

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER ALAMO HEIGHTS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 8223 BROADWAY SAN ANTONIO, TX 78209	
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 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable, and homelike environment, including clean bed and bath linens, for 4 of 4 halls (Secured Unit, 200, 300, and 400 Halls), in that:</p> <p>There was an insufficient amount of bed and bath linens on the facility's four halls, the Secured Unit, 200, 300, and 400 Halls. This deficient practice could place residents at risk of a diminished quality of life due to the lack of a well-kept environment. The findings were: During an interview with LVN B on 03/04/2020 at 9:28 a.m., LVN B stated there had been a shortage of linen at the facility for the past three weeks. During an interview with the Maintenance Director on 03/04/2020 at 9:31 a.m., the Maintenance Director confirmed the facility had been down to one working washing machine for a week. The Maintenance Director stated the facility had a repairman out three times to repair the washing machine and the third time they were successful. The Maintenance Director further stated the facility purchased a new washing machine and combined with the repaired machine they should be able to catch up on the laundry within a few days. The Maintenance Director stated the Laundry Manager, during the duration of the broken washing machine, took the facility's linens to a laundromat to be washed. The Maintenance Director further stated the Laundry Manager resigned from his position afterward. Record review of service work order invoice, dated 02/25/2020, revealed a replacement for a computer panel was completed. Record review of service work order invoice, dated 02/27/2020, revealed a replacement for a breaker was completed. During an interview with the Laundry Manager-in-Training on 03/04/2020 at 9:34 a.m., the Laundry Manager-in-Training confirmed the broken washing machine had led to a shortage of linens. Observation on 03/04/2020 at 9:45 a.m. revealed there were eight total bins in the laundry room, and seven of the bins were full of dirty laundry. Further observation revealed there were two working washing machines and three working dryers. During an interview with Laundry Assistant F on 03/04/2020 at 9:45 a.m., Laundry Assistant F stated she was on vacation while the washing machine was broken, and when she returned from vacation on 03/01/2020 the machine was working. Laundry Assistant F confirmed there was a large back load of laundry that needed to be washed. During an interview with CNA M on 03/04/2020 at 10:00 a.m., CNA M confirmed there had been a shortage of towels and sheets. CNA M stated sometimes staff had to go to other areas and take sheets and towels from other halls' supplies. During an interview with the DON on 03/04/2020 at 10:02 a.m., the DON stated there had been a high turnover of staff recently in the Laundry Department. The DON stated she thought the facility should purchase more linens because the CNAs used them up before the laundry staff could replace them. Observation on 03/04/2020 at 10:05 a.m. revealed the linen closet on the Secured Unit revealed the shelves were empty except for three fitted sheets. During an interview with LVN/ADON I on 03/04/2020 at 10:20 a.m., LVN/ADON I stated she had only been employed by the facility for one week. LVN/ADON I stated she had observed the Administrator and DON folding towels over the weekend. During an interview with CNA K on 03/04/2020 at 10:25 a.m., CNA K confirmed she had been having a hard time finding linens for her residents, and stated she often had to use a sheet to dry residents after showers. CNA K stated the facility seemed to be missing towels, fitted sheets, and washcloths. Observation on 03/04/2020 at 10:28 a.m. revealed room [ROOM NUMBER] A did not have any sheets on the bed. Further observation revealed there was one throw blanket on the bed. Observation on 03/04/2020 at 10:30 a.m. revealed the linen closet on the 400 Hall had most shelves empty with one top sheet available. During an interview with Resident #3 on 03/04/2020 at 10:32 a.m. the resident stated he was happy at the facility and staff treated him well. Resident #3 confirmed he had a shower on his shower day and no towels were available, so he had used a fitted sheet to dry off instead. Observation on 03/04/2020 at 10:45 a.m. revealed the linen closet on the 300 Hall had no sheets available. During an interview with Resident #5 on 03/04/2020 at 10:50 a.m., the resident stated she had wait for the facility to have dry towels before she could take a shower. Resident #5 further stated the facility was short on top sheets and today she only had a bottom sheet and a blanket. Observation on 03/04/2020 at 10:50 a.m. in Resident #5's room revealed both the A and B beds had a fitted sheet, a blanket folded in half in the middle, with a blanket on top, and there was no top sheet. Observation on 03/04/2020 at 10:55 a.m. revealed the linen closet on the 200 Hall had no top sheets available. During an interview with CNA C on 03/04/2020 at 11:00 a.m., CNA C stated the facility did not have enough linens to meet the needs of the residents and stated there were no top sheets for the 7:00 a.m. to 3:00 p.m. shift. CNA C further stated the blankets on the bed were being used as draw sheets to help reposition residents in bed. Observation of the shared linen closet for the A the B Halls on 03/04/2020 at 11:05 a.m. revealed there were no towels and one fitted sheet. During an interview with LVN L 03/04/2020 at 11:55 a.m., LVN L confirmed the facility was short on linens, specifically top sheets and towels. During an interview with CNA P on the Secured Unit on 03/04/2020 at 12:15 p.m., CNA P confirmed there were no linens available in the afternoons and staff had to use sheets to dry residents. Record review of the facility's policy titled Resident Room - Environmental, last revised 11/01/2017, revealed: Policy Statement - The facility provides the resident with an environment that preserves dignity, privacy, and contributes to a positive self-image. Resident rooms are designed and equipped for adequate nursing care comfort and privacy of residents. Promoting and preserving resident independence and self-sufficiency should be considered when arranging the resident living space. Policy Interpretation and Implementation - 7. The facility must provide each resident with: B. A clean, comfortable mattress, C. Bedding, appropriate to the weather and climate; Record review of the facility's policy titled Maintenance/Housekeeping, dated 03/2006, revealed: Availability of linens: 1. Sufficient clean linen is available at all times in the proper quantity to meet the demands of the facility. 2. Access to clean linens is maintained during all shifts every day. 3. Personnel is instructed in the proper disposition of linens and other supplies, such as: cleaning cloths, mops, etc., so that these can be readily and appropriately reprocessed for additional uses. 4. A plan is devised and documented to address situations in which there is inadequate laundry available, or in instances when the facility or vendor are unable to meet the requirements of decontamination soiled linens or providing clean laundry.</p>		
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.