STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676297	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rio at Mission Trails	6211 S New Braunfels Ave San Antonio, TX 78223

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. Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and time frames to meet a resident's medical and nursing needs to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents (Resident #1) reviewed for care plans in that: Resident #1's comprehensive person-centered care plan did not address interventions due to the diagnosis of osteopenia (a condition of low bone mineral density, weakening bones). This failure could place residents at risk of not receiving appropriate treatment and services.The findings were: Record review of Resident #1's face sheet, dated 4/7/26, revealed an admission date of 2/4/2026 with diagnoses that included: Depression (persistent feeling of sadness and loss of interest), Arthritis (bone disease causing inflammation, pain, stiffness, and swelling in joints), and Diabetes (disorder when the body cannot use its insulin effectively). Record review of Resident 1's admission MDS assessment, dated 1/26/2026, revealed Resident #1's BIMS score was 3, which indicated severe impairment. Record review of Resident #1's care plan, last review/revision date 2/10/2026, did not reveal a care plan for osteopenia. Record review of Resident #1's hospital clinical paperwork, dated 1/25/26, revealed the resident had a diagnosis of osteopenia prior to admission to the nursing facility. During an interview with Resident #1's responsible party on 4/7/2026 at 8:30 AM revealed, all nursing staff should know [Resident #1's] diagnosis of osteopenia to help care for her needs, During an interview on 04/7/26 at 10:09 a.m., the DON stated the MDS Coordinator, or any nurse, was responsible for updating the care plans. The DON stated the comprehensive person-centered care plan was essential because it identified the types of care and services residents were supposed to receive. She does not know why it was not done for Resident #1 but would look into it. During an interview on 04/07/26 at 10:58 a.m., the MDS Coordinator stated she was responsible for developing and revising the comprehensive person-centered care plan. The MDS Coordinator stated the comprehensive person-centered care plan was important because it contained information on how to care for Resident #1 and identified the types of services the resident needed. She did not know why it was not completed, but thinks it was overlooked and would start auditing care plans. Record review of the facility's policy and procedure titled, Comprehensive care planning, undated revealed in part, .Policy Statement .An individualized comprehensive care plan that included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident .1. Our facility's Care Planning/Interdisciplinary Team .develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain .3. Each resident's comprehensive care plan is designed to: a. Incorporate identified problem areas .b. Incorporate risk factors associated with identified problems .8. Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change .9. The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans .d. at least quarterly .

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