STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455713	A. BUILDING _____ B. WING _____	07/13/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SUNRISE NURSING & REHAB CENTER	50 BRIGGS ST SAN ANTONIO, TX 78224

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an infection control prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection for 4 of 4 residents (Residents #1, #2, #3 and #4) in that: Residents #1, #2, #3 and #4 were not screened for signs and symptoms of COVID-19. This deficient practice could affect all residents and place them at risk place them at risk of infection from transmission of communicable diseases and could result in a decline in health and/or death. The findings were: 1. Record review of Resident #1's face sheet, dated 7/9/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Quarterly MDS, dated [DATE], revealed a BIMs score of 7 which indicated severe cognitive impairment. Record review of Resident #1's physician's orders [REDACTED]. Record review of Resident #1's Care Plan, dated 6/28/20, revealed the resident was at risk for complications related to COVID-19 exposure, with goal to remain free from serious infection and approach to include 14-day droplet quarantine and to temp check resident as indicated. Record review of Resident #1's COVID-19 symptom screenings from 6/23/20- 7/8/20 revealed the following: 6/23/20- only one screening done at 12:43 p.m. 6/24/20- only one screening done at 1:22 p.m. 6/26/20- no screening completed 6/27/20- no screening completed 6/28/20- no screening completed 6/29/20- only one screening done at 2:47 a.m. 7/2/20- only one screening done at 10:59 a.m. 7/4/20- only one screening done at 6:29 p.m. 7/8/20- only one screening done at 12:39 p.m. During an interview on 7/9/20 at 1:31 p.m. LVN A confirmed only one COVID-19 screening had been completed on 6/23, 6/24, 6/29, 7/2, 7/4, and 7/8 for Resident #1 and she further confirmed that there was no documentation a COVID-19 screening had been completed from 6/26/20-6/28/20. 2. Record review of Resident #2's face sheet, dated 7/9/20, revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #2's Quarterly MDS, dated [DATE], revealed a BIMs score of 1 which indicated severe cognitive impairment. Record review of Resident #2's physician's orders [REDACTED]. Record review of Resident #2's Care Plan, dated 6/28/20, revealed the resident was at risk for complications related to COVID-19 exposure, with goal to remain free from serious infection and approach to include 14-day droplet quarantine and to temp check resident as indicated. Record review of Resident #2's COVID-19 symptom screenings from 6/23/20- 7/8/20 revealed the following: 6/23/20- only one screening done at 12:48 p.m. 6/24/20- only one screening done at 1:10 p.m. 6/25/20- only one screening done at 6:48 p.m. 6/26/20- only one screening done at 12:13 a.m. 6/27/20- no screening completed 6/28/20- no screening completed 7/2/20- only one screening done at 10:51 a.m. 7/4/20- only one screening done at 6:38 p.m. 7/8/20- only one screening done at 1:05 p.m. During an interview on 7/9/20 at 1:40 p.m. LVN A confirmed only one COVID-19 screening had been completed on 6/23, 6/24, 6/25, 6/26, 7/2, 7/4, and 7/8 for Resident #2 and she further confirmed that there was no documentation a COVID-19 screening had been completed from on 6/27 and 6/28. 3. Record review of Resident #3's face sheet, dated 7/9/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #3's Quarterly MDS, dated [DATE], revealed a BIMs score of 15 which indicated cognition was intact. Record review of Resident #3's physician's orders [REDACTED]. Record review of Resident #3's Care Plan, dated 3/13/20, revealed the resident was at risk for infection related to COVID-19 pandemic with goal to remain free from serious infection and approach to include temp check resident as indicated. Record review of Resident #3's COVID-19 symptom screenings from 6/23/20- 7/8/20 revealed the following: 6/25/20- only one screening done at 8:47 p.m. 6/27/20- only one screening done at 9:04 a.m. 6/30/20- only one screening done at 5:42 p.m. 7/5/20- only one screening done at 9:08 p.m. 7/6/20- no screening completed 7/7/20- only one screening done at 12:46 a.m. 7/8/20- only one screening done at 9:44 p.m. During an interview on 7/9/20 at 1:42 p.m. LVN A confirmed only one COVID-19 screening had been completed on 6/25, 6/27, 6/30, 7/5, 7/7, and 7/8 for Resident #3 and she further confirmed that there was no documentation a COVID-19 screening had been completed on 7/6. 4. Record review of Resident #4's face sheet, dated 7/9/20, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #4's Quarterly MDS, dated [DATE], revealed a BIMs score of 13 which indicated cognition was intact. Record review of Resident #4's physician's orders [REDACTED]. Record review of Resident #4's Care Plan, dated 6/28/20, revealed the resident was at risk for complications related to COVID-19 exposure, with goal to remain free from serious infection and approach to include 14-day droplet quarantine. Further review of the care plan revealed problem date of 3/13/20 that revealed the resident was at risk for infection related to COVID-19 pandemic and to temp check resident as indicated. Record review of Resident #4's COVID-19 symptom screenings from 6/23/20- 7/8/20 revealed the following: 6/23/20- only one screening done at 12:34 p.m. 6/24/20- only one screening done at 1:07 p.m. 6/26/20- no screening completed 6/27/20- no screening completed 6/28/20- only one screening done at 10:42 p.m. 6/29/20- only one screening done at 10:50 p.m. 6/30/20- only one screening done at 5:58 p.m. 7/5/20- only one screening done at 9:11 p.m. 7/6/20- no screening completed 7/7/20- only one screening done at 1:01 a.m. During an interview on 7/8/20 at 11:02 a.m., LVN A confirmed only one COVID-19 screening had been completed on 6/23, 6/24, 6/28, 6/29, 6/30, 7/5 and 7/7 for Resident #4 and she further confirmed that there was no documentation a COVID-19 screening had been completed on 6/26, 6/24 and 7/6. During an interview on 7/9/20 at 10:42 p.m., LVN A stated that the CNAs worked 6a.m.-2 p.m., 2 p.m.-10 p.m. and 10 p.m.-6 a.m. and licensed nursing staff worked 7 a.m.-7 p.m. and 7 p.m.- 7 a.m. LVN A stated that residents should be screened for signs and symptoms of COVID-19 three times a day on both the COVID-19 monitoring unit and non-monitoring unit. LVN A stated nursing on the 7 a.m.-7 p.m. shift should screen each resident on their hall once per shift with an additional screening on the odd numbered rooms of residents before the end of their shift and nursing on the 7p.m.-7 a.m. shift should screen each resident on their assigned hall once per shift with an additional screening on even numbered rooms of residents before midnight. During an interview on 7/7/2020 at 10:45 a.m., the Administrator stated residents were to be screened for COVID-19 every shift, three times per day. Review of the facility COVID-19 Plan, dated 3/12/20, revealed in part, Resident Screening: Any resident exposed to a staff member or resident experiencing respiratory illness will be screened upon exposure then every shift for 14 days using the visitor restriction criteria. Review of COVID-19 Response for Nursing Facilities, version 3.1, dated 6/02/20, page 52, Attachment 4: Comprehensive Mitigation Plan-NF without COVID-19 Positive Cases, revealed in part, Identify infections early: a. Actively screen all residents for fever and symptoms of COVID-19 at least each shift.

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.