

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER HACIENDA OAKS NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1637 N KING ST SEGUIN, TX 78155	
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 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on, interview and record review, the facility failed to maintain adequate medical records in accordance with acceptable standards and practices for each resident that were complete and were accurately documented for 3 of 5 residents (Residents #1, #2 and #3) observed in that: This deficient practice could place residents at risk for inaccurate documentation of vital signs and could result in a decline in health or contracting Coronavirus 19 (COVID-19). The findings were 1. Record review of Resident #1's face sheet, dated 8/07/20, revealed the resident admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Significant Change MDS, dated [DATE], revealed a BIMS score of 6, which meant the resident had severely impaired cognition. The record also revealed the resident did not exhibit the behavior to reject care. Record review of Resident #1's Physician order [REDACTED]. Record review of Resident #1's August 2020 MAR revealed the order for COVID19 Monitoring upon admission and during each shift obtain v/s and check for/monitor symptoms of COVID 19 (If symptoms present follow protocol: B/P, Pulse, Respirations, Temperature (Tympanic/Temporal), Sore Throat, Cough S.O.B. Further review revealed missed documentation for administration of the above-mentioned order on 8/01/20, 8/02/20 and 8/05/20. For the 10:00 pm shift, documentation read not administered- other shift did not do. 2. Record review of Resident #2's face sheet, dated 8/07/20, revealed the resident admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's Quarterly MDS, dated [DATE], revealed a score of 2 for Cognitive Skills for Daily Decision-Making, which meant the resident was moderately cognitively impaired and required cues/supervision. The record also revealed the resident did not exhibit the behavior to reject care. Record review of Resident #2's Physician order [REDACTED]. O.B. with a start date of 3/31/20 and no end date. Record review of Resident #2's August 2020 MAR revealed the order for COVID19 Monitoring upon admission and during every shift obtain v/s and check for/monitor symptoms of COVID 19 (If symptoms present follow protocol: B/P, Pulse, Respirations, Temperature (Tympanic/Temporal), Sore Throat, Cough S.O.B. (Inability to hold breath). Further review revealed missed documentation for administration of the above mentioned order on 8/01/20 and 8/02/20 for the 10:00 pm shift read not administered- other shift did not do. 3. Record review of Resident #3's face sheet, dated 8/07/20, revealed the resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #3's Quarterly MDS, dated [DATE], revealed a BIMS score of 6, which meant the resident had severely impaired cognition. The record also revealed the resident did not exhibit the behavior to reject care. Record review of Resident #3's Physician order [REDACTED]. O.B., with a start date of 3/31/20 and no end date. Record review of Resident #3's August 2020 MAR revealed the order for COVID19 Monitoring upon admission and during every shift obtain v/s and check for/monitor symptoms of COVID 19 (If symptoms present follow protocol: B/P, Pulse, Respirations, Temperature (Tympanic/Temporal), Sore Throat, Cough S.O.B. Further review revealed missed documentation for administration of the above-mentioned order on 8/04/20 on the 2:00 shift and 10:00 pm shifts was indicated as not administered- other. During an interview on 8/06/20 at 6:47 PM, the DON confirmed each resident was to be checked and monitored for signs and symptoms of COVID-19 every shift and documented on the MAR daily. The DON revealed the residents were checked for COVID-19 signs and symptoms on all 3 shifts. The DON confirmed Resident #1's, #2's and #3's MARs did not include documentation for the ordered check/monitoring for COVID-19 signs and symptoms for every shift. The DON reported the residents may have refused the check but confirmed there was no documentation on the MARs indicating the residents refused. Record review of the facility's COVID-2019 (Coronavirus) Outbreak Standards of Practice, revised date of 4/17/20, revealed in the section Daily Screening of Patients and Clients that our facility will screen all patients/clients each shift for symptoms attributed to the COVID-19 illness. The screen will be conducted by a licensed practitioner. The results will be recorded on the electronic or printed MAR. The same record revealed under the section Patients positive for COVID-19 that the patients will be screened twice per shift with full vital signs and pulse oximeter with systems assessment.</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.