered the information into the daily assessment tool. She stated the AD was responsible for entering in the care plan information for activity preferences, but the MDSN, or somebody, was then responsible for adding the information to the comprehensive care plan. She stated the person who was supposed to do it was the AD, but the person who actually did it was the MDSN. She stated she monitored for compliance by conducting care plan audits. She stated she had not noticed that several residents did not have care planning for activity preferences during her audits. She stated a potential negative impact of residents having no care planning for activity preferences was staff would not be aware of what activities they liked or did not like. Review of facility policy dated 06/2020 and titled Activities Program reflected the following: II. Care [NAME]. After completion of the initial Activity Assessment and the MDS, an individualized CarePlan will be developed and implemented for each resident.B. The Care Plan should be reviewed with the resident and/or the resident's family to ensurethat the resident approves of and understands the Plan.C. The resident's activity plan will be reviewed and up-dated at least quarterly and with anychange of condition.D. As needed, activities are tailored to meet the needs of residents with cognitiveimpairment or other special needs.E. Once the IDT has identified relevant activities for the resident, the resident is given anopportunity to choose when, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	where, and how he or she will participate in activities and social events. If the resident prefers not to attend organized group programs, room visits will be provided based on the assessed interests of the resident. Review of facility policy dated 10/24/2022 and titled Care Planning reflected the following: Purpose To ensure that a comprehensive person-centered Care Plan is developed for each resident based on their individual assessed needs. Policy The Facility's Interdisciplinary Team (IDT) will develop a Baseline and/or Comprehensive Care Plan for each resident in accordance with OBRA and MDS guidelines. The Care Plan serves as a course of action where the resident (resident's family and/or guardian or other legally authorized representative), resident's Attending Physician, and IDT work to help the resident move toward resident-specific goals that address the resident's medical, nursing, mental and psychosocial needs. Procedure VIII. A culturally competent and trauma-informed comprehensive person-centered Care Plan will be developed for each resident. The Care Plan will include measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs. A. In the event that the Comprehensive Care Plan identified a change in the resident's goals or functioning that was not identified in the Baseline Care Plan, these changes will be incorporated into an updated summary and provided to the resident and/or resident's representative. B. Changes may be made to the Comprehensive Care Plan on an ongoing basis for the duration of the resident's stay. These subsequent changes will not need to be reflected through updates to the Baseline Care Plan. IX. Each resident's Comprehensive Care Plan will describe the following: A. Services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being; B. Any services that would be required, but are not provided due to the resident's exercise of rights, which includes the right to refuse treatment; XI. The Comprehensive Care Plan must be prepared by the IDT team. The IDT team includes the following individuals: A. The Attending Physician; B. The Resident Assessment Coordinator; C. The Licensed Nurse who has responsibility for the resident; D. The Dietary Supervisor and/or registered dietician; E. Social Service staff member responsible for the resident; F. The Activity Director; G. Therapists as applicable; H. Consultants (as appropriate); I. The Director of Nursing (as applicable); J. Certified Nursing Assistants and/or RNAs responsible for the resident's care; K. The resident and/or his/her family or legal representative; i. If the resident and his/her resident representative participation is determined not practicable for the development of the resident's care plan, an explanation should be included in the resident's medical record.