

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455697</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SENIOR CARE OF CORPUS CHRISTI</b>		STREET ADDRESS, CITY, STATE, ZIP <b>202 FORTUNE DR CORPUS CHRISTI, TX 78405</b>	
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 0921  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Some	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b>  Based on observation and interview, the facility failed to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public, in that: 1. The facility did not ensure the ceiling was maintained on 3 of 3 resident halls (Halls 100, 200, and 300) and one of one nursing station. a. There were missing ceiling tiles on the 100, 200 and 300 halls, and nurses station, exposing pipes and wiring. b. There was a leaking water valve in the ceiling dripping water into a bucket on the 300 hall. 2. The facility failed to ensure 1 of 9 entryways (rear employee entrance) were repaired to maintain facility security. The rear employee entrance door lock was broken. These deficient practices affect residents residing in the facility and could expose residents to a diminished quality of life and security. The findings included: Observations, beginning at 12:50 p.m. through 2:00 p.m. on 04-07-20, revealed the following: 1. Five missing ceiling tiles on 100 hall; 2. Five missing ceiling tiles on 200 hall; 3. Ten missing ceiling tiles on 300 hall; 4. Four missing ceiling tiles around the nurses station; 5. Exposed water valve in ceiling on 300 hall dripping water into a bucket on the floor near central bath area; and 6. Broken lock on employee entrance door located at the end of a service corridor near the laundry. During interviews at 2:00 p.m. on 04-07-20 and 9:00 a.m. on 04-08-20, the Maintenance Director stated the ceiling tiles were broken during repair work done by plumbers approximately two weeks ago. He stated he had obtained replacement ceiling tiles on 04-05-20, but had not started to replace the tiles since some of the tiles had to be cut to fit around ceiling fixtures. He stated the leak in the ceiling on 300 hall was from a water valve, which was going to be repaired once plumbers were approved to come into the building. He was not aware that the lock was broken and did not recall receiving a report about the broken door lock. The Maintenance Director stated this door was to be locked after 5:00 p.m. each day, along with the public entrances. He inspected the door and stated he had the parts to repair the door lock.		
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.