

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE MISSION AT AIR FORCE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4949 RAVENSWOOD DR SAN ANTONIO, TX 78227</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 develop and implement ongoing infection prevention and control for 2 of 2 residents reviewed for vitals (Resident #1 and #2), in that: 1. CNA A did not sanitize durable medical equipment between and after residents. 2. CNA A did not perform hand hygiene after taking vitals for Resident # 1 and before taking vitals for Resident # 2. These deficient practices could place residents who have their vitals taken with durable medical equipment at risk for cross contamination and/or spread of infection . The findings were: 1. Record review of Resident # 1's Face Sheet revealed Resident # 1 was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident # 2's Face Sheet revealed Resident # 2 was admitted on [DATE] with [DIAGNOSES REDACTED]. Observation on 5/19/20 at 3:48 pm revealed CNA A took Resident # 1's blood pressure using an upper arm cuff and checked [MED]gen using a digital fingertip pulse oximeter . Observation at 5/19/20 at 3:49 pm revealed CNA A exited Resident # 1's room and did not sanitize the upper arm blood pressure cuff or the digital fingertip pulse oximeter before proceeding into Resident # 2's room. Observation on 5/19/20 at 3:50 pm revealed CNA A took Resident # 2's blood pressure without sanitizing the blood pressure cuff. Observation on 5/19/20 at 3:52 pm revealed CNA A left Resident # 2's room and plugged in the blood pressure monitor into the wall and walked away . During an interview with CNA A on 5/19/20 at 3:56 pm, CNA A stated she was finished taking vitals and that she did not sanitize blood pressure cuffs or finger cuffs between residents. During an interview on 5/19/20 at 4:45 pm, the DON stated staff should have sanitized durable medical equipment, including blood pressure cuffs and digital fingertip pulse oximeters, between residents. 2. Observation on 5/19/20 at 3:48 pm revealed CNA A took Resident # 1's blood pressure using an upper arm cuff and [MED]gen using a digital fingertip pulse oximeter and did not change her gloves or perform hand hygiene afterwards. Observation at 5/19/20 at 3:49 pm revealed CNA A exited Resident # 1's room and did not change her gloves and perform hand hygiene before proceeding into Resident # 2's room. Observation on 5/19/20 at 3:50 pm revealed CNA A took Resident # 2's vitals without changing her gloves and performing hand hygiene first. During an interview on 5/19/20 at 3:56 pm, CNA A stated that she did change her gloves, but she did not perform hand hygiene between residents. During an interview on 5/19/20 at 4:45 pm, the DON stated staff were supposed to perform hand hygiene before donning gloves and after doffing gloves. The DON stated staff are supposed to change gloves and perform hand hygiene before moving from one resident to another. Record review of a facility policy titled, Clean and Disinfecting Resident-Care Items, dated January 2020, stated reusable items are cleaned and disinfected between residents (e.g. stethoscopes, durable medical equipment). Record review of a facility policy titled, Respiratory Hygiene and Cough Etiquette, dated December 2019, revealed all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Employees must wash their hands for 10-15 seconds before and after direct care with residents and before and after glove use.</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.