

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455523	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2020
NAME OF PROVIDER OF SUPPLIER MORNINGSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP 602 BABCOCK RD SAN ANTONIO, TX 78201	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 3 of 3 residents (Residents #4, #5, and #6) reviewed for infection control, in that: Medication Aide D did not disinfect the blood pressure cuff and blood pressure machine before checking blood pressure for Resident #4, Resident #5, and Resident #6. This deficient practice could place residents who shared a blood pressure cuff and place them at risk for spread of infection. The findings were: Record review of Resident #4's admission record dated 3/31/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #4's medication record dated 3/31/2020 revealed Resident #4 received [MEDICATION NAME] 10 mg and [MEDICATION NAME] 12.5 mg on 3/31/2020 with blood pressure documented as 159/77. Record review of Resident #5's admission record dated 3/31/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #5's medication record dated 3/31/2020 revealed Resident #5 received [MEDICATION NAME] Malenat tablet 20 mg and [MEDICATION NAME] 50 mg on 3/31/2020 with blood pressure documented as 123/70. Record review of Resident #6's admission record dated 3/31/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #6's medication record dated 3/31/2020 revealed Resident #6 received Losartan Potassium - [MEDICATION NAME] tablet 100-12.5 mg and [MEDICATION NAME] ER 30 mg on 3/31/2020 with blood pressure documented as 126/55. Observation on 3/31/2020 at 8:50 AM revealed MA D checked Resident #4's blood pressure without disinfecting the blood pressure cuff and blood pressure machine prior to use. Observation on 3/31/2020 at 9:14 AM revealed MA D checked Resident #5's blood pressure by using the same blood pressure cuff and blood pressure machine she used for Resident #4. Further observation revealed MA D did not disinfect the blood pressure cuff and blood pressure machine prior to checking Resident #5's blood pressure. Observation on 3/31/2020 at 9:34 AM revealed MA D checked Resident #6's blood pressure by using the same blood pressure cuff and blood pressure machine she used for Resident #4 and Resident #5. Further observation revealed MA D did not disinfect the blood pressure cuff and blood pressure machine prior to checking Resident #6's blood pressure. In an interview on 3/31/2020 at 9:53 AM, MA D confirmed she did not disinfect the blood pressure cuff and the blood pressure machine before she checked the blood pressure for Resident #4, Resident #5, and Resident #6. In an interview on 3/31/2020 at 5:23 PM, the DON confirmed the Medication Aide should have disinfected the blood pressure cuff and blood pressure machine prior to use, between each resident. The DON stated the Medication Aide should have disinfected the blood pressure cuff and blood pressure machine with the disinfectant wipes with a purple top. Record review of the facility's policy titled Cleaning and Disinfection of Resident Care Items and Equipment dated 3/2020 revealed d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical 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.