

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Memorial Medical Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 307 W Cypress St San Antonio, TX 78212	

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)
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>46447</p> <p>Based on observation, interview, and record review the facility failed to post daily information that included the actual hours worked by registered nurses, licensed practical or licensed vocational nurses, and certified nurse aides directly responsible for resident care per shift and readily accessible in a prominent place.</p> <p>The facility failed to ensure the daily staffing information was posted per shift and in a prominent place on two (07/15/2024 and 07/16/2024) of three days observed.</p> <p>This failure could place all residents, their families, and facility visitors at risk of not having access to information regarding staffing data.</p> <p>Findings included:</p> <p>Observation on 07/15/2024 at 05:43 p.m., revealed a document labeled [facility name] dated 07/15/2024, was posted on a wall after the facility entry and prior to entering the resident living spaces. The document included the following data: Current census: 104, Nursing Department 24-hour Coverage, RN coverage: 3, LPN/LVN Coverage: 6, CMA Coverage: 6, and CNA Coverage: 18. The document reflected the total number and type of licensed staff scheduled for a 24-hour period but did not break down the number and type of licensed staff scheduled per shift.</p> <p>Observation on 07/16/2024 at 08:00 a.m., revealed a document labeled [facility name] dated 07/16/2024, was posted on a wall after the facility entry and prior to entering the resident living spaces. The document included the following data: Current census: 104, Nursing Department 24-hour Coverage, RN coverage: 2, LPN/LVN Coverage: 8, CMA Coverage: 6, and CNA Coverage: 18. The document reflected the total number and type of licensed staff scheduled for a 24-hour period but did not break down the number and type of licensed staff scheduled per shift.</p> <p>Observation on 07/17/2024 at 05:07 p.m., revealed the nurse staffing document, Daily Assignment Sheet dated 07/17/2024, was posted next to the facility staff clock-in machine on a wall of a side hall, located off the main hall and not in an area with resident rooms or in an area in which resident services were provided. The posting was on a wall that residents and facility visitors would most likely not see or need to bypass. The document included the following data:</p> <p>Census: [blank],</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Memorial Medical Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 307 W Cypress St San Antonio, TX 78212	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>MEDICATION AIDE 6A-2P with three (3) names noted as CMAs listed,</p> <p>CNA 7A-3P with seven (7) names listed,</p> <p>NURSES 7A-7P with three (3) names noted as LVNs listed,</p> <p>MEDICATION AIDE 2P-10P with three (3) names noted as CMAs listed,</p> <p>CNA 3P-11P with five (5) names noted but one (1) name was crossed out and two (2) additional names were written onto the document,</p> <p>NURSES 7P-7A with two (2) names noted as LVNs, one (1) name noted as a RN, and one (1) name noted as LVN written onto the document; and</p> <p>CNA 11P-7A with three (3) names noted, one (1) name crossed out, and two (2) additional names were written onto the document.</p> <p>During an interview on 07/16/2024 at 03:27 p.m., the DON confirmed the posted daily census and licensed nurse staffing document was located at the front of the building next to the facility entry lobby. The DON revealed she was responsible for posting the document. The DON revealed she maintained the format of the document per how it was done when she started in her position, early March 2024. The posted daily census and nurse staffing document format was written with the total number of licensed staff scheduled for a 24-hour period and not broken down into the number of licensed staff scheduled per shift. The DON revealed the staffing schedule with the names of nursing staff scheduled per shift was posted in a public space next to the time clock further down the hall, adjacent to the employee time clock. The DON revealed residents and facility guests were able to view the nursing staff schedule for access to shift information.</p> <p>Record review of facility policy, Staffing, Sufficient and Competent Nursing, revised August 2022, revealed 6. Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift.</p>		