

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675690	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN ESTATES REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 130 SPENCER LN SAN ANTONIO, TX 78201	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record review, 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 1 of 1 resident (Resident #1) reviewed for infection control, in that: LVN A cleaned Resident #1's wound to inner left ankle LVN A then proceeded to retrieve a new sterile gauze to clean Resident #1's wound to the outer left ankle with the same soiled gloves. This deficient practice could affect residents who receive wound care and place them at risk of infection by cross contamination. The findings were: Review of Resident #1's undated face sheet revealed an admission date of [DATE] and readmission on 02/24/2020 with [DIAGNOSES REDACTED]. Observation on 03/31/2020 at 12:20 PM of Resident #1's wound care revealed LVN A cleaned Resident #1's wound to inner left ankle LVN A then proceeded to retrieve a new sterile gauze to clean Resident #1's wound to the outer left ankle with the same soiled gloves. In an interview on 03/31/2020 at 1:30 PM, LVN A revealed she was not aware that she did not change her soiled gloves prior to selecting new and sterile gauze from its container. In an interview on 03/31/2020 at 2:45 PM, the DON revealed gloves should be changed regularly during wound care. Review of the facility's Wound Care policy dated December 2019 read 6. Put on gloves . 7. Use no-touch technique 8. Pour liquid solutions directly on gauze sponges on their papers. 9. Wear exam gloves for holding gauze 10. Wear sterile gloves when physically touching the wound or holding a moist surface over the wound.</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.