

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER SAN PEDRO MANOR		STREET ADDRESS, CITY, STATE, ZIP 515 W ASHBY PL SAN ANTONIO, TX 78212	
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	<p>Provide and implement an infection prevention and control program.</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 an infection control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection for 28 of 28 residents (Residents #1-#28) reviewed for infection control, in that: 1. CNA B did not sanitize or wash his hands in between gloves changes when he delivered meal trays for Residents #5, #6, #9, #10, #14, and #15. 2. 28 unknown COVID-19 status Residents (Residents #1-#28) did not have every shift documentation of temperature, oxygen saturation, and respiratory symptoms. These deficient practices could place residents at risk for contracting COVID-19/other infections and placed them at risk for not being monitored for COVID-19 signs and symptoms result in declining in health or death. The findings were: 1. Record review of Resident #5's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review or Resident #6's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #9's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #10's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #14's face sheet, dated 09/08/2020, revealed [DIAGNOSES REDACTED]. Record review of Resident #15's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Observation on 09/07/2020 at 4:51 PM revealed CNA B placed the dinner tray on Resident #10's bedside table, picked up Resident #10's bed remote control on the floor to adjust head of the bed, and then set up the dinner tray for Resident #10. Further observation revealed CNA B removed his outer layer pair of gloves without sanitizing his gloved hands before setting up the dinner tray for Resident #9. Observation on 09/07/2020 at 4:56 PM revealed CNA B brought the bedside table closer to Resident #9, used Resident #9's bed remote control to elevate head of the bed, and set up the dinner tray for Resident #9. Further observation revealed CNA B removed inner layer of gloves and exited Resident #9's room without sanitizing or washing his hands. Observation on 09/07/2020 at 4:59 PM revealed CNA B put on two new pair of gloves without performing hand hygiene. Observation on 09/07/2020 at 5:00 PM revealed CNA B placed Resident #6's dinner tray on her bedside table, used Resident #6's bed remote control to elevate her head of the bed, brought the bedside table closed to Resident #6, and set up the dinner tray for Resident #6. Further observation revealed CNA B removed the outer layer of gloves and repositioned Resident #6's roommate. Then, CNA B removed his inner layer of gloves and exited Resident #6's room without performing hand hygiene. Observation on 09/07/2020 at 5:04 PM revealed CNA B put on two new pair gloves without performing hand hygiene. Observation on 09/07/2020 at 5:05 PM revealed CNA B brought a cup of tea to Resident #5 and repositioned Resident #5. Further observation revealed CNA B removed the outer layer of his gloves and exited Resident #5's room without performing hand hygiene, and then CNA B put on another new pair gloves on top of his inner layer of gloves. Observation on 09/07/2020 at 5:09 PM revealed CNA B set up dinner tray for Resident #15 and handed the bed remote control to Resident #15. Further observation revealed CNA B removed his outer layer gloves and did not perform hand hygiene and then set up the dinner tray for Resident #14. Further observation revealed CNA B removed his inner layer of glove and exited Resident #14's room without performing hand hygiene. During an interview with CNA B on 09/07/2020 at 5:23 PM, CNA B confirmed he did not perform hand hygiene after removing gloves and before putting new gloves. CNA B further confirmed he should have sanitized his hand in between gloves changes. CNA B stated he received in-service on hand hygiene and PPE usage about two weeks ago. During an interview with the DON on 09/08/2020 at 4:16 PM, the DON confirmed CNA B should have sanitized his hands with alcohol base sanitizer after removing gloves and before putting on new gloves. 2. Record review of Resident #1's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and discharge date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #1's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/04/2020 (2:00 PM - evening shift) revealed there were 4 of 11 shifts did not document Resident #1's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM night shift). Record review of Resident #1's other documentation revealed there was two nursing notes dated on 08/30/2020 and 09/04/2020 and one SBAR report dated 09/04/2020. Record review of Resident #2's face sheet, dated 09/08/2020, revealed an admitted on 06/22/2020, and discharge date on 09/06/2020, with [DIAGNOSES REDACTED]. Record review of Resident #2's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/06/2020 (2:00 PM - evening shift) revealed there were 10 of 17 shifts did not document Resident #2's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift). Record review of Resident #2's departmental notes, dated from 09/01/2020 to 09/06/2020, revealed there were 11 of 17 shifts did not document Resident #2's assessments. Record review of Resident #3's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #3's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/7/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #3's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #3's departmental notes, dated from 09/05/2020 to 09/07/2020, revealed there were 5 documentations on Resident #3's assessment. Record review of Resident #4's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and discharge date [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #4's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/03/2020 (10:00 PM - night shift) to 09/06/2020 (10:00 PM - night shift) revealed there were 0 of 10 shifts