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good nutrition, grooming, and personal and oral hygiene for 2 of 8 residents (Residents #13 and #52) reviewed for ADL care. The facility failed to ensure Resident #13 was offered nail care and showers in accordance with his shower schedule and Resident #52 was offered showers according to her shower schedule or assisted with changing her clothes from 06/23/2026 to 06/25/2026. This failure placed residents at risk of skin problems, body odor, and embarrassment. Findings included: Review of the undated face sheet for Resident #13 reflected a [AGE] year-old male admitted to the facility on [DATE]. His diagnoses included hemiplegia and hemiparesis (paralysis or weakness on one side of the body), sequela of cerebrovascular disease (long-term or residual effects of an event such as a stroke), muscle weakness, type two diabetes mellitus, cognitive, social or emotional deficit following cerebral infarction (death of brain tissue due to lack of blood flow to the brain), attention and concentration deficit following cerebral infarction, cognitive communication deficit (trouble communicating due to cognitive impairment), vascular dementia (disease caused by lack of blood flow to the brain, causing cognitive decline and memory loss), and pain in both wrists. Review of the quarterly MDS assessment for Resident #13 dated 06/04/2026 reflected a BIMS score of 14, indicating intact cognition. It reflected he required partial to moderate assistance with personal hygiene tasks and was totally dependent on the assistance of staff for bathing. Review of the care plan for Resident #13 dated 06/17/2026 reflected the following: FOCUSThe resident has an ADL self-care performance deficit r/t Hemiplegia to right side. Needs limited to extensive assist with all ADLs. able to feed himself and assist with some ADLs.GOALThe resident will maintain current level of function in eating through the review date.INTERVENTIONS-BATHING/SHOWERING: The resident needs extensive assist (2) staff to provide bathing at least 3 times a week and as necessary.-PERSONAL HYGIENE/ORAL CARE: The resident needs extensive assist on (2) staff for personal hygiene and oral care. Review of POC tasks (CNA documentation system) for Resident #13 reflected no task item for nail care where nail care attempts could be documented. Review of bathing tasks for Resident #13 reflected only one bath from 05/26/2026 to 06/25/2026 documented on 06/24/2026. Review of handwritten shower sheets for Resident #13 from 05/01/2026 to 06/25/2026 reflected one on 06/19/2026. The shower was documented as refused. During observation and interview on 06/23/2026 at 12:20 PM Resident #13 was seated in the dining room. His fingernails were long and dirty with a brown substance. He stated he did not know about his fingernails and then pulled his hat off and showed his hair, which he said was greasy. He said he did not get all of his showers and did not know how this made him feel. He would not answer any more questions. Review of the undated face sheet for Resident #52 reflected an [AGE] year-old female admitted to the facility on [DATE]. Her diagnoses included heart disease, dementia, cognitive communication deficit(trouble communicating due to cognitive impairment) , lack of coordination, anxiety disorder, major depressive disorder, muscle weakness, chronic pain syndrome, and malaise (a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify). Review of the annual MDS assessment for Resident #52 dated 08/23/2025 reflected a BIMS score of 14, indicating intact cognition. Tit reflected she required substantial/maximal assistance with the activity of bathing. Review of the undated care plan for Resident #52 reflected the following: FOCUSThe resident has an ADL self-care performance deficit r/t Dementia, Limited Mobility. Will refuse baths and some careat times.GOALThe resident will be (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	able to feed herself through the review date. INTERVENTIONS-BATHING/SOWERING: The resident is totally dependent on (1) staff to provide SPECIFY bath/shower AT LEAST ONCE A WEEK and as necessary. WILL REFUSE BATHS AT TIMES. PREFERS TO HAVE ONLY ONE BATH A WEEK-DRESSING: The resident requires EXTENSIVE ASSIST by (1) staff to dress. Review of POC tasks (CNA documentation system) for Resident #52 reflected no task item for nail care where nail care attempts could be documented. Review of bathing tasks for Resident #52 reflected only one bath from 05/26/2026 to 06/25/2026 documented on 06/11/2026. Review of handwritten shower sheets for Resident #52 from 05/01/2026 to 06/25/2026 reflected two: one on 05/07/2026 and one on 06/20/2026. During observation and interview on 06/23/2026 at 9:40 AM, Resident #52 was lying in bed in a hospital gown. She stated she was not getting bed baths very often, but she did get them. She stated her memory was not great so she did not remember when she last got a bath. She stated she did not want showers, but she wanted bed baths. She stated she was okay with wearing the hospital gown. She stated she had clothes and would like to wear a t-shirt sometime. During observation and interview on 06/23/2026 at 12:40 PM, Resident #52 was lying in bed