

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER SONTERRA HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 18514 SONTERRA PLACE 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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections including hand hygiene and COVID-19 for 1 of 3 newly admitted Residents (Resident #1) and 1 of 1 Dietary Aide (A) observed for infection control monitoring and residents who received meals from the facility kitchen, in that: 1. The facility did not implement a 14-day quarantine to monitor for COVID-19 for Resident #1 after she was admitted from the hospital. 2. Dietary Aide A did not wear a face mask properly while serving food in the kitchen and did no wash her hands when she reposition her mask These deficient practices could place residents, staff and visitors at risk of transmission of communicable diseases and infections, including COVID-19. The findings were: 1. Review of Resident #1's Face Sheet dated 4/15/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Order Summary Report dated 4/15/20 revealed an order for [REDACTED]. Record review of nursing note dated 4/4/20, 9:56 p.m. revealed Resident #1 was admitted to the facility with a right [MEDICAL CONDITION] status [REDACTED]. Further review of the nursing note revealed Resident #1 had a history of [REDACTED]. Review of Resident #1's clinical record revealed the resident was admitted to the facility on [DATE] to the 200 hall/unit, to a room dedicated for newly admitted residents to be monitored for signs and symptoms of COVID-19. Further review of the clinical record revealed Resident #1 was transferred to a room on the 100 hall on 4/10/20. Interview on 4/14/20 at 9:51 a.m. with the Administrator revealed the 200 hall/unit in the facility was dedicated for those residents who were newly admitted or had returned from the hospital. The Administrator further stated residents on the 200 hall/unit were monitored for COVID-19 signs and symptoms for 7 days. Interview on 4/14/20 at 1:15 p.m. with Infection Control Nurse A revealed the 200 hall/unit was designated for new admissions and residents returning from the hospital. Infection Control Nurse A further stated residents on the 200 hall/unit were monitored for signs and symptoms of COVID-19 for 7 days and not 14 days before being transferred to other halls not dedicated for this purpose. Review of CMS, COVID-19 Long-Term Care Facility Guidance, dated 4/2/2020, revealed in part .Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status .isolate all admitted residents (including readmissions) in their room in the COVID-19-positive facility for 14 days if their COVID-19 status is unknown . 2. Observation on 4/14/20 at 12:12 p.m. revealed Dietary Aide A was serving food from behind the steam table in the kitchen wearing a cloth face mask which did not cover her nose. Observation on 4/14/20 from 12:14 p.m. to 12:16 pm, revealed Dietary Aide A was serving food from behind the steam table in the kitchen wearing a cloth face mask which did not cover her nose or her mouth. When Dietary Aide A realized the State Surveyor was looking at her, she adjusted her mask to cover her mouth and her nose, did not stop to wash or sanitize her hands and continued to serve food from behind the steam table in the kitchen. In an interview on 4/14/20 at 12:46 p.m., Dietary Aide A stated she had been in-serviced recently on the proper use of PPE (Personal Protective Equipment). Dietary Aide A further stated the cloth face mask, when used properly, was supposed to cover the nose and mouth. Dietary Aide A further stated she realized her cloth face mask was sliding down her face and had fixed it and further stated she immediately washed her hands. In an interview on 4/14/20 at 1:01 p.m., Dietary Aide C revealed he was in the kitchen serving food at the steam table and was situated in front of Dietary A on the other side of the steam table. Dietary Aide C stated I saw that Dietary Aide A's mask was below her nose and at one point it was not even covering her mouth. I did tell her to fix her face mask and she was like okay. She did not wash her hands every time she had to fix her mask. Interview on 4/14/20 at 1:15 p.m. with the DON revealed the face mask, when worn properly, should cover the mouth and nose. The DON further stated if your hands touch your face you should wash your hands. The DON stated staff were in-serviced almost daily and competencies had been done on the proper use of personal protective equipment. Record review of in-service documentation revealed Dietary Aide A had been inserviced on 3/3/20 regarding Handwashing and Coughing or Touching Face. Record review of in-service documentation revealed Dietary Aide A had been in-serviced on 3/3/20 regarding Inection Prevention, Handwashing, COVID-19 signs and symptoms and preventative measures and use of PPE. Review of the facility policy and procedure titled Personal Protective Equipment-Universal Masking, undated, revealed in part .The Coronavirus Disease 2019 (COVID-10) has been identified as a highly contagious and rapidly spreading disease, with details of transmission, symptoms, prevention and control measures evolving constantly .the facility plans to implement universal masking for employees and visitors while in the building as a preventative measure .Mask must be worn properly, covering the nose and the mouth . Review of the facility policy titled Sequence for Putting on Personal Protective Equipment (PPE), undated, revealed in part .Use safe work practices to protect yourself and limit the spread of contamination .Keep hands away from face .limit surfaces touched .perform hand hygiene .Wash hands or use an alcohol-based hand sanitizer .</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.