documented Resident #4's temperature, respiratory symptoms, and oxygen saturation. Record review of Resident #4's departmental notes, dated 09/06/2020 to 09/07/2020, revealed there were 4 documentation on Resident #4's assessment. Record review of Resident #4's Skilled Nursing Nurse's note dated from 09/03/2020 (10:00 PM - night shift) to 09/06/2020 (10:00 PM - night shift) revealed there were 4 of 10 shifts documented Resident #4's skilled notes. Record review of Resident #5's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #5's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #5's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM -</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #5's other documentation revealed 2 departmental notes (dated 09/02/2020 and 09/07/2020) and 1 SBAR report dated 09/03/2020. Record review of Resident #6's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #6's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 13 of 21 shifts did not document Resident #6's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #6's nursing progress note revealed there were 3 documentation on Resident #6's assessments (on 09/06/2020 morning, 09/06/2020 night shift, and 09/07/2020 night shift.) Record review of Resident #7's face sheet, dated 09/08/2020, revealed an admitted on 05/12/2020 with [DIAGNOSES REDACTED]. Record review of Resident #7's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #7's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #7's nursing progress note revealed there were 3 documentation on Resident #7's assessments (on 09/06/2020 morning, 09/06/2020 night shift, and 09/07/2020 night shift.) Record review of Resident #8's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #8's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #8's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #8's departmental notes revealed 4 documentation for Resident #8's assessment (1 documentation for morning shift and 3 documentation for night shift on 09/06/2020). Record review of Resident #8's Skilled Nursing Nurse's Note, from 09/02/2020 to 09/05/2020, revealed there were 5 of 12 shifts documented assessments Resident #8. Record review of Resident #9's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #9's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #9's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #9's departmental notes revealed 4 documentation for Resident #9's assessments (2 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #9's Skilled Nursing Nurse's Notes, dated from 08/26/2020 to 08/30/2020, revealed there 7 of 15 shifts documented skilled notes for Resident #9. Further review revealed skilled notes on 08/26/2020 (morning - evening - and night shifts), 08/27/2020 (morning and night shift), 08/29/2020 (morning shift), and 08/30/2020 (morning shift). Record review of Resident #10's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #10's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 13 of 21 shifts did not document Resident #10's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #10's departmental notes revealed 3 documentation for Resident #10's assessments (1 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #11's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #11's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #11's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #11's departmental notes revealed 3 documentation for Resident #11's assessments (1 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #12's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #12's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 15 of 21 shifts did not document Resident #12's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift), 9/04/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #12's departmental notes revealed 3 documentation for Resident #12's assessments (1 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #13's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #13's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #13's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #13's departmental notes revealed 3 documentation for Resident #13's assessments (1 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #14's face sheet, dated 09/08/2020, revealed [DIAGNOSES REDACTED]. Record review of Resident #14's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #14's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 9/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #14's departmental notes revealed 5 documentation for Resident #14's assessments (1 documentation for morning shift on 09/02/2020, 2 documentation for morning shift on 09/06/2020, and 2 documentation for night shift on 09/06/2020). Record review of Resident #14's Skilled Nursing Nurse's Notes, dated from 09/01/2020 to 09/05/2020, revealed there 4 of 15 shifts documented skilled notes for Resident #14. Further review revealed skilled notes on 09/01/2020 (night shift), 09/02/2020 (morning shift), 09/04/2020 (morning shift), and 09/05/2020 (morning shift). Record review of Resident #15's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>[DATE], with [DIAGNOSES REDACTED]. Record review of Resident #15's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #15's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #15's departmental notes revealed 4 documentation for Resident #15's assessments (1 documentation for morning shift on 09/06/2020, 2 documentation for night shift on 09/06/2020, and 1 documentation for late entry on 09/07/2020 morning shift). Record review of Resident #16's face sheet, dated 09/08/2020, revealed an admission date of [DATE], and readmission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #16's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #16's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #16's departmental notes revealed 3 documentation for Resident #16's assessments (1 documentation for morning shift on 