still in the hospital gown from earlier in the day. She stated the hospital gown was depressing, but she was used to it. During observation and interview on 06/24/2026 at 11:41 AM, Resident #52 was lying in bed still in the same hospital gown from the day before. Observation in her closet revealed she had several t-shirts and pairs of pants. She stated she had not received assistance with a change of clothing and had not received a shower. Observation on 06/24/2026 at 1:47 PM revealed Resident #52 was still in the same hospital gown. Observation on 06/25/2026 at 1:54 PM revealed Resident #52 was still in the same hospital gown. Her hair was greasy and there was an odor of old skin oils and faint urine in her room. During an interview on 06/25/2026 at 2:04 PM, CNA G stated Resident #52 refused showers sometimes and they only offered her one bath per week. She stated she forgot to fill out shower sheets sometimes. She stated she worked PRN, so she was not always on the hall. She stated she did not give Resident #52 a shower that day (06/25/2026). She stated she did not have a reason why she did not give the bed bath. She stated Resident #52 got very combative when they tried to dress her and would start hitting them, so they did not really try. She stated Resident #13 did not typically refuse showers. She stated she did not know why he had so few showers documented over the previous months, because she did not always work. She stated she gave him a shower the day before (06/24/2026) but did not provide nail care because somebody else was supposed to do that. She stated she was not sure who was supposed to do that, but she thought it was scheduled for Sundays, and she did not work Sundays. During an interview on 06/25/2026 at 1:58 PM, CNA J stated she was working the 500-hall that day but did not usually. She stated she did not know who refused showers or baths. During an interview on 06/25/2026 at 1:11 PM, LVN C stated Resident #52 refused bathing, but she would usually agree to it if he spoke to her. He stated he relied on the CNAs to let him know if she was refusing. He stated the CNAs should have documented on the shower sheets and the POC and come to him to report if a resident refused an ADL. He stated he did not realize Resident #52 had not been out of a hospital gown all week. He stated that was the CNA's responsibility, but if they had come to him, he could have helped her feel more comfortable getting changed. LVN C stated that Resident #13 refused nail care and tried to take care of his nails himself, but he did not refuse showers, and LVN C was confused about why Resident #13 would only have two showers documented in a month and a half. During an interview on 06/25/2026 at 2:25 PM, the WCN stated she was responsible for overseeing the bathing program for residents. She stated the CNAs would occasionally let her know when people refuse their showers, but she did not know that Resident #13 and Resident #52 were refusing or not receiving baths. She stated she monitored for compliance with (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the bathing program by reviewing shower sheets, but there were certainly some gaps in the system that she had not corrected, yet. She stated the potential negative impact of residents not receiving assistance with bathing was skin problems and worsening wounds. During an interview on 06/25/2026 at 3:24 PM, the DON stated bathing should have been offered three times per week or according to resident preference. She stated the procedure should have been for CNAs to check the schedules, complete the bathing task, and then document in the POC and the paper shower sheet, and then communicate verbally with the charge nurse about any new skin issues or refusals. She stated she monitored for compliance by reviewing shower sheets in morning meeting and pulling reports from the POC as well as in-servicing staff. She stated a potential negative impact of residents not receiving assistance with ADLs was skin issues or infections. During an interview on 06/25/2026 at 4:01 PM, the ADM stated the person responsible for ensuring nail care and bathing was offered was the WCN, and she was supposed to ensure bathing was being done. She stated if she noticed bathing was not being done, she went to the DON and ADON to investigate why they were not being done and the root cause. She stated she monitored for compliance by discussing ADLs in the morning meeting. She stated the potential negative impact of the resident not being offered bathing, dressing, and nail care was they might not get baths. Review of facility policy dated 01/2026 and titled Activities of Daily Living (ADLs) reflected the following: PurposeTo promote dignity, independence, and quality of life by providing individualized support