

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675477	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2020
NAME OF PROVIDER OF SUPPLIER STOCKDALE RESIDENCE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 300 SALMON STOCKDALE, TX 78160	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public for 1 of 1 Biohazard Room reviewed for safety, in that: 1. The Biohazard Room was in a Storage Closet. 2. The Biohazard Room did not have a locking door or locking mechanism at the door entrance to the room. 3. The window was opened inside the Biohazard Room. 4. The outside facility door to the corridor where the Biohazard Room was located did not lock. 5. A Biohazard bag with a full sharps container was left on top of the locked Biohazard Box in the Biohazard Room. These deficient practices could place residents at risk to injury, provide unauthorized access to biohazard waste, and could lead to infections associated with biohazard waste. The findings were: Observation on 09/09/2020 at 9:30 AM revealed the Biohazard Room had no lock or key door knob on the door. Further observation of the Biohazard Room revealed it was a locked box inside a storage room, and on top of the locked box was a biohazard bag with a full sharps container inside a biohazard bag. Observation revealed the window to the Biohazard Storage room was open, and the back door near the Biohazard Room did not lock and allowed access to the Biohazard Room. During an interview with LVN A on 09/09/2020 at 9:35 AM, LVN A confirmed the Biohazard Room was not locked and no means of locking the room existed. LVN A further confirmed the Biohazard locked box was inside a storage room with a window open, and confirmed a biohazard bag with a full sharps container was on top of the biohazard locked box. LVN A confirmed the back door near the Biohazard Room was not secured. LVN A stated, It (the Biohazard Room) should not be that way . the sharps container should not be left on top of the locked biohazard box . During an interview with the Maintenance Director on 09/09/2020 at 9:40 AM, the Maintenance Director confirmed the Biohazard Room had no lock or key lock mechanism which allowed for unobstructed entrance into the room. During an interview with the DON on 09/09/2020 at 9:50 AM, the DON stated, . there is no excuse . window should not be opened in the biohazard room . the back door needs to be secured . the biohazard box should not be in a storage room . a sharps container should not be left on top of a locked biohazard box . it was laziness . no excuse . and biohazards need to be in a separate closet or room and not in a storage room . During interview with the Administrator on 09/09/2020 at 11:15 AM, the Administrator stated, the (Biohazard) room should not be unlocked, and the window should not be open allowing access from the exterior . sharps container should not be left on top of a box . a biohazard box should be off the ground (biohazard boxes should be on pallets off the ground inside a biohazard room) and not be in a storage room . Record review of the facility's policy titled Medical Waste Storage, dated 2001, read, . Containers or buildings that are used to store medical wastes and sharps . will be locked at all times to prevent unauthorized access.</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.