

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675968	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER STONE OAK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 505 MADISON OAK DR SAN ANTONIO, TX 78258	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews and interviews the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 of 7 Residents (Resident #1) observed for infection control in that: PTA A did not wear a face mask when transporting Resident #1 out of the therapy room and down the hall. This deficient practice could place residents, staff and visitors at risk of transmission of communicable diseases and infections. The findings were: Record review of Resident #1's face sheet, dated 4/8/2020, revealed an admission date of [DATE] and with [DIAGNOSES REDACTED]. Record review of Resident #1's Order Summary Report, dated 4/8/2020, revealed an order for [REDACTED]. #1, who also did not have a face mask in her wheelchair down the hall. During an interview on 4/7/2020 at 3:07 p.m. PTA A confirmed he did not have his face mask on while transporting Resident #1 out of the therapy room, stating that he forgot to put the face mask on. During an interview on 4/8/2020 at 1:42 p.m., the Administrator confirmed staff were to wear a face mask at all times. Review of CMS, COVID-19 Long-Term Care Facility Guidance, dated 4/2/2020, revealed in part .4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.		

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.