with Activities of Daily Living (ADLs) and ensuring compliance with federal, state, and local regulations.PolicyThis policy establishes guidelines for assessing, planning, documenting, and assisting residents with Activities of Daily Living (ADLs). The facility will ensure all residents receive the necessary services and support to maintain or improve their ability to perform ADLs, unless the resident(s)' clinical condition makes it nonviable.ProcedureI. Definition: Activities of Daily Living (ADLs) include:a. Bathingb. Dressingc. Groomingd. Toiletinge. Transferringf. Eatingg. MobilityV. Staff will provide assistance, cueing, or supervision with ADLs as identified in the care plan.VI. Adaptive equipment and assistive devices will be provided when appropriate.VII. ADL performance and staff assistance levels will be documented in the resident's medical record, including changes in the resident's ability or refusal to participate in the ADL task.VIII. Residents have the right to refuse care, and refusals will be documented and addressed as necessary.IX. Direct care staff will be trained in ADL assistance techniques, resident rights, infection control and documentation procedures upon hire, annually, and as needed. Review of facility policy dated 01/2026 and titled Grooming and Care of the Fingernails and Toenails reflected the following: PurposeTo provide nail care to maintain hygiene, prevent complications, and ensure the safety and comfort of residents. Review of facility policy dated 01/2026 and titled Showering a Resident reflected the following: PurposeA shower bath is given to the residents to provide cleanliness, comfort and to prevent body odors.PolicyResidents are offered a shower at a minimum of once weekly and given per resident request.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 4 of 6 residents (Resident #5, Resident #41, Resident #53, and Resident 76) reviewed for infection control. RN A failed to cleanse the blood pressure cuff after use on resident #53 and prior to use on Resident #41 during an observation of medication pass on 06/24/2026 at 8:48 a.m. The facility failed to ensure CNA D was following the hand hygiene policy procedures while going in and out of Resident #5's room on 06/24/2026 The facility failed to ensure CNA F was following infection control protocol during providing incontinent care for Resident #76 on 06/24/2026 These deficient practices had the potential to place residents at risk for cross contamination and the spread of infection. Findings included: Record review of Resident #41's Annual MDS assessment dated [DATE] reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #41 had diagnosis of chronic obstructive pulmonary disease (an ongoing lung condition making it difficult to breathe), atrial fibrillation (an irregular heart rate), peripheral vascular disease (a narrowing of the veins and arteries obstructing blood flow), and muscle weakness. She had a BIMS score of 15 indicating she was cognitively intact. Resident #41 required set up or clean up assistance for dressing, grooming, and personal hygiene. Record review of Resident #53's Quarterly MDS dated [DATE] reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #53 had diagnosis of Alzheimer's disease (a brain disease that slowly destroys memory), type 2 diabetes mellitus (elevated blood sugar), moderate protein calorie malnutrition, and hyperlipidemia (high cholesterol). She had a BIMS score of 5, indicating her cognition was severely impaired. Resident #53 required set up or clean up assistance for dressing, grooming, and personal hygiene. In an observation on 06/24/2026 at 8:37 a.m., RN A checked Resident #53's blood pressure with an electronic wrist blood pressure cuff prior to administration of medications. RN did not clean the cuff after use. At 8:48 am, using same unclean blood pressure cuff, RN A checked Resident #41's blood pressure and then administered medications. RN A failed to clean the blood pressure cuff before or after use. In an interview on 06/24/2026 at 9:33 a.m., RN A stated she should have cleaned the blood pressure cuff between Resident #53 and Resident #41 with her sanitary wipes. The sanitary wipes were available and kept in the bottom drawer of her medication cart. She stated she had just forgotten to clean the blood pressure cuff between residents. RN A stated she had been educated by the DON through in-services on infections control and cleaning of reusable medical equipment. She stated negative effects for not cleaning the blood pressure cuff included spreading germs from residents to residents that could lead to infection. In an interview on 06/25/2026 at 12:29 p.m., the DON stated nurses were expected to clean the blood pressure cuff between each resident and after use. The nurses were