

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CORONADO AT STONE OAK</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19638 STONE OAK PARKWAY SAN ANTONIO, TX 78258</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, 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 (Residents #1) observed for infection control practices, in that: LVN A did not change her non-sterile gloves while providing wound care on Resident #1 This deficient practices could place residents at risk for infections and cross contamination. The findings were: Record review of Resident #1's face sheet, dated 6/18/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Physician order [REDACTED].#1's Significant Change MDS, dated [DATE], revealed a BIMS score of 9 which indicated that the resident had moderately impaired cognition for daily decision-making skills, required 2-person physical assist with bed mobility and transfers, required use of an indwelling urinary catheter and was frequently incontinent of bowel. Observation on 6/18/20 at 8:55 a.m. revealed LVN A, while providing wound care to Resident #1, washed her hands, donned gloves, opened 2 [MEDICATION NAME] of saline, moved to Resident #1's bedside, pulled back the bed sheets, adjusted the bed with the remote and pulled back Resident #1's incontinence brief. LVN A did not change her gloves or washed her hands after touching contaminated personal items then proceeded provide wound care on Resident #1 with soiled gloves. During an interview on 6/18/20 at 9:00 a.m., LVN A said she ordinarily used a tongue depressor to apply the Triad treatment cream on Resident #1's wound on the sacrum and confirmed using her gloved finger would have caused cross contamination. During an interview on 6/18/20 at 9:27 a.m., the DON confirmed LVN A should have changed her gloves when touching Resident #1's personal items before proceeding with wound care. Review of the facility Handwashing Skills Check List, dated 2/14/11, revealed in part .Wash hands and apply fresh gloves .Discard dressing and gloves in red (biohazard) .wash hands and apply new gloves . Review of the CDC guideline Hand Hygiene in Healthcare Settings, dated 1/30/20, revealed in part .Change gloves and perform hand hygiene during patient care, if .gloves become visibly soiled with blood or body fluids following a task .moving from work on a soiled body site to a clean body site on the same patient .</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.