

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RETAMA MANOR NURSING CENTER/PLEASANTON SOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>905 OAKLAWN PLEASANTON, TX 78064</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 0691  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure residents who needed [MEDICATION NAME] care were provided such care, consistent with professional standards of practice for 1 of 2 resident (Resident #6) reviewed for [MEDICATION NAME]/catheter care in that: Resident #6 had a [MEDICATION NAME] in place and did not have an order for [REDACTED]. This deficient practice could place residents with a [MEDICATION NAME]/catheter at risk in delay in treatment/care due to not having an order. The findings were: Review of Resident #6's face sheet, dated 08/20/20, revealed an initial admission date of [DATE] and re-admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #6's MDS, dated [DATE], revealed a BIMS score of 02 indicating cognitive skills severely impaired, with behaviors of rejecting care and verbally/physically aggressive. The MDS revealed Resident #6 required extensive assistance with daily ADL's and uses wheelchair for mobility. The MDS revealed Resident #6 had an indwelling catheter ([MEDICATION NAME]) and was always incontinent with bowels. Observation of Resident #6 on 08/20/20 at 3:32 p.m. revealed Resident had a [MEDICATION NAME] on the right lower side of his abdomen, and gastrotomy to left abdomen. [MEDICATION NAME] was observed to not be anchored with a stat-lock. Record review of Resident #6's electronic orders for August 20, 2020 revealed there was no order for Resident #6's [MEDICATION NAME], and no order for a stat-lock. Record review of Resident #6's electronic MAR and TAR dated August 2020 revealed there was no documentation of treatment/care being provided to Resident #6's [MEDICATION NAME] with documented Interventions/Task to include: Monitor for potential complications of suprapubic catheter use such as redness, irritation, signs/symptoms of infection, obstruction, bladder spasms, hematuria, of leakage around the catheter every shift. Provide suprapubic catheter cleansing hygiene daily and PRN (as needed) if soiled/every shift. Use catheter securing device to reduce excessive tension on the tubing and facilitate urine flow. Rotate site of securement daily and PRN. Review of Resident #6's care plan dated 07/14/2020 revealed Resident #6 had a urogenic bladder with an indwelling suprapubic catheter related with documented Interventions/Task to include: Position catheter bag and tubing below the level of the bladder, check for tubing kinks each shift, hand washing before and after delivery of care, observe and document intake and output as per facility policy, observe for s/sx of pain/discomfort due to catheter, report to MD for s/sx UTI. Interview with RN E confirmed Resident #6 had a suprapubic catheter and did not have a stat-lock applied to reduce excessive tension on the tubing and [MEDICATION NAME] site. Interview with DON on 08/8/17 at 3:32 p.m. confirmed there was no order for Resident #6's [MEDICATION NAME] and no documentation of treatment/care on Resident #6's MAR and TAR. DON confirmed there should have been an order. Review of the facility policy, [MEDICAL CONDITION]/[MEDICAL CONDITION]/[MEDICATION NAME] Care, is to receive care in accordance with his or her care plan.		
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.