| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676297 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Rio at Mission Trails | 6211 S New Braunfels Ave<br>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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights for 1 (Resident #1) of 1 residents that either the resident or their responsible party had a complaint or concern related to the facility reviewed for grievances. The facility failed to implement a grievance process to address resident and responsible party concerns or complaints when Resident #1's next of kin brought complaints to the facility staff that were not addressed as grievances. This failure could place the residents at risk for a decreased quality of life and care within their living environment, and/or not having their needs met.Findings included: Record review of Resident #1's admission Record, dated 06/23/2026, revealed a [AGE] year-old male that admitted to the facility 05/28/2026 with diagnosis that included Type 2 Diabetes Mellitus with Ketoacidosis (can affect individuals with type 2 diabetes-particularly during severe infections, extreme stress, or when insulin therapy is interrupted); Acute Kidney Failure (a sudden loss of kidney function that develops within hours or days); Metabolic Encephalopathy (a general term for global brain dysfunction caused by chemical imbalances in the body, rather than a primary physical brain injury); and Chronic Kidney Disease (where your kidneys are damaged and cannot filter blood properly). Record review of Resident #1's admission MDS, dated [DATE], revealed a BIMS score of 15 which indicated cognition intact. Record review of Resident #1's Care Plan, dated 05/29/2026, revealed monitoring of Endocrine system related to cancer and kidney disease and failure, monitoring related to a pacemaker, monitoring for renal failure related to kidney disease, and monitoring of signs and symptoms of complications related to diabetes mellitus. Record review of Resident #1's Order Summary Report, dated 06/23/2026, revealed orders for Humalog KiwkPen 100UNIT/ml inject per sliding scale: if 150-200+ 2 units; 201-250+ 4 units; 251-300+ 6 units; 301-350+ 8 units; 351-400+ 10 units; 401+ administer 10 units and notify MD, subcutaneously before meals and at bedtime. Order Summary Report also revealed Lantus SoloStar Pen-Injector 100UNIT/ml inject 20 units subcutaneously at bedtime. During an interview on 06/23/2026 at 11:13 am, Resident #1's next of kin revealed that she shared multiple complaints with the facility regarding everything from showers to medications. Resident #1's Next of Kin revealed that she expressed to the ADMIN that Resident #1 was not receiving his medications correctly as well as the bed linen being dirty. During an interview on 06/23/2026 at 1:56 pm, the ADMIN revealed that Resident #1's Next of Kin made frequent complaints about everything under the sun and was a frequent complainer and that it would be difficult to document everything. The ADMIN revealed that if it was something easy to address right away, they did not fill out a grievance form. The ADMIN also stated they only file Formal Grievances in PCC. The ADMIN explained that a Formal Grievance was where the word Grievance was used. The ADMIN said they could not say how the facility proved that a complaint was addressed or how issues were tracked and trended. The ADMIN stated that they visited residents often during their ?Champion Rounds' in the mornings and managers shared that info at stand-up. During an interview on 06/23/2026 at 2:04 pm near the dining room, two of the four unknown residents stated that they did not know how to file a grievance. One of four unknown residents stated they would notify the SW. All (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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676297 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Rio at Mission Trails | 6211 S New Braunfels Ave<br>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 0585<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | four residents said they felt that if they used verbiage along the lines of issue, complaint or concern they expected the facility to handle and address the issues and give them some type of resolution, with updates along the way. None of the four residents claim that the word Grievance would have been used by them when reporting issues. During an interview on 06/23/2026 at 2:18 pm, the ADMIN, DON and SW revealed that if staff goes to the SW about a grievance, she entered it into PCC. The DON revealed she sent texts to ADMIN and SW when a resident claimed they have a grievance. The ADMIN, DON and SW stated that if a concern was voiced, they discussed it at stand-up with the team and then they clarified that the follow-up to ensure that the concern was addressed and followed up again at stand-down. During an interview on 06/23/2026 at 2:41 pm, the ADMIN revealed that the facility did not have a policy for their stand-up and stand-down to explain how the meeting was set-up, how issues were addressed and how follow-up was determined. The ADMIN did not have an answer for how oversight within the facility or from outside entities were accomplished without documented addressment of concerns or complaints. Record review of Grievances submitted to the Social Worker and documented in PCC, dated 06/23/2026, revealed three grievances from 05/01/2026 through 06/23/2026. Grievance 1 was 06/19/2026; Grievance 2 was 06/10/2026; and Grievance 3 was on 05/12/2026. Record review of the facility policy titled, Grievance Policy, DATED 11/21/2016, revealed the facility must make prompt efforts to resolve any grievances the resident may have. Policy also reflected that the facility was to keep record of grievance results for a period of no less than three years from issuance of the grievance decision. