

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455789</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAK PARK NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7302 OAK MANOR DR SAN ANTONIO, TX 78229</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0688  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review the facility failed to ensure a resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for 2 of 2 residents (#1 and #3) reviewed for range of motion, in that: 1. Resident #1 did not receive restorative services as ordered for 2 of 5 days. 2. Resident #3 did not receive restorative services as care planned for 2 of 5 days.</p> <p>This deficient practice could affect residents requiring restorative at risk of not fulfilling their highest physical ability. The findings were: 1. Review of Resident #1's undated face sheet revealed he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Physician's Telephone Order dated 12/31/2019 revealed an order for [REDACTED]. #1's range of motion on his upper extremity and lower extremity were impaired on one side. Review of Resident #1's care plan for the problem of .self Care Deficit AEB (As Evidenced By) Need for set up to limited-assist of 1 with ADL's (Activities of Daily Living) R/T (Related To)[MEDICAL CONDITION] left [MEDICAL CONDITION] with additional risk for decline secondary to Dx (diagnosis) of [MEDICAL CONDITION] with an onset date of 10/3/2019. Under Approaches was Restorative Nursing programs. Review of Resident #1's Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed Resident #1 is at risk for falls, unsteady gait, and weakness. Under Approaches was Ambulate with hemiwalker, gait belt and contact guard of 1 person from room to dining room for a goal of 150 feet for a minimum of 15 minutes, 6 days a week or as tolerated. Further review of the Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed under Section II-Approaches/Interventions) Resident #1 did not receive restorative therapy on [DATE] and on 3/4/2020 for this intervention. Review of Resident #1's Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed Resident #1 is at risk for falls, unsteady gait, and contracture to lower extremity due to [MEDICAL CONDITION]. Under Approaches was Active range of motion using respirator to lower extremities for 15 minutes, 6 days a week. Further review of the Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed under Section II-Approaches/Interventions) Resident #1 did not receive restorative therapy on [DATE] and on 3/4/2020 for this intervention. Observation on 3/4/2020 at 11:30 AM revealed Resident #1 was in a wheel chair in his room, his left hand was slightly contracted and appeared to have left-sided weakness. In an interview on 3/4/2020 at 11:30 AM Resident #1 revealed he was supposed to receive restorative therapy on Sundays through Friday but does not always get it due to the facility was short staffed. Resident #1 stated he did not receive restorative therapy on 3/4/2020 In an interview on 3/5/2020 at 3:30 PM RA B confirmed Resident #1 did not receive restorative therapy on [DATE] and 3/4/2020. 2. Review of Resident #3's undated face sheet revealed he was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Consolidated physician's orders [REDACTED]. Review of Resident #3's MDS, a Quarterly assessment dated [DATE], revealed his BIMS score was 3 out of 15, indication his cognitive skills for daily decision making were severely impaired. Further review of the MDS revealed Resident #3's range of motion on his upper extremity was impaired on one side. Review of Resident #3's care plan for the problem of .self Care Deficit AEB Need for extensive assist with ADL's with an onset date of 10/25/2018. Under Approaches was Restorative Nursing programs. Review of Resident #3's Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed Resident #3 is at risk for increased weakness, falls, and decrease in range of motion due to limited mobility and history of falls. Under Approaches was Lower extremity exercises with RA up to 5 reps of 3 for a goal of 15 minutes, 6 days a week working on hip abduction, hip flexion, knee flexion, and knee extension. Further review of the Nursing Rehab/Restorative Plan of Care for (NAME)2020 revealed under Section II-Approaches/Interventions) Resident #3 did not receive restorative therapy on [DATE] and on 3/4/2020 for this intervention. Observation on 3/5/2020 at 11:24 AM of Resident #3 revealed he was in a wheel chair, had his left arm in a sling and was not interviewable. In an interview on 3/5/2020 at 3:12 PM with RA B stated Resident #3 received 15 minutes of restorative therapy every day RA B RA B confirmed Resident #3 did not receive restorative therapy on [DATE] and on 3/4/2020. In an interview on 3/5/2020 at 4:20 PM MDS Nurse D revealed she recently took over the restorative therapy program as of 2/26/2020. MDS Nurse D reported the DON told her the RA A had called in yesterday but did not tell her until later in the afternoon. In an interview on 3/5/2020 at 4:52 PM with the DON and ADON E revealed there were 2 restorative aides who worked from Sunday to Friday and they would rotate with one RA would work on Sundays and one day during the week there would only be one RA when the RA who worked Sunday was off. The DON reported one of the RA's called in on 3/4/2020 to the Staffing Coordinator. In an interview on 3/5/2020 at 5:06 PM the DON revealed the work of the RA could be picked up by the nursing staff. The DON stated she did not know who provided restorative services on 3/4/2020 when there was no restorative aide in the facility. In an interview on 3/5/2020 at 5:33 PM the Administrator revealed she was not aware there was no RA on the floor on 3/4/2020. In an interview on 3/6/2020 at 8:30 AM the Staffing Coordinator revealed there were usually 2 restorative aides on the floor except for Friday and Sunday when there was only 1 RA and there were no RA's scheduled to work on Saturdays. The Staffing Coordinator reported on 3/4/2020 the RA who was scheduled to work had notified the ADON that she would not be in; he did not find out about it until 1:30 PM and at that time it was too late to find a replacement. The Staffing Coordinator stated had he known about it earlier, he would have pulled the CNA from 200 hall to do the RA work, who had been the RA in the past, and find a replacement for her position to cover 200 hall. Review of the time sheets dated 3/5/2020 for the RA A and RA B revealed both restorative aides did not work on 3/4/2020 and both were in the facility on [DATE]. Review of facility's policy titled Restorative Program Standards of Practice, revised 9/2019, revealed It is the standard and philosophy of this facility to provide a restorative nursing program that encourages all residents to attain or maintain their highest practical level of function. Under Process was 1. The Patient Care Coordinator/Licensed Nurse will complete the Restorative Nursing Evaluation on Admission, Quarterly, and with changes of conditions. 2. Restorative may be initiated upon admission, and concurrently with therapy if indicated. 3. The Patient Care Coordinator/Licensed Nurse overseeing the Restorative program, will evaluate the resident and develop the appropriate programs for the resident. 4. Nursing Restorative programs may be developed in collaboration with the therapy team upon discharge from therapy care. 5. Referrals to Restorative may be made by the nursing team, clinical floor staff, therapy department or other interdisciplinary team members. 6. Restorative care is provided through our team of restorative CNAs assigned to implement restorative programs. 7. Under licensed nurse supervision, other staff and trained volunteers may be assigned to work with specific residents. 8. The facility may elect to integrate restorative nursing into the overall care of residents, whereby every CNA is considered to be a Restorative CNA, and will provide any restorative services needed by their primary patients. 9. The Patient Care Coordinator/Licensed Nurse will notify the assigned Restorative CNA of the new Restorative Plan of Care and provide any training and instructions on the plan before adding to the restorative binder for daily documentation and follow up. 10. The Patient Care Coordinator/Licensed Nurse will meet with the Restorative care during the weekly Utilization Review Meeting. 11. Documentation will include resident's response</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.

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