

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455754</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTHEAST REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>603 CORINNE ST SAN ANTONIO, TX 78218</b>	
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 0695  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide safe and appropriate respiratory care for a resident when needed.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents who needed respiratory care were provided such care, consistent with professional standards of practice for 2 of 4 residents (Residents #2 and #4) reviewed for respiratory care, in that: 1. Resident #2 had a dirty filter on his oxygen concentrator and the humidifier bottle had no water in it. 2. Resident #4 had a dirty filter on his oxygen concentrator. These deficient practices could place residents who received oxygen therapy at risk for incorrect oxygen support being delivered and respiratory complications. The findings were: 1. Record review of Resident #2's face sheet, dated 03/10/2020, revealed the resident was admitted to the facility on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #2's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 9, which indicated the resident was moderately cognitively impaired. Record review of Resident #2's physician's orders [REDACTED].#2's care plan, dated 01/27/2020, revealed, Change tubing and humidifier weekly on Wednesday and PRN excessive soiling; change/clean concentrator filter weekly on Wednesday. Observation on 03/10/2020 at 3:58 p.m. revealed Resident # 2 was receiving oxygen via nasal cannula. Further observation revealed the concentrator filter was covered with a thick layer of a white substance and the humidifier bottle was empty. During an interview with Resident #2 on 03/10/2020 at 3:58 p.m., at the same time as the observation, the resident stated, They usually give me a new cannula and replace the water and take care of the filter on Sunday. They didn't do it this last Sunday. During an interview with LVN A on 03/10/2020 at 4:05 p.m., LVN A confirmed Resident #2's humidifier's bottle was empty and the filter was covered with a thick layer of a white substance. LVN A stated, This should have been done on Sunday. 2. Record review of Resident #4's face sheet, dated 03/10/2020, revealed the resident was admitted on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. Record review of Resident #4's 5-Day MDS, dated [DATE], revealed the resident had a BIMS score of 5, which indicated the resident was severely cognitively impaired. Record review of Resident #4's Physician order [REDACTED].#4's care plan, undated, revealed, Oxygen settings 3 L NC continuously; will have no s/sx of poor oxygen absorption; give oxygen therapy as ordered by physician. Observation on 03/10/2020 at 4:10 p.m. revealed the filter on Resident #4's oxygen concentrator was covered with a white dusty substance. During an interview with the ADON on 03/10/2020 at 4:30 p.m., the ADON confirmed the oxygen filter on Resident #4's concentrator was covered with a white dusty substance. When asked when these filters are cleaned or replaced, she responded, They are supposed to be done on Wednesday. Record review of the facility's policy titled Oxygen Equipment, revised 05/2007, revealed, It is the policy of this facility to maintain all oxygen therapy equipment in a clean and sanitary manner. the facility will maintain clean tanks, connectors and concentrators. C. 4. Oxygen concentrator filters will be checked every week for cleanliness and changed as needed.</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.