

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455817	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER RETAMA MANOR NURSING CENTER/SAN ANTONIO NORTH		STREET ADDRESS, CITY, STATE, ZIP 501 OGDEN SAN ANTONIO, TX 78212	
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 0814 Level of harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly for 1 of 1 facility, in that: 1. One dumpster cover was open and the garbage could be seen. 2. There were several used gloves and two pieces of cardboard on the ground next to the garbage dumpster. These deficient practices could place residents at risk to germs and diseases carried by vermin and rodents. The findings were: Observation on 09/01/2020 at 8:47 a.m. revealed in the parking lot at the back of the building there was a dumpster with the cover open and trash was visible. Further observation revealed there were about nine used, clear gloves on the ground in the area of the dumpster that were partially rolled inside-out. Observation on 09/01/2020 at 12:05 p.m. revealed the dumpster cover was open. Further observation revealed there were nine gloves in the area of the dumpster, one large box on the ground next to the dumpster, and one large flat particle plywood that measured approximately 5 foot x 5 foot next to the dumpster. During an interview with the Charge Person for Laundry and Housekeeping on 09/01/2020 at 12:30 p.m., the Charge Person for Laundry and Housekeeping stated all staff were responsible for making sure the dumpster's cover was closed. The Charge Person for Laundry and Housekeeping further stated, her housekeeping staff and CNAs take out the trash. During an interview with the Infection Control Preventionist on 09/01/2020 at 12:30 p.m., the Infection Control Preventionist confirmed the dumpster's cover should have been closed. The Infection Control Preventionist confirmed the CNA's also took the trash out to the dumpster, and further confirmed all staff were responsible for disposing of trash properly. The Infection Control Preventionist confirmed the gloves, box, and flat particle plywood should have been placed in the dumpster, and stated the maintenance personnel made, rounds, outside of the building and he was, new. During an interview with the new Head of Housekeeping on 09/01/2020 at 2:00 p.m., the Head of Housekeeping confirmed the dumpster's lid should be kept closed, and stated also the facility would be receiving, two new dumpsters tomorrow. During an interview with the Administrator on 09/01/2020 at 3:21 p.m., the Administrator stated she had ,reached out to the city for a new dumpsters, and confirmed the trash should not be on the ground. Record review of the facility's policies and procedures revealed the facility did not have a policy or procedure for the disposal of trash and dumpster upkeep. Record review of the job description for the Maintenance Supervisor, dated 07/19/2012, revealed, Essential duties and responsibilities, second sentence 'maintenance and beautification of facility and ground.		
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.