

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
NAME OF PROVIDER OR SUPPLIER McCullough Hall Nursing Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 603 S W 24th St San Antonio, TX 78207	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>41937</p> <p>Based on interviews 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, for 1 of 1 facility's reviewed for RN hours and 28 residents reviewed, for the months August 11th, 2024, through November 11th, 2024.</p> <p>The facility failed to have a registered nurse on Sunday 10/13/2024.</p> <p>This failure could place residents at risk for harm by denying residents the advanced critical thinking skills a registered nurse could provide.</p> <p>The findings included:</p> <p>A record review of the facility's license #147063 expiration 03/03/2026 revealed the facility was licensed for 51 Resident capacity.</p> <p>A record review of the facility's RN Payroll report for the months of August 11th, 2024, through November 11th, 2024, revealed on Sunday 10/13/2024 there was no RN scheduled for any shift during the 24-hour day.</p> <p>A record review of the facility's (Facility Name) Daily Schedule report dated 10/13/2024 revealed, Facility Census 28 residents. Further review revealed 3 work shifts 06:00 AM to 02:00 PM; 02:00 PM to 10:00 PM; and 10:00 PM to 06:00 AM. Continued review revealed RN A was scheduled to work the 02:00 to 10:00 PM shift. Further review revealed RN A's name was lined out with a notation WNBI RN A and LVN B was written in below the notation.</p> <p>During an interview on 11/14/24 02:20 PM the administrator stated the DON was scheduled Monday through Friday weekly with weekends off. The administrator stated the facility hired weekend RN staff to ensure RN daily coverage.</p> <p>During an interview on 11/14/2024 at 02:50 PM the Administrator stated on 11/14/2024 she received a report from the DON that on Sunday 10/13/2024 the DON received notification from RN A she would not be in to work her schedule, 02:00 PM to 10:00 PM. The administrator stated the DON substituted LVN B to work the 02:00 PM to 10:00 PM shift on 10/13/2024. The administrator stated the facility had no RN for Sunday 10/13/2024 and the DON was responsible for ensuring an RN was available on duty daily .</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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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's Departmental Supervision policy dated April 2006, revealed, Policy Statement: The Nursing Services department shall be under the direct supervision of a Registered or Licensed Practical/ Vocational Nurse at all times. Policy Interpretation and Implementation:</p> <p>I. A Registered or Licensed Practical/Vocational Nurse (RN/LPN/LVN) is on duty twenty-four hours per day, seven (7) days per week, to supervise the nursing services activities in accordance with physician orders and facility policy.</p> <p>2. A Registered Nurse (RN) is employed as the Director of Nursing Services (DNS). The DNS is on duty during the day shift Monday through Friday. During the absence of the DNS, a Nurse Supervisor/Charge Nurse is responsible for the supervision of all nursing department activities including the supervision of direct care staff.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41937</p> <p>Based on observations, interviews, and record review the facility failed to ensure residents foods were stored, prepared, distributed, and served in accordance with professional standards for food service safety, for 1 of 26 residents reviewed for food storage and safety.</p> <p>Resident #118 had received semi-dried prunes stored in a resealable plastic food container without any labels indicating when the prunes were received and or when the prunes should be discarded.</p> <p>This failure could place residents at risk for food borne illness.</p> <p>The findings included:</p> <p>A record review of Resident #118's admission record dated 11/15/2024 revealed an admitted [DATE] with diagnoses which included congested heart failure (occurs when the heart muscle doesn't pump blood as well as it should), gastroesophageal reflux disease (a condition in which stomach acid repeatedly flows back up into the tube connecting the mouth and stomach), and constipation.</p> <p>A record review of Resident #118's quarterly MDS assessment dated [DATE] revealed Resident #118 was an [AGE] year-old female admitted for long term care and assessed with a BIMS score of 08 out of a possible 15 which indicated mild cognitive impairment.</p> <p>A record review of Resident #118's physicians orders dated 11/15/2024 revealed Resident was prescribed lactulose (a medication prescribed for chronic constipation) 30ml as needed for no bowel movements for 3 days.