

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 09/18/2020
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 0641 Level of harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that the assessments accurately reflected the resident's status for 1 of 7 residents (Resident #1) reviewed for closed records in that: Resident #1's Discharge MDS assessment was inaccurately coded as discharged to the community when the resident was discharged to another nursing facility. This deficient practice could place residents at risk of not receiving the needed care/services due to inaccurate assessments. The findings were: Review of Resident #1's Face Sheet, dated 9/16/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Discharge MDS, dated [DATE], revealed under the section Discharge Status was marked as being discharged to the community. Review of Resident #1's Discharge Summary revealed the resident was discharged to a nursing facility on 7/6/2020. During an interview on 9/17/2020 at 10:41 a.m., MDS Coordinator A confirmed Resident #1's Discharge MDS dated [DATE] was marked incorrectly and should have indicated Resident #1 was discharged to a nursing facility. Review of the facility policy titled Minimum Data Set (MDS) Policy for MDS assessment Data Accuracy, undated, revealed in part .The purpose of the MDS policy is to ensure each resident receives an accurate assessment by qualified staff to address the needs of the resident .The assessment accurately reflects the resident's status .		

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.