

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455817</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RETAMA MANOR NURSING CENTER/SAN ANTONIO NORTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 OGDEN SAN ANTONIO, TX 78212</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 0607  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure to implement written policies and procedures that prohibit and prevent abuse and neglect for 2 of 2 residents (Residents #9 and #13) reviewed for abuse and neglect, in that: The facility did not implement their abuse and neglect policy for reporting unwitnessed injuries to HHSC for Residents #9 and #13. This deficient practice could place residents at risk for abuse and neglect due to injuries of unknown origin not being reported to HHSC. The findings were: Record review of the facility's policy titled, Abuse and Neglect, undated, revealed all alleged incidents of abuse, neglect, exploitation or mistreatment, including injuries of unknown source must be reported to the state agency (HHSC). 1. Record review of Resident #9's face sheet, dated 09/16/2020, revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #9's Radiology Report, dated 09/06/2020, revealed, Right wrist shows small fragment of bone off of the dorsal aspect of the distal radius. Distal [MEDICATION NAME] band of [MEDICAL CONDITION] of the distal radius. Otherwise no fractures or dislocations. Conclusion: age-indeterminate [MEDICAL CONDITION] radius. During an interview with the Administrator and the DON on 09/16/2020 at 3:00 PM, the Administrator confirmed Resident #9 sustained a fractured wrist on 09/06/2020, and further confirmed the resident's injury was not reported to HHSC. The DON stated Resident #9 had complained of wrist pain and the facility ordered x-rays of the limb which resulted in the discovery of a fracture. The DON stated he was not sure how Resident #9's fracture occurred, and confirmed the incident was unwitnessed. The Administrator and the DON stated they were not aware that incidents of this nature were supposed to be reported to HHSC. 2. Record review of Resident #13's face sheet, dated 09/16/2020, revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #13's Radiology Report, dated 08/18/2020, revealed, Results: clavicle shaft fracture without malalignment. Conclusion: acute distal clavicle fracture. During an interview with the Administrator and the DON on 09/16/2020 at 3:00 PM, the Administrator confirmed Resident #13 sustained a fractured clavicle on 08/18/2020, and further confirmed the resident's injury was not reported to HHSC. The DON stated he recalled Resident #13 had a fracture due to an unwitnessed incident in August 2020. The Administrator and the DON stated they were not aware that incidents of this nature were supposed to be reported to HHSC.		
F 0609  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure that all allegations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, were reported immediately to the State Survey Agency (HHSC) for 2 of 2 residents (Residents #9 and #13) reviewed for abuse/neglect, in that: The facility did not report Residents #9's and #13's unwitnessed injuries to HHSC. This deficient practice could place residents at risk for abuse and neglect due to injuries of unknown origin not being reported to HHSC. The findings were: 1. Record review of Resident #9's face sheet, dated 09/16/2020, revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #9's Radiology Report, dated 09/06/2020, revealed, Right wrist shows small fragment of bone off of the dorsal aspect of the distal radius. Distal [MEDICATION NAME] band of [MEDICAL CONDITION] of the distal radius. Otherwise no fractures or dislocations. Conclusion: age-indeterminate [MEDICAL CONDITION] radius. During an interview with the Administrator and the DON on 09/16/2020 at 3:00 PM, the Administrator confirmed Resident #9 sustained a fractured wrist on 09/06/2020, and further confirmed the resident's injury was not reported to HHSC. The DON stated Resident #9 had complained of wrist pain and the facility ordered x-rays of the limb which resulted in the discovery of a fracture. The DON stated he was not sure how Resident #9's fracture occurred, and confirmed the incident was unwitnessed. The Administrator and the DON stated they were not aware that incidents of this nature were supposed to be reported to HHSC. 2. Record review of Resident #13's face sheet, dated 09/16/2020, revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #13's Radiology Report, dated 08/18/2020, revealed, Results: clavicle shaft fracture without malalignment. Conclusion: acute distal clavicle fracture. During an interview with the Administrator and the DON on 09/16/2020 at 3:00 PM, the Administrator confirmed Resident #13 sustained a fractured clavicle on 08/18/2020, and further confirmed the resident's injury was not reported to HHSC. The DON stated he recalled Resident #13 had a fracture due to an unwitnessed incident in August 2020. The Administrator and the DON stated they were not aware that incidents of this nature were supposed to be reported to HHSC. Record review of the facility's policy titled, Abuse and Neglect, undated, revealed all alleged incidents of abuse, neglect, exploitation or mistreatment, including injuries of unknown source must be reported to the state agency (HHSC).		

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.