trained on infection control and cleaning reusable medical equipment was part of that training. The DON monitors infection control practices by having routine skills checked off quarterly, annually, and as needed. The skills check off is also part of the nursing visual competency evaluations that are completed annually which include cleaning of reusable medical equipment. Negative effects for residents for not cleaning the blood pressure cuffs between uses includes transmission of infections between residents. Record review of Resident #5's undated face sheet reflected a [AGE] year-old female admitted to the facility 05/29/2026. Her diagnoses included displaced trimalleolar (all three major bone structures supporting the ankle joint -the lateral malleolus, medial malleolus, and posterior (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	malleolus are broken and have shifted out of their normal alignment) fracture of right lower leg, subsequent encounter for closed fracture with routine healing, age-related osteoporosis (chronic bone disease that causes bones to become porous, brittle, and highly susceptible to fractures from minor falls or daily activities) with current pathological fracture, unspecified site, subsequent encounter for fracture with routine healing, polyosteoarthritis unspecified (degenerative joint disease that affects multiple joints, typically five or more simultaneously. It involves the progressive breakdown of protective cartilage and underlying bone, resulting in widespread joint pain, stiffness, and reduced mobility, where the specific joints are not explicitly detailed). Record review of Resident #5's comprehensive MDS assessment, dated 06/01/2026, reflected a BIMS score of 14 which indicated intact cognition. The MDS reflected Resident #5 was dependent on helper for toileting hygiene. Record review of Resident #5's undated care plan reflected a Focus which included: Enhanced Barrier Precautions r/t Wounds. Date initiated -06/23/2026. This problem area included the following interventions: Staff members will wear a clean gown and gloves while performing high contact resident care activities to include Dressing, Bathing/Showering, transferring, providing hygiene, changing linens, changing briefs or toileting, assistance, and/or caring for indwelling medical devices like central lines, feeding tube, tracheostomy/ventilator. Date initiated: 06/23/2026 Staff to follow standard precautions. -Date initiated: 06/23/2026. Resident # 5's care plan also reflected a Focus which included: The resident is at risk of infection of the right hip ORIF (Open Reduction and Internal Fixation-a major orthopedic surgical procedure used to repair severe or displaced bone fractures. -Date initiated: 05/31/2026. This problem area included the following interventions: Administer antibiotic as per MD orders. Maintain universal precautions when providing resident care. -Date initiated: 05/31/2026 Observation on 06/23/2026 at 9:24 a.m. revealed CNA D went to Resident #5's room without performing hand hygiene. CNA D did not sanitize her hands when she came out of Resident #5's room and went down the hallway. Further observation revealed CNA D returned to Resident #5's room holding a box of cereal; she did not sanitize her hands before entering the room. CNA D placed the box of cereal on the resident's overbed table and then she lowered that table and pushed it closer to the resident. CNA D came out of Resident #5's room and sanitized her hands. In an interview on 06/24/2026 at 2:21 p.m. with CNA D, she stated that she has been trained in infection control. She stated that her last infection control in-service training was about month ago. That training covered hand hygiene, using PPEs when providing direct care to the residents in EBP rooms. Staff were to sanitize hands before entering residents' rooms and right after exiting the rooms. CNA D stated that she forgot to sanitize her hands when she went to Resident #5's room, and she did not sanitize her hands after she left Resident #5's room to bring resident a box of cereal. CNA D stated that she did not sanitize her hands before entering Resident #5's room with a box of cereal. She stated that not sanitizing hands before entering the residents' rooms and after exiting the rooms, could potentially cause residents infections. In an interview on 06/25/2026 at 10:48 am with LVN D, he stated he had been working in the facility for 5 years. LVN D stated he was provided with infection control in service training every month. These in service training covered hand hygiene, wiping down medical equipment, changing gloves between ADLs, and what PPEs to be used when going to the residents' rooms on EBP. He stated that staff was to sanitize hands before and after going to the