

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER THE RIO AT MISSION TRAILS		STREET ADDRESS, CITY, STATE, ZIP 6211 S NEW BRAUNFELS AVE SAN ANTONIO, TX 78223	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide for a resident who is unable to carry out activities of daily living the necessary services to maintain good personal hygiene for 1 of 60 residents (Resident #1) reviewed for activities of daily living, in that: Resident #1 had no showers between dates from 05/22/2020 to 05/27/2020. This deficient practice could affect residents dependent upon care and place residents at risk for feelings of hopelessness and frustration. The findings were: Record review of Resident #1's face sheet, dated 05/29/2020, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 15, which indicated the resident's cognitive skills for daily decision making were intact, and the resident required extensive assistance with activities of daily living. During an interview with the Ombudsman on 05/29/2020 at 10:48 AM, the Ombudsman stated Resident #1 had contacted her in the past and complained about not receiving showers, and not getting help when he needed to be changed. The Ombudsman stated she intervened and spoke with the DON, and the problem was resolved, and she stated she had not heard any complaints since February. During an interview with CNA D on 05/29/2020 at 11:26 AM, CNA D stated Resident #1 had a shower schedule of Tuesdays, Thursdays, and Saturdays on the 6:00 AM-2:00 PM shift. CNA D stated Resident #1 did not refuse showers, and on 05/25/2020 the resident wanted to rest, and refused to get up into his wheelchair. During an interview with a hospital nurse for Resident #1 on 05/29/2020 at 11:30 AM, the hospital nurse stated Resident #1 had an unstageable sacral wound and had tested positive for Clostridioides difficile. Record review of the Point of Care, dated May 2020, revealed Resident #1 was not showered, bathed, or had received a bed bath from 05/22/2020 to 05/27/2020. Further review revealed Resident #1 was transferred to an acute care hospital on [DATE], and had not returned to the facility. During an interview with LVN B on 05/29/2020 at 1:26 PM, LVN B stated there was usually a list of baths that need to be completed, it was called the Shower Schedule. LVN B further stated if a resident refused the nurse assigned should educate the resident and attempt to get the shower done. LVN B confirmed this did not happen for Resident #1 for date range of 05/22/2020 to 05/27/2020. During an interview with the Administrator on 05/29/2020 at 2:25 PM, the Administrator confirmed he was not able to find any further documentation from 05/22/2020 to 05/27/2020 that showed Resident #1 had received a shower, bath, or bed bath. Record review of the facility policy's titled Bath, Tub/Shower, undated, revealed: Bathing by tub bath or shower is done to remove soil, dead [MEDICATION NAME] cells, microorganisms from the skin, and body odor to promote comfort, cleanliness, circulation, and relaxation. A medicated tub bath can also be provided to treat skin conditions. The aging skin becomes dry, wrinkled, thinner and blemished with various aging spots over time and is easily affected by environmental temperature and humidity, sun exposure, soaps, and clothing fabrics. The frequency and type of bathing depends on resident preference, skin condition, tolerance and energy level. Although a daily bath or shower is preferred and necessary for some, the aging skin can be maintained by bathing every two days or with partial bathing as needed. . Goals: The resident will experience improved comfort and cleanliness by bathing. The resident will maintain intact skin integrity. The resident will be free from soil, odor, dryness, and pruritus following bathing.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 1 hazardous materials closets (100 Hall closet) observed, in that: The facility's hazardous materials storage closet was left open and unlocked. This deficient practice could affect residents and place them at risk for cross-contamination and the spread of infection. The findings were: Observation on 05/03/2020 at 12:05 p.m. revealed the door to the closet labeled Hazardous Materials was open and unlocked on 100 Hall. Further observation revealed the closet contained cardboard medical waste disposal containers marked the universally recognized biohazard symbol and red biohazard bags marked with the biohazard symbol. During an interview with LVN A on 05/03/2020 at 12:05 p.m., at the same time as the observation, LVN A confirmed the closet on the 100 Hall contained hazardous materials and was open and unlocked. LVN A further confirmed the closet should have been closed and locked. During an interview with the Director of Housekeeping on 05/04/2020 at 11:45 a.m., the Director of Housekeeping confirmed the housekeeping staff utilized the closet labeled Hazardous Materials on the 100 Hall to store all hazardous waste generated by the housekeeping department and confirmed the closet should be closed and locked. During an interview with the Administrator on 05/04/2020 at 4:20 p.m., the Administrator confirmed the closet labeled Hazardous Materials on the 100 Hall was the only one used by the facility to store hazardous materials and the closet should be closed and locked. Record review of the facility's policy titled Infection Control Plan: Overview, dated 2019, revealed, The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. The program will: prevent and control outbreaks and cross-contamination .		

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.