

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675968	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER STONE OAK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 505 MADISON OAK DR SAN ANTONIO, TX 78258	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to develop person-centered comprehensive care plans that described the services that would be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being for 1 of 1 resident (Resident #1) reviewed for care plans, in that: Resident #1's care plan did not include his behavior to refuse personal hygiene related to oral care, baths, nasal care and ear care. This deficient practice could affect residents in the facility and place them at risk for not having their needs identified and addressed. The findings were: Review of Resident #1's face sheet, dated 8/25/2020, revealed the resident was admitted on [DATE] to the facility and readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly MDS dated [DATE] revealed a BIMS of 7 which indicated severe impairment of cognitive skills for daily decision-making. Review of Resident #1's Care Plan dated 7/27/2020 did not reveal a focus for Resident #1's behavior to refuse personal hygiene related to oral care, baths, nasal care and ear care. Interview on 8/26/2020 at 10:16 a.m. with MDS LVN A revealed that Resident #1 will refuse showers and oral care. MDS LVN A confirmed that the behavior of refusal should be care planned. Interview on 8/26/2020 at 10:38 a.m. with LVN B revealed Resident #1 will refuse oral care and nasal care. We will attempt and Resident #1 will say, No, no. Stop. Interview on 8/26/2020 at 11:05 a.m. with the DON confirmed that Resident #1 will refuse care. The DON confirmed his behaviors should be care planned. Review of the facility policy titled Assessment Process Coordination dated February 2017 revealed The community develops a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment. The care plan will describe: any services that would otherwise be required but that are not provided due to the resident's exercise of rights, including the right to refuse treatment.		
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.