

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/24/2025
NAME OF PROVIDER OR SUPPLIER  Pecan Valley Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  3838 E Southcross Blvd San Antonio, TX 78222	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption for 1 of 1 kitchen reviewed for sanitation. The facility failed to ensure the Dietary Manager used hair restraints properly while working in the kitchen. This failure could place residents who received meals or snacks from the kitchen at risk for food borne illness. The findings included: During an observation of the facility kitchen on 10/14/25 at 11:30 AM, the Dietary Manager (DM) was observed wearing a hair restraint over only part of her hair during meal preparation. The dietary manager wore a hair restraint over her ponytail but did not have a hair restraint covering the rest of her head. During an interview with the DM on 10/14/25 at 11:35 AM, the DM stated her expectation is for staff to always be wearing hair restraints in the kitchen. The DM further stated it was important for hair to be completely covered to ensure no hair gets in the food being prepared. The DM stated if hair fell into the food, there could be cross contamination, and the food would have to be remade. The DM stated the hair restraint was too small to cover her entire head and ponytail, but she would fix the issue immediately with an additional hair restraint. During an interview with the DON on 10/14/25 at 4:07 PM, the DON stated her expectation regarding hair restraints was that everyone in the kitchen should have a hairnet or hat on to prevent hair from falling into the food. The DON further stated if hair restraints are not worn properly, hair could fall into the food during preparation and result in contamination. During an interview with the Administrator on 10/16/25 at 12:45 PM, the Administrator stated his expectation regarding hair restraints was for hair to be fully covered by the restraint to prevent hair from falling into food. The Administrator further stated if hair fell into food, the food would have to be tossed out for sanitation. Review of the facility policy titled Dietary Services, with a revision date of 10/2007, noted It is the policy of this facility that the food service area shall be maintained in a clean and sanitary manner. Review of the Food Code, U.S. Public Health Service, U.S. FDA, 2022, U.S. Department of H&amp;HS, revealed, 2-402 Hair Restraints, 2-402.11, Effectiveness., (A) Except as provided in paragraph (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 676250	If continuation sheet Page 1 of 1