

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RETAMA MANOR NURSING CENTER/PLEASANTON SOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>905 OAKLAWN PLEASANTON, TX 78064</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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure that all alleged violations were reported immediately, but no later than 24 hours after the allegation was made for 1 of 1 residents (Resident #1) reviewed for reporting of positive COVID-19 test results, in that: The facility failed to report a positive COVID -19 test result for Resident #1 to the state agency. This deficient practice can affect residents who reside at the facility and place them at risk for decreased health and death. The findings include: Record review of Resident #1's Face Sheet read the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's Quarterly MDS dated [DATE] read: BIMS of 99 with Cognitive Skills for Daily Decision Making Severely Impaired. Record review of Resident #1's COVID-19 test result summary, report dated 7/18/2020 read: Positive. Record review of Resident #1's physician's orders [REDACTED]. During an interview on 7/23/2020 at 1:15 PM, the DON revealed he had been made aware of the COVID-19 positive test result on 7/19/2020. The DON confirmed he did not report the findings to the HHSC state agency. During an interview on 7/23/2020 at 1:20 PM, the Administrator confirmed he did not report the findings to the HHSC state agency, further stating, he did not believe a report to the state was warranted due to a negative COVID-19 rapid test result at the local hospital within a few hours of the positive result on 7/19/2020. During a subsequent interview on 7/23/2020 at 1:29 PM, the administrator stated they do not have a formal policy for reporting incidents to the state, further stating, we use HHSC guidance for reported incidents. Record review of Texas Department of Aging and Disability Services Provider Letter No. 17-18 dated 5/3/17- Abuse, Neglect, Exploitation, Misappropriation of Resident Property, and Other Incidents that must be reported to the Texas Department of Aging and Disability Services read: 10. EMERGENCY SITUATIONS THAT POSE A THREAT TO RESIDENT HEALTH AND SAFETY. A NF must report to DADS any emergency that poses a threat to residents, staff or the public health and safety or that caused the death or serious injury of a resident, including situations for which the police or the local fire authority must be notified or summoned in order to maintain safety. The following are some examples of emergency situations that pose a threat to resident health and safety that must be reported: A sudden rise in the incidence of an infectious disease or illness. A NF must report the other reportable incidents listed in this letter to the DADS CRS Section at (800) [PHONE NUMBER] or online within 24 hours, after suspecting or learning of the incident.</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.