

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675896	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER RIVER CITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 921 NOLAN ST SAN ANTONIO, TX 78202	
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 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that a resident who needs respiratory care was provided such care, consistent with professional standards of practice for 1 of 1 residents (Resident #3) reviewed for [MEDICAL CONDITION] care in that: The facility did not change Resident #3's [MEDICAL CONDITION] strap when soiled with dark red coloring. This deficient practice could affect residents who required [MEDICAL CONDITION] care and could result in residents receiving incorrect care and a decline in health. The findings were: Review of Resident #3's face sheet, dated 8/5/2020, revealed he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Admission MDS dated [DATE] revealed he did not have short term or long-term memory loss and was independent with his cognitive skills for daily decision-making. Review of Resident #3's August 2020 Order Summary Report revealed [MEDICAL CONDITION] care, every shift with a start date of 7/3/2020. Review of Resident #3's August 2020 MAR/TAR stated, [MEDICAL CONDITION] care every shift and there were no specifications for changing [MEDICAL CONDITION] strap. Interview on 8/5/2020 at 1:25 p.m. with the DON stated that a separate section needed to be made on Resident #3's TAR to document the changing of [MEDICAL CONDITION] strap. Observation on 8/4/2020 at 11:15 a.m. revealed Resident #3's [MEDICAL CONDITION] strap was soiled with dark red coloring. Interview on 8/4/2020 at 11:20 a.m. with Resident #3, writing his words, revealed [MEDICAL CONDITION] strap had not been changed since being at the facility. Interview on 8/4/2020 at 11:30 a.m. with LVN A revealed [MEDICAL CONDITION] was done once a day. LVN A confirmed he had not changed [MEDICAL CONDITION] strap on Resident #3 since he had been at the facility. LVN A further confirmed that [MEDICAL CONDITION] strap needed to be changed. Interview on 8/4/2020 at 3:00 p.m. with LVN B revealed she had changed Resident #3's [MEDICAL CONDITION] in the past week, but has not changed [MEDICAL CONDITION] strap. Interview on 8/5/2020 at 8:44 a.m. with LVN C revealed she had [MEDICAL CONDITION] to Resident #3 where she cleaned around his trach, replaced the bandaged and provided suction. LVN B confirmed she had not changed [MEDICAL CONDITION] collar. Interview on 8/5/2020 at 8:55 a.m. with LVN D revealed she had never changed Resident #3's [MEDICAL CONDITION] strap. Interview on 8/5/2020 at 12:26 p.m. with LVN E revealed Resident #3 will call if he needs extra suctioning. LVN E confirmed she has not changed [MEDICAL CONDITION] strap. Interview on 8/5/2020 at 12:35 p.m. with the DON revealed [MEDICAL CONDITION] is provided each shift to Resident #3. The DON stated the nurses provided inner canula care, change out the strap if it was dirty and made sure [MEDICAL CONDITION] functioning properly. Review of the facility policy titled [MEDICAL CONDITION] Care Procedure dated 10/19/2009 revealed, [MEDICAL CONDITION] care is a procedure designed to maintain a patient airway and a sterile/clean area in and around a patient's [MEDICAL CONDITION]. 12. Change the [MEDICAL CONDITION] holder daily and as needed to keep it clean and dry.</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.