</p> <p>A record review of Resident #118's care plan dated 11/15/2024 revealed, (Resident #118) has a regular diet with thin liquids and is at risk for nutritional impairment RT poor self-nutritional intake. supervise meal intake at all times per facility protocol.</p> <p>During an observation and interview on 11/14/24 at 11:23 AM Resident #118 demonstrated a plastic resealable food container approximately 4 inches x 4 inches squared, and 3 inches deep filled with semi-dried prunes. The container presented without any labels and or writing. Resident #118 stated a visitor brought her the prunes in consideration of her chronic constipation. Resident #118 could not recall the exact date she received the prunes and stated, sometime last week and recalled she had been eating the prunes sometimes daily.</p> <p>During an interview on 11/14/2024 at 11:26 AM RN A demonstrated the container of prunes by opening the container and stated the prunes looked good. RN A stated the container had no date and or label to indicate when the prunes were delivered to Resident #118 and had no label and or date to indicate when the prunes were no longer safe to consume and or throw out. RN A stated she had not noticed the prunes before the state surveyor's interventions. RN A stated she was not aware of food labeling procedures and referred to the dietary department for details. RN A stated she believed the prunes were safe to consume.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/14/2024 at 12:18 PM the [NAME] for the facility stated that all foods stored for residents should be presented to the dietary department for safety review. The [NAME] further stated the foods stored for residents should be labeled at a minimum with 2 dates 1. The date the food was prepared / stored and 2. The date which the food should be disposed and would no longer be considered safe to serve due to food borne illnesses. The [NAME] stated the dietary department had made available a resident refrigerator in which staff could store resident foods. The refrigerator was supplied with labels for dietary staff to affix to resident foods presented for safety review. The [NAME] stated he was not aware of any prunes stored for Resident #118 and would be concerned for safety since the prunes were not refrigerated and could lead to a food borne illness. The [NAME] stated a general time frame for unrefrigerated foods to be stored and was no longer safe to consume and/or serve was 3 days .</p> <p>During an interview on 11/14/2024 at 5:15 PM the Administrator stated she had received a report today (11/14/2024) about Resident #118's prunes stored in Resident #118's room which had no labels to indicate safe food time frames. The Administrator stated she expected staff to provide resident and visitor education to include food safety and guidance to present all foods from outside sources to be presented to nursing staff and dietary staff to be assessed and labeled for food safety to include dates . The Administrator stated the failure could lead to food borne illness.</p> <p>A record review of the facility's Foods Brought by Family / Visitors policy dated October 2017 revealed, Policy Statement: Food brought to the facility by visitors and family is permitted. Facility staff will strive to balance resident choice and a homelike environment with the nutritional and safety needs of residents.</p> <p>Policy Interpretation and Implementation:</p> <p>1. Family members and visitors are requested to inform nursing staff of their desire to bring foods into the facility.</p> <p>2. Nursing staff will provide family/visitors who wish to bring foods to the facility with a copy of this policy. Residents will also be provided a copy in a language and format he or she can understand. 7. Food brought by family/visitors that is left with the resident to consume later will labeled and stored in a manner that it is clearly distinguishable from facility-prepared food.</p> <p>a. Non-perishable foods will be stored in re-sealable containers with tight-fitting lids. Intact fresh fruit may be stored without a lid.</p> <p>b. Perishable foods must be stored in re-sealable containers with tightly fitting lids in a refrigerator. Containers will be labeled with the resident's name, the item, and the use by date.</p> <p>8. The nursing staff will discard perishable foods on or before the use by date.</p> <p>9. The nursing and/or food service staff will discard any foods prepared for the resident that show obvious signs of potential foodborne danger (for example, mold growth, foul odor, past due package expiration dates).</p> <p>10. Potentially hazardous foods that are left out for the resident without a source of heat or refrigeration longer than 2 hours will be discarded.</p>		