

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 10/08/2020
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide an infection control program designed to prevent, recognize and control the onset and spread of infection to the extent possible for 1 of 2 Residents (Resident #1) whose care was reviewed in that: Resident #1's catheter bag was on the floor while the resident was lying in bed. This deficient practice could affect residents who had an indwelling catheter and could place them at risk for infection. The findings were: Review of Resident #1's face sheet, dated 10/8/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Care Plan, dated 9/18/20, revealed Resident #1 had an indwelling catheter and required catheter bag and tubing below the level of the bladder and off of the floor at all times. Observation on 10/8/20 at 9:42 a.m. revealed Resident #1 in a low bed with the indwelling catheter bag on the floor next to the bed. During an interview on 10/8/20 at 9:42 a.m. PT A confirmed Resident #1's indwelling catheter bag was on the floor and should not be because it was an infection control issue. During an interview on 10/8/20 at 9:48 am. Corporate Nurse B confirmed Resident #1's indwelling catheter bag should not be on the floor because it was an infection control issue. During an interview on 10/8/20 at 2:54 p.m. the DON stated it was the expectation of the staff to keep indwelling catheters off the floor due to cross contamination and infection control issues. Record review of the facility policy titled Catheter Care, Urinary, revision date 9/2014, revealed in part .The purpose of this procedure is to prevent catheter-associated urinary tract infections .Be sure the catheter tubing and drainage bag are kept off the floor .		
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.