residents' rooms. He stated that not following hand hygiene by staff could potentially cause cross contamination, residents could get infection and get sick. LVN D stated it was nurses' responsibility to ensure staff were sanitizing their hands when they were going in and out of the residents' rooms. In an interview on 06/25/2026 at 2:03 p.m. with CNA E, she stated she was working in the facility for 4 months. She stated she had been trained in infection control during the job onboarding, and she had (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	monthly infection control in-services. She stated that the infection control in-service covered hand hygiene procedures, use of PPEs, and when it used. She stated that staff must sanitize hands before going into the residents' rooms and right after coming out of the residents' rooms. If staff were providing direct care, staff were to wash their hands with soap and water and put on gloves. CNA E stated that not following hand hygiene procedures, may spread infection from one resident to another. In an interview on 06/25/2026 at 3:33 p.m. with the DON, she stated she had been working in the facility since April of that year. She stated her last infection control in-service was last week, it covered use of PPEs and why it was used, hand washing, hand sanitizing. She stated that staff were expected to sanitize their hands before going into residents' rooms and after exiting the rooms, and staff was expected to be washing their hands after visiting 3 residents' rooms. She stated hand hygiene was important to prevent transmission of infection; to prevent potential outbreaks of infection. She stated that all nurse management, including administration, were to monitor staff for following hand hygiene procedures. In an interview on 06/25/2026 at 3:51 PM with the ADM she stated that she had infection control in-service training every month. The ADM stated that monthly infection control training covered proper hand washing, wearing PPEs, gowning up if care was provided to the residents in EBP rooms, properly disrobing. She stated that staff were expected to follow infection control procedures because residents were at risk of potentially getting infections which could require taking them antibiotics. The ADM stated hand sanitizing was not required if staff were not touching anything in the residents' rooms. She stated every hall in the facility had ambassadors to oversee if staff were following the proper infection control protocols. 3. Record review of Resident #76's undated face sheet reflected an 81-year male with admission date 06/08/2026. Resident #76 had diagnoses that included end stage renal disease (final, irreversible stage of chronic kidney disease), renal osteodystrophy is a serious bone disease that develops as a complication of chronic kidney disease), cognitive communication deficit (communication difficulty caused by disrupted brain function rather than a primary language disorder) Record review of Resident #76's comprehensive MDS assessment, dated 06/08/2026 reflected no BIMS score was indicated. Record review of Resident #76's undated care plan reflected Enhanced Barrier Precautions r/t Foley catheter and dialysis. Date initiated -06/23/2026. This problem area included the following interventions: Staff members will wear a clean gown and gloves while performing high contact resident care activities to include Dressing, Bathing/Showering, transferring, providing hygiene, changing linens, changing briefs or toileting, assistance, and/or caring for indwelling medical devices like central lines, feeding tube, tracheostomy/ventilator. Date initiated: -06/23/2026 Staff to follow standard precautions. -Date initiated: 06/23/2026. The care plan also reflected a Focus which included: The Resident #76 has renal failure r/t end stage disease Date initiated: 06/09/2026. This problem area included the following intervention: Assist resident with ADLs and ambulation as needed Date initiated: 06/09/2026. During an observation of incontinent care on 04/22/2026 at 9:41 a.m. CNA F and ADON D revealed, as they were prepared to perform perineal care for Resident #76, they both put on PPE before entering the high-risk Resident #76's room. Resident #76 was lying supine (on his back) in bed. CNA F explained her intention to perform peri care; resident verbalized a response. CNA F and ADON D washed their hands, then came out and donned (putting on an article of clothing, an accessory, or a piece of equipment) clean gloves. CNA F performed incontinent care using one cleaning wipe for one swipe, front to back. CNA E and ADON D assisted Resident #76 to turn to his left side, where the resident's buttocks were exposed. Resident #76 had a small bowel movement. CNA F donned clean gloves after