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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675974 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/21/2020 |
| NAME OF PROVIDER OF SUPPLIER MEDINA VALLEY HEALTH & REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 913 HWY 90 W CASTROVILLE, TX 78009 | |
| 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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 3 shower rooms (Shower Room Hall 100) reviewed for safety, in that: One overhead light cover was broken and shattered in Shower Room Hall 100. This deficient practice could place residents at risk for injury and psychosocial harm. The findings were: Observation on 9/18/20 at 10:00 AM of Shower Room in Hall 100 revealed 1 of 8 overhead light covers was broken and shattered. During an interview 9/18/20 at 10:00 AM with the DON (Director of Nursing), she confirmed that in Hall 100 Shower room [ROOM NUMBER] of 8 overhead light covers was broken and shattered. The DON stated, it is a safety hazard for the overhead covered to be broken and shattered because sharps could fall from the overhead cover and could injure a resident. During an interview on 9/18/20 at 11:10 Am with the Maintenance Director, he stated, it is a safety issue for an overhead cover to be shattered in the shower room (Hall 100) .there is a checklist to check on safety items .broken overhead cover was not on a work order . I confirmed 1 of 8 covers was broken and in need of replacement . During an interview on 9/18/20 at 11:40 AM with the Administrator, she stated, .there is a potential for sharps to fall and possibly injure a resident .the staff did not notify me about the need to repair the broken overhead cover . Record review of Tels (Maintenance Mobile Computer Application), undated, from a facility computer revealed, no specific section dealing with safety, maintenance, and cleanliness of overhead light covers. | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | (X6) DATE |

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.