

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HUNTERS POND REHABILITATION AND HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9903 HUNTERS POND SAN ANTONIO, TX 78224</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 6 residents (Residents #1 and #2) reviewed for infection control, in that: Medication Aide A did not disinfect the blood pressure machine in between Resident #1 and Resident #2 when checking their blood pressure. This deficient practice could affect residents who shared a blood pressure machine and place them at risk for cross contamination and the spread of infection. The findings were: Record review of Resident #1's face sheet, dated 4/8/2020, revealed she was admitted on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Medication Administration Record [REDACTED]. Record review of Resident #2's face sheet, dated 4/8/2020 revealed she was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's Medication Administration Record [REDACTED]. Observation on 4/7/2020 at 10:16 a.m. revealed Medication Aide A checked Resident #1's blood pressure, documented the blood pressure, and gave Resident #1 her medications. Observation on 4/7/2020 at 10:25 a.m. revealed Medication Aide A checked Resident #2's blood pressure with the same blood pressure cuff without disinfecting the machine after using it for Resident #1. During an interview on 4/7/2020 at 10:28 a.m. with Medication Aide A said after using blood pressure machine on residents it would need to be sanitized and wiped down after each use. Medication Aide A confirmed she did not sanitize and wipe down the blood pressure machine in between Resident #1 and Resident #2. During an interview on 4/7/2020 at 11:49 a.m., the DON stated that staff were to clean the blood pressure machine after used on each resident. Record review of the facility's policy titled Infection Control Policy/Procedure dated 5/2007 revealed II. Scope of the Infection Control Program. C. Prevention of Infection. Staff and patient education is done to focus on risk of infection and practices to decrease risk. Policies, procedures and aseptic practices are followed by personnel in performing procedures and in disinfection of equipment.</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.