

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455817	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER RETAMA MANOR NURSING CENTER/SAN ANTONIO NORTH		STREET ADDRESS, CITY, STATE, ZIP 501 OGDEN SAN ANTONIO, TX 78212	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe, functional, and comfortable environment for 1 of 5 residents (Resident #1) reviewed for environment, in that: Resident #1's use a nebulizer treatments was discontinued but the nebulizer and nebulizer mask were still in the resident's room, and the nebulizer mask was not covered in a plastic bag. This deficient practice could place residents who receive oxygen and breathing treatments at risk for environment due to unused equipment left in resident rooms. The findings were: Record review of Resident #1's face sheet, dated 04/09/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's consolidated physician's orders [REDACTED].#1's nebulizer mask was on the night stand at the resident's bedside and was not covered in a plastic bag. During an interview with ADON on 04/09/2020 at 2:55 p.m., the ADON confirmed Resident #1's nebulizer mask was not covered in a plastic bag. The ADON stated Resident #1 did not receive breathing treatments because the breathing treatments were discontinued on 04/03/2020. Record review of the facility's policy titled Oxygen Use, revised 2017, revealed, . 9. Routine equipment inspection and maintenance should be performed based on manufacturer's recommendations. 10. Clean, disinfect, rinse and dry small-volume in-line or hand-held medication nebulizers between treatments.		
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.