09/06/2020 and 2 documentation for night shift on 09/06/2020). Record review of Resident #17's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #17's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Resident #17's temperature, respiratory symptoms, and oxygen saturation as following 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). Record review of Resident #17's departmental notes revealed 4 documentation for Resident #17's assessments (1 documentation for morning shift on 09/06/2020, 2 documentation for night shift on 09/06/2020, and 1 documentation for morning shift on 09/07/2020). Record review of Resident #18's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #19's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #20's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #21's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with diagnose that included: hyperosmolality and [MEDICAL CONDITION], and visual loss. Record review of Resident #22's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #23's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #24's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #25's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #26's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #27's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #28's face sheet, dated 09/08/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Residents #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, and #28's log for documentation of temperature, respiratory symptoms, oxygen saturation ranged from 09/01/2020 (6:00 AM - morning shift) to 09/07/2020 (10:00 PM - night shift) revealed there were 14 of 21 shifts did not document Residents #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, and #28's temperature, respiratory symptoms, and oxygen saturation as following: 9/01/2020 (2:00 PM - evening shift), 9/02/2020 (2:00 PM - evening shift), 9/03/2020 (2:00 PM - evening shift and 10:00 PM-night shift), 09/04/2020 (2:00 PM - evening shift), 9/05/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/06/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift), 9/07/2020 (6:00 AM-morning shift, 2:00 PM - evening shift, 10:00 PM - night shift). During an interview with RN C on 09/08/2020 at 1:13 PM, RN C confirmed he checked unknown COVID status residents' vital signs (temperature and oxygen saturation) one per shift. RN C further confirmed he did not document temperature and oxygen saturation in residents' temperature log on 09/05/2020 and 09/06/2020. RN C stated, I wrote them down on a piece of paper because I cannot find the temperature log those days. RN C further confirmed he did not document respiratory signs and symptoms because residents with unknown COVID status had temperature and oxygen saturation within normal limit. RN C confirmed he did not know about facility's policy on documentation of vital sign and respiratory symptom. RN C confirmed he did not receive in-service on checking vital signs and assessing resident with unknown COVID-19 status for signs and symptoms of COVID 19. During an interview with LVN B on 09/08/2020 at 3:45 PM, LVN B confirmed he did not document vital signs (temperature and oxygen saturation) for unknown COVID-19 residents in residents' logs which kept in a binder for documentation of temperature, O2 sat, and respiratory symptoms each shift. LVN B stated he documented temperature for unknown COVID status residents in the computer. LVN B further confirmed all his documentation for 2:00 PM - evening shift in the computer from 09/01/2020 to 09/07/2020 did not have documentation of oxygen saturation for unknown COVID status Residents. LVN B stated there was no space to enter residents' oxygen saturation in the computer, and confirmed he could not find the binder of temperature log which was used to documented temperature and oxygen saturation for unknown COVID-19 status residents. During an interview with LVN B on 09/08/2020 at 3:48 PM, LVN B confirmed he did not document respiratory symptoms for unknown COVID-19 status residents because he only document any abnormality of respiratory symptoms such as dropping oxygen saturation or shortness of breath. LVN B further confirmed he received training about six month ago on documenting oxygen saturation and temperature for unknown COVID status residents in the binder of temperature log or in the computer. During an interview with the DON on 09/08/2020 at 4:25 PM, the DON confirmed charge nurse should have documented residents' vital signs (temperature and oxygen) and respiratory symptom in the residents' paper log. The DON further confirmed not every shift documented residents' temperature, oxygen saturation, and respiratory symptoms in the residents' paper log. During an interview with the DON on 09/08/2020 at 4:32 PM, the DON confirmed if the nurse did not document residents' respiratory symptoms in residents' paper log, the nurse should have documented under departmental notes or skilled nurse notes. The DON further confirmed not every shift documented residents' respiratory signs and symptoms under nursing progress note. During an interview with the DON on 09/08/2020 at 4:36 PM, the DON confirmed charge nurse should documented 'Yes' or 'No' on the fourth column (Respiratory symptoms - cough, sore throat, new SOB) on residents' paper log. The DON further confirmed if charge nurse documented 'Yes' for any respiratory symptom, the charge nurse should have documented in detail under departmental notes. During an interview with the DON on 09/08/2020 at 4:45 PM, the DON confirmed not every shift documented skilled nurse notes for Resident #4. Record review of the facility's policy titled, COVID-19, Prevention and Control, revised 08/21/2020, revealed: New Admissions: g. Nurse will complete vitals at least q shift (every shift) or (more frequently if ordered by a physician). Vital signs will include temperature, oxygen saturation, and monitoring for respiratory symptoms (cough and new onset</p>		