

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER MESA VISTA INN HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 5756 N KNOLL DR SAN ANTONIO, TX 78240	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 4 of 4 residents (Residents #1, #2, #3 and #4) reviewed for infection control, in that: 1. Medication Aide B did not disinfect the wrist blood pressure cuff before checking blood pressure for Resident #1, Resident #2 and Resident #4. 2. Medication Aide B did not disinfect the blood pressure cuff and the blood pressure machine before checking blood pressure for Resident #3. This deficient practice could affect residents who shared a blood pressure cuff and place them at risk for cross contamination and the spread of infection. The findings were: Record review of Resident #1's admission record dated 4/2/2020 revealed he was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Medication Administration Record [REDACTED]. Record review of Resident #2's admission record dated 4/2/2020 revealed she was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's Medication Administration Record [REDACTED]. Record review of Resident #3's admission record dated 4/2/2020 revealed he was initially admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #3's Medication Administration Record [REDACTED]. Record review of Resident #4's admission record dated 4/2/2020 revealed she was initially admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #4's Medication Administration Record [REDACTED]. Observation on 4/2/2020 at 9:32 a.m. revealed Medication Aide B checked Resident #1's blood pressure without disinfecting the blood pressure cuff prior to use or after use. Further observation revealed Resident #1 was coughing without covering his mouth during the blood pressure procedure and Med Aide B reminded Resident #1 to cover his mouth when coughing. Observation on 4/2/2020 at 9:37 a.m. revealed Medication Aide B checked Resident #2's blood pressure with the same blood pressure cuff used on Resident #1 without disinfecting the blood pressure cuff prior to use or after use. Observation on 4/2/2020 at 9:45 a.m. revealed Medication Aide B checked Resident #3's blood pressure with a separate machine/cuff without disinfecting the blood pressure cuff or blood pressure machine prior to use. Further observation revealed the blood pressure machine was on Resident #3's bed during the blood pressure procedure and Med Aide B did not disinfect after use. Observation on 4/2/2020 at 9:51 a.m. revealed Medication Aide B checked Resident #4's blood pressure with the same blood pressure cuff used on Resident #1 and 2 without disinfecting the blood pressure cuff prior to use or after use. In an interview on 4/2/2020 at 9:55 a.m. with Medication Aide B revealed she cleaned the top of the cart, lap top and blood pressure cuffs in the morning at the beginning of her shift and at the end of her shift. Further interview revealed she did not disinfect the blood pressure cuff in between use for Resident #1, Resident #2, and Resident #4, and did not disinfect a separate blood pressure cuff or the blood pressure machine for Resident #3 prior to use. Medication Aide B stated she should have and didn't. I have so many patients. During an interview on 4/2/2020 at 10:43 a.m. with RN A revealed blood pressure cuffs and blood pressure machines were disinfected before and after shift and were not always disinfected in between use. In an interview on 4/2/2020 at 2:50 p.m. with the DON revealed she expected the staff to disinfect the blood pressure cuff and blood pressure machine before providing care to another resident, and in between residents' care. Further interview revealed the DON also expected staff to disinfect the top of the cart and contents on the top of the cart every 30 minutes. Record review of the facility's infection control policy titled Fundamentals of Infection Control Precautions dated 2019 revealed in part Non-invasive resident care equipment is cleaned daily or as needed between use by the nursing assistant. Equipment that is visibly soiled with blood or body fluids will be cleaned immediately with an approved disinfectant by the nursing assistant. A documentation system will be maintained of the cleaning.</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.