

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 45E629	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2020
NAME OF PROVIDER OF SUPPLIER THE SARAH ROBERTS FRENCH HOME		STREET ADDRESS, CITY, STATE, ZIP 1315 TEXAS AVE SAN ANTONIO, TX 78201	
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 0836 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure the emergency management plan was accurate and up to date for 1 of 1 emergency preparedness and response plan checked for COVID-19 Emergency Preparedness, in that: The emergency preparedness and response plan were not updated or fully implemented for COVID-19. This deficient practice could affect residents depended on staff intervention during a disaster emergency by exposure to confusion, a less than optimal quality of care. The findings were: Record review of the facility's Emergency Preparedness and Response revealed the last review date with staff's signature was on 11/21/2017. The Emergency Preparedness and Response revealed the staff listed as emergency preparedness coordinator and alternate emergency preparedness coordinator no longer worked at the facility. Further review revealed the Emergency Preparedness Plan did not include planning for emerging infectious disease threats such as COVID-19 plan. In an interview on 5/1/2020 at 3:19 PM the Assistant Administrator confirmed she could not locate the signature page with the latest review of the Emergency Preparedness and Response. The Assistant Administrator further confirmed the Emergency Preparedness and Response was not updated and the staff listed as the emergency preparedness coordinator left approximately six months ago. In an interview on 5/1/2020 at 4:26 PM the Assistant Administrator confirmed the facility's Emergency Preparedness and Response did not address the COVID 19 plan. In an interview via telephone on 5/1/2020 at 4:39 PM the Administrator confirmed she reviewed the Emergency Preparedness and Response in November 2019. The Administrator confirmed the staff listed as the emergency preparedness coordinator and the alternate no longer worked there. Record review of Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings by CDC revealed Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility 's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations. Record Review of COVID-19 Response for Nursing Facility by Texas Health and Human Services Version 2.6 dated 5/5/2020 revealed Attachment 7: Infographic Action for COVID 19 Response: In Advance: Review CDC, DSHS and HHSC guidance. Review infection prevention control policy and procedure. Review emergency preparedness policy and procedure .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.