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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 45E629 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/23/2020 |
| NAME OF PROVIDER OF SUPPLIER THE SARAH ROBERTS FRENCH HOME | | STREET ADDRESS, CITY, STATE, ZIP 1315 TEXAS AVE 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 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week in that; The facility failed to maintain RN coverage 8 hours a day for 15 out of 23 days. The facility did not have RN coverage on 7/3/2020, 7/6/2020, 7/10/2020, 7/13/2020, 7/14/2020, 7/15/2020, 7/16/2020, 7/17/2020, 7/20/2020, 7/21/2020, 7/22/2020 and 7/23/2020. The facility only had RN coverage for 2 hours on 7/9/2020 and 3 hours on 7/7/2020 and 7/8/2020. This failure could affect residents in the facility and place them at risk for not having their nursing and medical needs met. The findings were: Record review of the Employee Roster, dated 7/21/2020, revealed there was no individual listed as the DON and there were only 2 weekend RNs listed, RN A and RN B. Record review of the Time sheets for Weekend RN B from 6/29/2020 to 7/12/2020 revealed she worked 3.25 hours on 7/7/2020, 3 hours on 7/8/2020 and 2 hours on 7/9/2020. Interview on 7/21/2020 at 9:05 AM, LVN (ADON) stated the facility did not have a DON since March 2020. The ADON reported the facility had a weekend RN, but no RN who worked Monday through Friday since March 2020. The ADON reported the facility had an agency RN worked in the facility, the first part of July. The ADON confirmed the facility did not have an RN scheduled to work 7/21/2020. Interview on 7/21/2020 at 10:56 AM, the ADON revealed the weekend RN worked 8 hours on Saturdays and Sundays. The ADON further reported 7/2/2020 was the last time a registered nurse from the agency worked in the facility. Interview on 7/22/2020 at 9:51 AM the ADON confirmed there was no RN working that day. Interview on 7/22/2020 from 2:46 PM the Administrator stated the facility had used agency nurses for a while. She further stated the last time an agency RN was in the facility was about 2 weeks ago. Further interview on 7/23/2020 at 11:23 AM with Administrator revealed she had offered the DON position to a candidate who recently withdrew their acceptance and would be seeking candidates to fill the DON position by advertising on-line. Interview on 7/23/2020 at 8:15 AM the ADON confirmed there was no RN working that day. Record review of the policy titled Director of Nursing Services, revised April 2006, revealed 1. The Nursing services department is managed by the Director of Nursing Services. The Director is a Registered Nurse (RN), licensed by this state, and has experience in nursing service administration, rehabilitative and geriatric nursing. 2. The director is employed full-time (40-hours per week) and is responsible for, but is not necessarily limited to: .g. Recruiting and retaining the number and levels of nursing personnel necessary to meet the nursing care needs of each resident. | | |
| F 0732 Level of harm - Potential for minimal harm Residents Affected - Many | Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview and record review the facility failed to post the nurse staffing data on a daily basis at the beginning of each shift for 3 of 3 days (7/21/2020-7/23/2020) reviewed and had not completed the nurse staffing data for 17 out of 23 days (7/5/2020 to 7/23/2020), in that: The daily posted nurse staffing data was not updated for 17 days and was not posted in the facility. This deficient practice could affect all residents and could result in residents and visitors being unaware of staffing levels in the facility. The findings were: Observation on 7/21/2020 at 10:31 AM of the bulletin board across from room [ROOM NUMBER], revealed there was no Daily Nurse Staffing Posting. Observation and interview on 7/22/2020 at 9:41 AM, with the Medical Records Employee, confirmed there was no staff posting. The Medical Records Employee reported the previous ADON was responsible for completing and posting the document, and thought the current ADON might know who was responsible for completing it. Interview on 7/22/2020 at 9:51 AM, the ADON revealed she completes the Daily Nursing Staff Postings, and they were done daily until July 4. The ADON confirmed the Daily Nursing Staff Postings were not posted on 7/22/2020 and 7/21/2020. Interview on 7/22/2020 from 2:46 PM to 3:21 PM, the Administrator revealed the Daily Nursing Staff Posting was completed by the ADON, and confirmed it had not been done for a while. Observation on 7/23/2020 at 8:15 AM, of the bulletin board across from room [ROOM NUMBER], revealed there was no daily Nurse Staffing posted. In an interview on 7/23/2020 at 8:17 AM, the ADON confirmed the daily nurse staffing posting was not completed or posted in the facility. Review of the folder that contained the Daily Nurse Staff Postings revealed the last one completed was dated 7/4/2020. Review of the policy titled Posting Direct Care Daily Staffing Numbers, revised April 2006, revealed Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Under Policy Interpretation and Implementation was At the beginning of the day shift the number of Licensed Nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format. | | |
| 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.