

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER THE RIO AT MISSION TRAILS		STREET ADDRESS, CITY, STATE, ZIP 6211 S NEW BRAUNFELS AVE SAN ANTONIO, TX 78223	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents have a clean, comfortable, and homelike environment for 1 of 5 residents (Resident #1) reviewed for health and hygiene in his environment, in that: There was a large brown-colored stain in the middle of Resident #1's bed sheet, as well as on a towel on the bed. This deficient practice could place residents at risk for loss of self-worth. The findings were: Record review of Resident #1's face sheet, dated 06/25/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's MDS, dated [DATE], revealed the resident had a BIMS score of 13, which indicated the resident was cognitively intact, and was occasionally incontinent of bowel and bladder. Record review of Resident #1's care plan, dated 05/11/2020 with target date of 08/22/2020, revealed, focus section: he had mixed bladder incontinence with a goal to remain free from skin breakdown due to incontinence. Observation on 06/24/2020 at 12:15 p.m. in Resident #1's room revealed there was a slight brown-colored stain on the resident's bed sheet, and partially on a towel that was laying in the middle of the bed. Further observation revealed the stain on the bedsheet measured approximately 2 feet by 2 feet. During an interview with Resident #1 on 06/24/2020 at 12:15 p.m., the resident stated his bed, was wet since last night. Resident #1 further stated, they tell me they ran out of linen. During an interview with CNA Z on 06/24/2020 at 1:05 p.m., CNA Z confirmed there was a slight brown-colored stain on Resident #1's bed sheet, and partially on a towel that was laying in the middle of the bed. CNA Z stated that they had forgotten to change the resident's bed. CNA Z further stated Resident #1 had gone out to get his labs done and they were supposed to strip his bed - referring to cleaning the bed in its entirety. Observation on 06/24/2020 at 1:15 p.m. of Resident #1's bed revealed the resident's bed sheet and towel were still stained. During an interview with LVN Y on 06/24/2020 at 12:20 p.m., LVN Y confirmed there was a slight brown-colored stain on Resident #1's bed sheet, and partially on a towel that was laying in the middle of the bed. LVN Y further stated the check and change (referring to changing the linen) should have been completed every two hours. Record review of the facility's Infection Control Policy and Procedure Manual, dated 2018, revealed, 1. Resident linens must be clean and dry and changed regularly.		
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.