

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2020
NAME OF PROVIDER OF SUPPLIER MCCULLOUGH HALL NURSING CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 603 S W 24TH ST SAN ANTONIO, TX 78207	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury were reported to other officials (including to the State Survey Agency) in accordance with State law through established procedures for 1 of 1 resident (Resident #1) reviewed for injury of unknown source, in that: The facility did not immediately report to HHSC a fracture of unknown origin to Resident #1's right humerus. This deficient practice could place residents at risk of abuse and neglect and could result in residents not receiving proper care and treatment. The findings were: Review of Resident #1's face sheet (undated) revealed admission to Facility on [DATE] with readmission on [DATE] with [DIAGNOSES REDACTED]. Further review confirmed that resident was admitted to hospice on [DATE] and expired on [DATE]. Record review of Resident #1's significant change MDS dated [DATE] revealed a BIMS of 00 (a brief interview for mental status gives a quick snapshot of your current cognitive functioning. scores [DATE], 0 being lowest level and 15 being cognitively intact). Record review of Resident #1 nurses' notes revealed a nurses note dated [DATE] 22:08:19 (10:08PM) that read CNA asked this nurse to assess resident's R arm. Upper arm and shoulder slightly swollen and warm to touch. Resident has dark discoloration to right elbow. Resident winces when right arm is moved. Call placed to physician (sic), obtained orders for X-ray to right arm, shoulder and elbow. Called x-ray company (sic) to obtain order, confirmation number is 132. DON and MPOA notified. Record review of Resident #1 nurse's notes revealed a nurses note by DON that read Effective Date: [DATE] 00:18:00 (12:18AM) and Created Date: [DATE] 01:47:48(1:47AM), Rec'd STAT report of resident X-ray to right shoulder, arm, and elbow. Communicated to physician (sic) via telephone that report states: a fx involving the neck of the Humerus with modest displacement, modest callus noted and shoulder joint is intact. Report states correlation is needed with hx, symptomatology, and physical exam to determine acuity. Physician (sic) orders to support RUE with sling and discuss with RP if they would like resident to be sent out for further eval/treatment. Record review of Resident 1's radiology report dated [DATE] at 11:20:58PM, read There is a fracture involving the neck of the humerus with modest displacement. Modest callus is seen. The acromioclavicular and coracoclavicular joints are intact. Mild [MEDICAL CONDITION] changes are seen. Conclusion: Humeral fracture as described above. Correlation is needed with history, symptomatology, and physical exam to determine precise acuity. Record review of facility investigation report for intake 6 revealed the facility reported the incident to HHSC on [DATE] at 3:04PM (39 hours after facility was notified of fracture). Interview with Administrator on [DATE] at 4:00PM, confirmed that she was new to the facility and it was her second week of employment. The Administrator confirmed knowledge of reporting timeframes for HHSC for abuse, neglect, and significant injuries of unknown origin. The Administrator was able to find the facility self-report for Resident #1 and confirmed that it was reported to HHSC late on [DATE] at 3:04PM by the previous Administrator. Interview with DON on [DATE] at 4:15PM, confirmed that she was the nurse working the night of [DATE] to [DATE] and was notified with x-ray results for Resident #1. The DON reported Resident #1 was not interviewable and was unable to tell staff how her arm was hurt. The DON confirmed she was notified of the fracture on [DATE] at 12:18AM and that she notified the previous administrator of the fracture at 12:25AM on [DATE]. The DON further stated that the previous administrator told her that she would take care of it and would do a facility self-report to HHSC. The DON stated that she was unaware until now that the fracture was not reported to HHSC within the 2-hour time frame for Resident #1. Record review of training for abuse and neglect dated [DATE] page 6 read, Element 3 -Report Suspected Abuse- All suspected abuse, neglect, exploitation, mistreatment, injuries of unknown source and misappropriation of property must be reported IMMEDIATELY to the Administrator- and state agency: within 2 hours</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.