sanitizing her hands and pulled out a one clean wipe. She swiped Resident #76's right side of buttocks and using the same wipe CNA F applied the wipe on Resident (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Cypress Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Sadler San Marcos, TX 78666	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#76's fecal matter and removed it. She removed her soiled gloves, performed hand hygiene and donned clean gloves. CNA F and ADON D assisted Resident #76 with positioning him on his back and applied a clean brief. CNA F changed gloves and gathered the trash. CNA F and ADON D removed their gloves and washed hands. In an interview on 06/24/2026 at 12:45 p.m. with ADON D, she stated that she was a nurse educator. She stated she observed that CNA F did not thoroughly clean Resident #76's buttocks and anal areas before applying a new brief. She stated she was assisting CNA F with repositioning Resident #76 during the peri care. She stated she was to start incontinent and peri care in -service training for staff. ADON D stated that not following proper perineal care protocol could potentially cause residents of developing skin infections. In an interview on 06/25/2026 at 8:24 AM with Resident #76's FM she stated that she wanted her brother to be cleaned properly. She stated, I want it to be done right. I want them to clean my brother thoroughly. He recently had a UTI and he is going for dialysis three times a week so any skin infection can affect his health negatively. In an interview on 06/25/2026 at 2:45 p.m. with CNA F, she stated that she had been working in the facility for 3.5 years. She stated that that she was very nervous while providing peri care to Resident #76. She stated she should have thoroughly cleaned resident's anal area to remove feces using one wipe for one swipe and both sides of resident's buttocks were to be cleaned as well. CNA F stated if incontinent care was not provided thoroughly, it could have irritated the skin and potentially causing skin breakdown and infection. In an interview on 06/25/2026 at 3:33 p.m. with the DON, she stated staff were expected to follow proper peri care and infection control protocols. She stated that that staff was expected to use as many wipes as it takes to thoroughly clean residents during perineal care. DON stated that residents could get skin irritation, skin breakdowns and skin infections if staff did not follow the perineal care procedures and thoroughly clean residents' skin during perineal care. In an interview on 06/25/2026 at 3:51 PM with the ADM, she stated that staff were expected to completely clean residents' skin while providing perineal care to prevent infection, UTIs, and skin breakdowns. She stated that staff were provided with multiple steps for providing proper perineal care to the residents during orientation to the job, during staff competencies and skill check offs. Record review of the facility's policy titled Disinfection of Resident-Care Equipment dated October 2022 reflected Resident-care equipment can be a source of indirect transmission of pathogens. Reusable resident care equipment will be cleaned and disinfected in accordance with current CDC recommendations in order to break the chain of infections. Reusable multiple-resident items are items that may be used multiple times for multiple residents. Examples include stethoscopes, blood pressure cuffs, feeding tube pumps, and oxygen concentrators. Multiple-resident use equipment shall be cleaned and disinfected after each use. Record review of the facility's Hand hygiene Policy dated 06/2020 reflected: Purpose- To ensure that all individuals use appropriate hand hygiene while at the Facility. Policy- The Facility considers hand hygiene the primary means to prevent the spread of infections. B. Alcohol-based hand hygiene products can and should be used to decontaminate hands: i. Immediately upon entering a resident occupied area (single or multiple bedrooms, procedure or treatment room) regardless of glove use. ii. Immediately upon exiting a resident occupied area (e.g., before exiting into a common area such as a corridor) regardless of glove use. iii. Before moving from one resident to another in a multiple-bed room or procedure area regardless of glove use. Record review of the facility's document titled, Hand hygiene policy revised on 06/2020 reflected: Purpose- To maintain cleanliness of the genital area, to reduce odor, and to prevent infection and skin breakdown. Policy- Perineal care is provided as part of a resident's hygienic program, a minimum of once daily and per resident need. Procedure: VI. Wash the pubic area. [NAME]. Turn resident to side. VIII. Wash, rinse and dry buttocks and peri-anal area without contaminating perineal area.		