

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUTUMN WINDS LIVING &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3301 FM 3009 SCHERTZ, TX 78154</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 0584  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</b>  Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 5 bathrooms assessed for cleanliness, in that: One bathroom in Hall 200 revealed there was no toilet paper, no paper towels, and the toilet had numerous fecal matter spots. This deficient practice could affect residents and could lead to low self esteem and an unsanitary homelike environment. The findings were: During observation on 6/10/20 at noon of a bathroom in Hall 200, revealed there was no toilet paper, no paper towels, and the toilet had numerous fecal matter spots. During interview on 6/10/20 at noon with LVN A, he confirmed the bathroom in Hall 200 had no toilet paper, no towels, and fecal matter was present in the toilet bowl. LVN A stated, the bathroom was in need of cleaning. During interview on 6/10/20 at noon with Housekeeping Aide C, he confirmed the bathroom needed cleaning. During joint interview on 6/10/20 at 2:30 PM with Administrator and DON: The Administrator stated, the bathroom should have been cleaned and re-stocked; and, the fecal matter should have been addressed. Record review of facility policy entitled Home Like Environment, date 2/2014, read: .(maintain) cleanliness and order .  F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few  <b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary environment to help prevent the development and transmission of communicable disease for 1 of 1 biohazard waste bins and 1 of 5 toothbrush shelves reviewed for infection control, in that: 1. The biohazard waste bin at the entrance of the facility had no biohazard bag or any bag. 2. One resident bathroom shelf had three un-bagged and unlabeled toothbrushes. This deficient practice could place residents at risk for contamination and infection. The findings were: 1. Observation on 6/10/20 at 9 AM of the front entrance of the facility revealed a lack of a biohazard bag at the entrance to the facility; the waste basket had no biohazard bag or any bag. During interview on 6/10/20 at 9:15 AM with Hospitality Aide B, confirmed that no biohazard bag was present at the entrance to the facility; and, Hospitality Aide B directed the surveyor to discard his face mask into the unbagged waste basket. Hospitality Aide B stated we should have a biohazard bag in the waste basket to prevent infections from spreading. During interview on 6/10/20 at 11:11 AM with the DON, she stated, there should have been a trash bag in the waste basket at minimum .you need to have a bag to grab waste. Record review of policy entitled Handling of Medical Waste, undated read: biohazards must be placed in red plastic bag and sealed 2. Observation on 6/10/20 at 12:05 PM of a joint bathroom in hall 200 revealed in one bathroom three unlabeled and un-bagged toothbrushes on the bathroom shelf. Observation further revealed four female residents shared the joint bathroom. During interview on 6/10/20 at 12:05 PM with LVN A, he confirmed the three toothbrushes in the joint bathroom were unlabeled and un-bagged. LVN A stated the toothbrushes needed to be labeled and bagged. During joint interview on 6/10/20 at 2:30 PM with Administrator and DON: The DON stated, the toothbrushes they should have been labeled and bagged. Record review of facility policy entitled Cleaning and Disinfection of resident-Care Items, dated 2009, read: .reusable items .will be cleaned and disinfected .  F 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few  <b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment in 1 of 1 biohazard room checked for environmental issues, in that: The biohazard room was left unlocked. There were three full sharps containers with razor blades and disposable needles stored in the biohazard room and easily accessible to anyone who walked down the hallway. This failure could place residents at risk for injury. The findings were: Observation on 6/10/20 at 2 PM of the biohazard room revealed it was unlocked. Near the biohazard room was Resident # 1 who was not oriented to her surroundings. The unlocked biohazard room was opened by LVN A. Inside the biohazard room were three full sharps containers. Record review of Resident # 1's face sheet revealed she had [DIAGNOSES REDACTED]. During interview on 6/10/20 at 2 PM with LVN A, he stated the biohazard room needed to be locked; because it presented a safety risk to residents. During joint interview on 6/10/20 at 2:30 PM with Administrator and DON: The Administrator stated, the biohazard room should have been locked. The DON concurred with the Administrator's statement. Record review of facility policy entitled Medical Waste, 10/2020, read: .stored (biohazard) and removed from the premises		

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.