STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676378	A. Building B. Wing	11/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sorrento	2739 Babcock San Antonio, TX 78229

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. (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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(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	Based on interview and record review, the facility failed to consider the views of the 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 1 of 1 resident council reviewed. The facility failed to follow up on concerns and requests expressed in resident council meetings September 2025 through November 2025. The facility failed to provide the resident council group with a response, actions, and rationale taken regarding their concerns. This failure placed residents at risk of not having their grievances followed up and addressed. Findings included: Review of the Resident Council minutes reflected the following with no documentation of the facility's responses to the grievances:09/30/2025 reflected: 3) New Business New Concerns socks missing.informed about van out of commission due to window shattered. Resident Notes included specific details of numerous articles of clothing missing or lost and not returned once it left for laundry. Food service addressed concerns with separating side salad on a separate plate, serving hot food with only hot food on one plate and a separate plate only severing cold foods; bread separated from meal; and baking a variety of cookies including sugar free and ensuring they were soft instead of hard.10/30/2025 reflected: food - salad bad.lunch served late 200 hall/100 hall.morning shift doesn't answer lights.In an interview on 11/29/2025 at 4:15 PM, the DON stated the new Social Worker took over activities this week as the former Activities Director resigned due to medical reasons. He stated the Social Worker would be temporarily responsible for working with the resident council group and addressing group grievances. He stated he would need to locate the resident council group grievance forms. He stated the ED and DON would assign individual and group grievances to the department heads specific to the grievance to address.In an interview on 11/29/2025 at 5:25 PM, the DON stated he and the Assistant ED were tasked with handling grievance requests. He stated the grievances were addressed, sometimes not the answer the resident may want, but the management team always did their best to find a solution and provide a response to the resident. He stated the grievance process provided the residents with an opportunity to discuss concerns in a constructive way. He stated all staff were aware that if a resident requested to write a grievance they could submit on their behalf electronically or they could provide the resident with a paper form to fill out. He stated he would need to circle back on the specific details of the council group grievances.In an interview on 11/30/2025 at 10:50 AM, CNA A stated if a resident was not allowed to file a grievance it would make them feel terrible, like no one cared. She stated if the facility didn't provide a response to the residents' grievances it could make them wonder if staff even cared or if the grievance form went into the trash.In an interview on 11/30/2025 at 10:59 AM, CNA B stated she has received training in the last week on resident rights. She was knowledgeable of resident rights and stated staff should always respect a resident's decisions, so they didn't feel bad. She stated if a resident was not allowed to file a grievance, they would feel wronged as they had a right to say what they wanted and don't want and address concerns. She stated if the facility didn't provide a response to the residents' grievances it could make them feel bad and feel as if they are not being heard.In an interview on 11/30/2025 at 11:36 AM, the ADON stated she had been employed 45 days at the facility. The ADON stated she received resident rights training during her new hire onboarding, she was knowledgeable of Resident Rights, and she provided examples. The ADON stated resident grievance forms were designated at the nurses' stations and could be filled out on paper or electronically. She stated grievances were worked on by the ED, she would make sure the right department was correcting it, and a conclusion was usually received by the end of the day. She stated the residents were notified of the outcome and are involved in every step of the process. She stated typically either the ED, DON, or herself would notify the resident of the resolve if there was one. She stated if resident grievances were not addressed by the facility, it could make the residents feel hopeless.In an interview on 11/30/2025 at 11:58 AM, the AED stated she had been employed three weeks at the facility. The AED was knowledgeable of resident rights, she provided examples, and she stated she has educated the nursing staff on the topic. She stated she received resident grievances often and was responsible for speaking to the residents. She stated at times she would have residents come up to her and verbally notify her of a grievance, she would ask for details, and if something could be solved immediately, she would take care of it herself and enter a progress note in their chart. She stated, if necessary, she would conduct an in-service with the nursing staff and educate staff if they were doing something that was not correct and do their best to correct it. She stated all grievances, individual and resident council group grievances would give