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676297 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Rio at Mission Trails | 6211 S New Braunfels Ave<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, in accordance with accepted professional standards and practices, the facility failed to maintain medical records on each resident that were complete, accurately documented, readily accessible, and systematically organized for 1 (Resident #1) of 5 residents reviewed for medical records. The facility failed to ensure that Resident #1's insulin documentation was accurately recorded in the electronic medical record. This failure could place residents at risk for errors in care and treatment. Findings included: Record review of Resident #1's admission Record, dated 06/23/2026, revealed a [AGE] year-old male, admitted [DATE], with diagnoses that included Type 2 Diabetes Mellitus with Ketoacidosis (can affect individuals with type 2 diabetes-particularly during severe infections, extreme stress, or when insulin therapy is interrupted); Acute Kidney Failure (a sudden loss of kidney function that develops within hours or days); Metabolic Encephalopathy (a general term for global brain dysfunction caused by chemical imbalances in the body, rather than a primary physical brain injury); and Chronic Kidney Disease (where your kidneys are damaged and cannot filter blood properly). Record review of Resident #1's admission MDS, dated [DATE], revealed a BIMS score of 15 which indicated cognition intact. Record review of Resident #1's Care Plan, dated 05/29/2026, revealed monitoring of Endocrine system related to cancer and kidney disease and failure, monitoring related to a pacemaker, monitoring for renal failure related to kidney disease, and monitoring of signs and symptoms of complications related to diabetes mellitus. Record review of Resident #1's Order Summary Report, dated 06/23/2026, revealed orders for Humalog KwikPen 100UNIT/ml inject per sliding scale: if 150-200+ 2 units; 201-250+ 4 units; 251-300+ 6 units; 301-350+ 8 units; 351-400+ 10 units; 401+ administer 10 units and notify MD, subcutaneously (under the skin) before meals and at bedtime. Order Summary Report also revealed Lantus SoloStar Pen-Injector 100UNIT/ml inject 20 units subcutaneously at bedtime. Record review of Resident #1's Weights and Vitals Record, dated 06/23/2026, revealed that Resident #1's blood sugar checks on 06/08/2026 was done at 7:44 am, 4:34 pm, 4:38pm, 8:09pm and 8:10 pm. Blood sugar check documentation on 06/05/2026 was done at 11:37 am, 11:39 am, 5:34 pm, 9:37 pm, and again at 9:37 pm. Blood sugar check documentation on 06/04/2026 was done at 11:30am, again at 11:30 am, 5:38 pm, 8:11 pm, and 8:12 pm. Blood sugar check documentation on 05/31/2026 was done at 12:33 am, 12:36 am, 3:09 pm, again at 3:09 pm, 5:19 pm, and 8:43 pm. Blood sugar check documentation on 05/30/2026 was done at 9:51 am, 11:17 am, and 5:00pm. During an interview on 06/23/2026 at 1:45 pm, LVN A stated that the process he used for insulin administration was that he took the residents blood sugar, returned to computer to document the blood sugar, the electronic medical record told him how many units to give, he drew up the insulin, administered it to the resident and then returned to computer to document the location of the injection. LVN A stated that the electronic medical record transferred the blood sugar level from the medication administration page to the weights and vitals page automatically when entered and signed and that he never checked the blood sugar and administered the insulin without documenting it in electronic medical record because the blood sugar was always changing. LVN A also stated that proper procedure was to document when tasks were being completed. LVN A also stated Resident #1 gets insulin on his shift before breakfast, before lunch, and before dinner. During an interview on 06/23/2026 at 2:18 pm, the ADMIN and DON stated that the expectation for insulin administration was to check the sugar, check the resident's orders for amount to administer, and after administering insulin return to document location. The ADMIN and DON both stated that insulin should never be administered without following order if stated to check blood sugar first and that administration should be documented when completed, not later during the shift or after the shift. During an interview on 06/23/2026 at 3:10 pm, the ADMIN stated the negative impact for not documenting medications on time could be that residents did not receive the appropriate medications<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 676297 | A. Building<br>B. Wing | 06/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Rio at Mission Trails | 6211 S New Braunfels Ave<br>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 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | or at the appropriate time. During an interview on 06/23/2026 at 4:15 pm, LVN A stated that he was unsure why the blood sugars for Resident #1 were not documented at appropriate times. LVN A stated he must have gotten busy and did not make it back to document it right away. LVN A stated that he would never administer insulin by checking the blood sugar first and not seeing the dose needed. LVN A stated that Resident #1's order stated that his blood sugar was to be checked and insulin administered if needed before breakfast, before lunch, before dinner and before bed. Record review of the facility policy titled, Medication Administration and General Guidelines, dated March 2025, revealed, Medications are administered as prescribed, in accordance with State Regulations using good nursing principles and practices and Adheres to the 6 Rights of Medication Administration: Right Time, Right Documentation. Record review of the facility policy titled, Documentation, dated March 2025, revealed information was to be documented in the resident's record correctly and timely as It has legal requirements regarding accuracy and completeness, legibility and timing. Record review also revealed that Documentation also occurs in the clinical software, electronic medical record, Point Click Care (PCC). |