

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676478	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2026
NAME OF PROVIDER OR SUPPLIER Harbor Valley Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 Old Pearsall Road San Antonio, TX 78242	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to permit a resident to return to the facility after being hospitalized and failed to document sufficient preparation and orientation to residents to ensure a safe and orderly transfer or discharge from the facility for 1 (Resident #1) of 3 residents reviewed for transfer and discharge rights, in that:Resident #1 was issued a 30 day discharge letter on 12/01/2025 for nonpayment. Resident #1 was transferred to the hospital on [DATE] for a CT scan and was denied readmission to the facility. The facility did not document Resident 1's medical record the reason for not accepting Resident #1 to return to the facility.This failure could place residents at risk of not receiving care and services to meet their needs upon discharge.The findings included:Record review of Resident #1's undated face sheet revealed Resident #1 was a [AGE] year old female who admitted to the facility on [DATE] with diagnoses that included delusional disorder (a mental health disorder in which a person can't tell what's real from what's imagined), borderline personality disorder (a serious mental health condition characterized by intense emotional instability, impulsive behaviors and difficulties in interpersonal relationships), bipolar disorder (mental health condition characterized by significant mood swings) , dementia (syndrome characterized by a decline in cognitive function), depression (feeling of persistent sadness) and anxiety (a feeling of worry, nervousness or unease). Date of discharge on the face sheet was 12/10/2025 and location was listed as an acute care hospital.Record review of Resident #1's annual MDS assessment dated , 11/15/2025, revealed a BIMS score of 13, indicating no cognitive impairment. Section Q - Participation in Assessment and Goal Setting revealed there was no active discharge planning occurring for Resident #1 to return to the community.Record review of Resident #1's comprehensive care plan revealed a care plan, date initiated 01/20/2026, revision 01/20/2026 and cancelled 01/20/2026, that revealed, Cancelled: [Resident #1]'s discharge planning will honor her personal wishes, The expectation, based on care plan meetings and talking with [Resident #1], is to stay in facility for LTC.Record review of Resident #1's nursing progress notes revealed a note, dated 11/24/2025 at 10:44 a.m. that read, Administrator and myself entered room to give notice to resident of discharge d/t nonpayment, Resident started yelling and cursing stating that she had a court order that says she does not owe [facility initials] anything.Record review of Resident #1's A/R payment statement, 12/01/2025, revealed Resident #1 owed the facility a total of \$2017.60 and had not made a payment to the facility since April 2025.Record review of Resident #1's 30 day discharge letter, dated 12/01/2025, revealed the reason for discharge was, the resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) stay at the facility. The letter revealed, Discharge to [address] or [Nursing facility name and address]. The effective discharge date was January 1, 2026. The letter revealed, To ensure a safe and orderly transfer or discharge from [Facility name] the facility will provide sufficient preparation and orientation. In addition, the letter revealed, You</p> <p>(continued on next page)</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: 676478	Facility ID: 676478 If continuation sheet Page 1 of 4

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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>as practicable once the updated information becomes available. Record review of a facility policy titled, Documentation of Transfers/Discharges, revision date 09/13/2017, revealed, When a resident is transferred or discharged his or her medical record shall be documented as to the reasons why such action was taken. Policy Interpretation and Implementation revealed, 1. All documentation concerning the transfer or discharge of a resident must be recorded in the resident's medical record. The documentation must include:</p> <p>a. The basis for the transfer. B. If transferring/discharging for the resident's welfare and the resident needs cannot be met, or the resident's health has improved sufficiently so that the resident no longer needs the care and/or services of the facility, the following must be documented by the Resident's Physician: 1. The specific resident need(s) that cannot be met; 2. Facility attempts to meet the resident needs; and 3. The service available at the receiving facility to meet the need (s).</p>		