

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675697	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER THE ARMY RESIDENCE COMMUNITY HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7400 CRESTWAY DR SAN ANTONIO, TX 78239	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on 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 facility in that; 1. The facility did not ensure the complete entrance screening process of COVID-19 for employees. LVN B did not have a screening questionnaire completed at arrival of her shift. 2. The facility infection control log for identification and monitoring of residents with infectious disease was incomplete. This failure could place residents at risk for infections. The findings were: 1. Interview on 6/9/2020 at 9:15 a.m. with the DON revealed there was no documentation that LVN B had completed an employee COVID-19 entrance screening questionnaire on the morning of 6/6/2020 upon arrival for her shift. Interview with LVN B on 6/9/2020 at 3:11 p.m. revealed she had not completed an employee COVID-19 screening questionnaire on the morning of 6/6/2020 when she entered the facility as she was running late for her shift and wanted to get back to the unit. Interview with the Food Services Manager on 6/11/2020 at 10:09 a.m. revealed she had overseen employee COVID-19 entrance screening during the morning of 6/6/2020, had taken LVN B's temperature, documented the information on a log and asked LVN B to sign in. The Food Services Manager stated she was unable to recall if LVN B had completed the COVID-19 questionnaire and had not ensured that the Questionnaire had been completed by LVN B prior to going onto the unit to work. Interview with the Administrator on 6/11/2020 at 10:45 a.m. confirmed there was no record that LVN B had completed an employee COVID-19 entrance screening questionnaire on the morning of 6/6/2020. Further, the Administrator stated the employees were expected to complete the questionnaire upon arrival for their shift. Record review of ARC Employee/Agency COVID-19 Screening Questionnaire Forms, edited 4/30/2020, for the date 6/6/2020 revealed no form and documentation for LVN B. 2. Record review of the facility infection control binder for May 2020 revealed a sheet with documentation of average daily census; 45, number of residents that received antibiotics: 8, percent of residents that received antibiotics: 17.8%, and a facility map with 4 resident rooms highlighted for UTI. Further review revealed a typed sheet with a list of 13 resident names, unit number and date of onset. Underneath the typed list were 8 resident names handwritten with type of infection next to the name. There was no evidence of documentation of a completed Infection Control Log for the reporting period 5/1/2020 - 5/31/2020. Interview on 6/11/2020 at 12:25 p.m. with the DON, confirmed there was no Infection Control Log for May 2020 in the record and infectious disease tracking and monitoring was incomplete for the month of May 2020. Review of the facility policy Army Residence Community Coronavirus Disease (COVID-19), dated 3/2020, revealed in part . Surveillance. 1. The Director of Nurses, Infection Preventionist or designee conducts active (daily) surveillance for new respiratory illness and reports activity in the facility .Clinical Presentation. 1. Signs and symptoms: a. fever, b. cough, c. myalgia/fatigue, d. Shortness of breath at illness onset, e. Sore throat, f. Less commonly reported symptoms include sputum production, headache, hemoptysis and diarrhea. Review of the facility policy Policies and Practices - Infection Control dated July 2014, revealed in part .2. The objectives of our infection control policies and practices are to: a. prevent, detect, investigate and control infections in the facility. B. Maintain a safe, sanitary and comfortable environment for personnel, residents, visitors and the general public .e. Maintain records for incidents and corrective actions related to infections.</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.