STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676331	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hunters Pond Rehabilitation and Healthcare	9903 Hunters Pond San Antonio, TX 78224

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure assessments accurately reflected the resident's status for 1of 5 residents (Residents #1) reviewed for resident assessments. The facility failed to ensure Resident #1's BIPAP was reflected on the quarterly MDS assessment dated [DATE]. BIPAP and oxygen were not reflected on her discharge MDS assessment dated [DATE]. This deficient practice could place residents at risk of missed or inaccurate care.The findings include: Record review of Resident #1's electronic face sheet dated 06/03/2026 reflected a [AGE] year-old female admitted on [DATE]. Her diagnosis included: chronic obstructive pulmonary disease (condition involving constriction of the airways and difficulty or discomfort in breathing). Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected under Section I Active Diagnoses she had chronic obstructive pulmonary disease. She was noted to be oxygen therapy while a resident. Non-invasive mechanical ventilator to include BIPAP was not checked. Record review of Resident #1's comprehensive care plan dated 08/27/2024 reflected Focus, has oxygen therapy r/t CHF, Interventions, resident refused BIPAP at times. Record review of Resident #1's discharge MDS assessment dated [DATE] reflected under Section I Active Diagnoses she had chronic obstructive pulmonary disease and was not noted to have oxygen or Bipap at discharge. Record review of Resident #1's Active Orders as of 02/01/2026 reflected Apply VPAP at HS at 26, 8 with 35% setting per PCP to achieve adequate ventilation, start date 09/08/2024, O2 at 2-4 L/Min continuous every shift, start dated 09/07/2024. Record review of Resident #1's MAR dated 02/01/2026 to 02/28/2026 reflected she had VPAP placed on at nighttime each night from 02/01/2026 to 02/05/2026 and refused it on 02/03/2026. Record review of Resident #1's MAR dated 05/01/2026 to 05/31/2026 reflected she had VPAP placed on at nighttime each night from 05/01/2023 until discharge from the facility on 05/9/2026. She had oxygen at 2-4 L/Min continuous every shift from 05/01/2026 until 05/09/2026 when she was discharged from the facility. During an interview on 06/03/2026 at 2:10 pm, LVN A stated Resident #1 used oxygen continually up until discharge and she had BIPAP at night. During an interview on 06/03/2026 at 2:30 pm, LVN B stated Resident #1 would use VPAP each night. An interview with the MDS nurse on 06/04/2026 at 5:30 PM revealed Resident #1 was a resident at the facility for years. MDS nurse stated it was her responsibility to ensure the accuracy of MDS when she completed them. The MDS nurse stated resident used a trilogy machine as a non-invasive mechanical ventilator. The MDS nurse stated resident used a trilogy machine for a while, but she could not remember the start date. The MDS nurse stated the trilogy machine was not coded on the most recent quarterly MDS dated [DATE], or on the discharge MDS dated [DATE]. The MDS nurse stated resident's use and refusal to use the trilogy machine was documented on the resident's care plan so there would have been little to no effect on the resident when the trilogy machine was not coded on the MDS. The MDS nurse stated by not coding the trilogy machine as a non-invasive mechanical ventilator could have resulted in the residents not getting the care they needed. When asked for a facility policy on completing MDS, the MDS nurse stated the facility followed the RAI manual when they completed MDS. An interview with the DON on 06/04/2026 at 6:15 PM revealed the facility followed the RAI manual when they were completing an MDS. The DON stated Resident 1 was (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
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a long-term resident that used a trilogy machine. The DON stated a trilogy machine was like a CPAP/BIPAP and should have been coded on the MDS under non-invasive mechanical ventilator. The DON stated non-invasive mechanical ventilator was not coded on the most recent quarterly MDS, dated [DATE], or on the discharge MDS, dated [DATE], for Resident #1. The DON stated the MDS error could have resulted in the residents not getting the care or services they needed. The DON stated the MDS nurses were responsible to ensure the accuracy of the MDS prior to submitting them. Record review of the CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.20.1, dated October 2025 reflected The RAI process has multiple regulatory requirements. Federal regulation required the assessment accurately reflects the resident's status.