

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER PECAN VALLEY REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 3838 E SOUTHCROSS BLVD SAN ANTONIO, TX 78222	
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	Provide and implement an infection prevention and control program. 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 1 of 4 halls (200 Hall) reviewed for infection control, in that: CNA A entered the room of a resident on droplet precaution located on the 200 Hall without donning a face shield or eye protector. This deficient practice could place residents, staff, and visitors at risk of transmission of communicable diseases, illness, infections and COVID-19. The findings were: Observation on the 200 Hall on 08/04/2020 at 10:35 a.m. revealed CNA A entered Resident #1's room; Resident #1 was on droplet precaution. Further observation revealed CNA A did not don a face shield before entering Resident #1's room and assisted the resident with putting his shoes on and, made his bed. Further observation revealed face shields were available by the door in bags with staff's names on the bag. Further observation revealed a poster across from Resident #1's room showing the step to don PPE before entering droplet isolation, including donning a face shield. During an interview with CNA A on 08/04/2020 at 10:45 a.m., CNA A confirmed she had forgotten to don the face shield. CNA A further confirmed she knew she had to don a face shield before entering a droplet precautions room. During an interview with the DON on 08/04/2020 at 10:48 a.m., the DON confirmed staff were supposed to don a face shield before entering a droplet precautions room. Record review of the facility's policy titled, Sequence for putting on personal protective equipment (PPE), undated, revealed, 3. Google or face shield. Place over eyes and adjust to fit.		

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.