

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455742</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN ANTONIO RESIDENCE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7703 BRIARIDGE SAN ANTONIO, TX 78230</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record reviews the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for 3 (Resident #1, Resident #2 and Resident #3) of 5 residents reviewed for infection control, in that: 1) CNA A did not perform hand hygiene while providing resident care for Resident #3. CNA A placed Resident #3's meal tray on the floor prior to entering Resident #3's room. The doffing station was located next to donning station outside of Resident #3's room. The medical waste box was located outside of Resident #3's room. 2) CNA B did not provide hand hygiene after direct resident care for Resident #1 and prior to caring for Resident #2. This deficient practice places residents at risk for harm by contracting communicable diseases. The findings: 1) Record review of Resident #3's face sheet, dated 8/13/2020, revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Observation on 8/13/2020 at 12:36 PM of Resident #3's room revealed a room under isolation protocol and droplet precautions. The room presented with a donning PPE (Personal Protection Equipment) station located directly outside of the Resident #3's room and next to it was a doffing medical waste box. A wall mounted alcohol-based gel hand hygiene dispenser was located directly outside the room. Further observation revealed CNA A approached Resident #3's room wearing a N95 Face Filtering Respirator (FFR) and no gloves while carrying Resident #3's lunch tray, she approached the donning station directly outside of Resident #3's room, she stopped and placed the lunch tray on the floor, donned a disposable plastic gown and surgical gloves, without washing her hands. CNA A then picked up the lunch tray from the floor, entered Resident #3's room, set the tray down on the bedside table and set up Resident #3's meal. CNA A exited the room and doffed her PPE and disposed of the PPE in the medical waste box next to the donning station by Resident's #3 door outside of the room and proceeded to go to the kitchen to retrieve utensils for Resident #3, without washing her hands. At 12:42 PM CNA A returned with utensils, did not perform hand hygiene, donned a disposable plastic gown and surgical gloves and entered Resident #3's room to deliver the utensils and continued to set up the meal. CNA A exited the room and doffed her PPE and disposed of the PPE in the medical waste box next to the donning station by the Residents door outside of the room, without performing hand hygiene. Interview on 8/13/2020 at 12:45 PM with CNA A confirmed she did not perform hand hygiene prior to donning PPE, after providing resident care, or after doffing PPE. CNA A confirmed she placed the lunch tray on the floor and said, Sorry, I didn't have anywhere to place the tray while I donned my PPE. CNA A confirmed the doffing medical waste box was outside of the room and stated, I usually doff my PPE inside the room. Record review from CDC.GOV, titled Implementation of Personal Protective Equipment (PPE) in Nursing Home to Prevent Spread of Novel or Targeted [MEDICAL CONDITION] (MDROs), revealed the following: - Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room [ROOM NUMBER] Record review of Resident #1's face sheet dated 8/13/2020 revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Observation on 8/13/2020 at 12:56 PM of Resident #1's room revealed Resident #1 in his room in his wheelchair. The room was under isolation protocol with a PPE donning station at the entrance of the room with a wall mounted alcohol-based gel hand hygiene dispenser. Further observation revealed CNA B wearing a N95 FFR and donning PPE (gown and surgical gloves) at the donning station outside of Resident #1's room without performing hand hygiene prior. Further observation revealed CNA B retrieved Resident #1's meal tray from the adjacent meal cart and entered Resident #1's room and placed the tray on the bedside table and set up the meal, doffed and disposed the gloves in the medical waste receptacle in the room, and exited the room without performing hand hygiene. CNA B then donned new surgical gloves, retrieved Resident #2's meal tray from the meal cart, entered into Resident #2's room, set the meal tray on the bedside table, set up the meal, doffed his gloves and disposed of them in the medical waste receptacle inside the room, and exited the room without performing hand hygiene. In an interview on 8/13/2020 at 1:05 PM with CNA B, he confirmed he did not provide hand hygiene prior to donning PPE and after doffing PPE in Resident #1's room after resident care. CNA B confirmed he exited Resident #1's room and donned new surgical gloves, retrieved Resident #2's meal tray from the meal cart, entered into Resident #2's room, set the meal tray on the bedside table, set up the meal, doffed his gloves and disposed of them in the medical waste receptacle inside the room and exited the room without providing hand hygiene. In an interview on 8/13/2020 at 3:00 PM the Director of Nursing (DON) confirmed the facility's Infection Prevention Infection Control (IPIC) policy is to have all staff perform hand hygiene prior to donning PPE, after resident care, and after doffing PPE. Further interview confirmed the facility policy and training for isolation protocols is for staff to doff PPE inside the isolation room and the medical waste receptacle should be located inside the isolation room. Record review of the facility's Hand Cleanser, Alcohol-Based Hand Sanitizer policy dated 2018, read Cleanse hands between resident contact. Record review of the facility's Infection Control policy (undated) read The facility will require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. Record review of the COVID-19 RESPONSE FOR NURSING FACILITIES, version 3.4, dated 8/12/2020, read Only donning or doffing should occur at any given time - do not perform these activities at the same time Perform hand hygiene before and after performing resident care, directly before exiting the isolation area, remove PPE, perform hand hygiene, exit isolation area, and directly after leaving the isolation area, perform hygiene prior to donning PPE, perform hand hygiene.</p>		
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.