

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER San Rafael Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Sunnybrook Rd Corpus Christi, TX 78415	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50969</p> <p>Based on interview, observation and record review, the facility failed to develop a comprehensive person-centered care plan based on assessed needs that included measurable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs and describes the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being for 1 (Resident #43) of 5 residents reviewed for comprehensive person-centered care plans.</p> <p>The facility failed to develop and implement Resident #43 ' s care plan to include oxygen therapy.</p> <p>This failure could affect the resident by placing them at risk for not receiving care and services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>The findings included:</p> <p>In an observation on 03/04/2025 at 11:00 AM of Resident #43, revealed he did not have any oxygen on, and there was no oxygen concentrator, tubing or other equipment in his room.</p> <p>Record review of Resident #43 ' s face sheet dated 03/05/25 revealed a [AGE] year-old-male with an admitted [DATE]. Diagnoses include COPD (Chronic Obstructive Pulmonary Disease is a lung condition caused by damage to the airways and alveoli, usually from smoking or other irritants).</p> <p>Record review of Resident #43 ' s Quarterly MDS assessment dated [DATE], Section C, Cognitive Patterns, revealed a BIMS score of 11 (moderately impaired cognition). The MDS did not indicate anything regarding oxygen or respiratory therapy.</p> <p>Record review of Resident #43 ' s physician orders revealed an order dated 03/04/25 for Oxygen 2 liters via nasal cannula to maintain saturations >92% as needed for SOB; it also revealed an order dated 01/08/25 and discontinued on 03/04/25 for Oxygen 2-4 LPM as needed for SOB with saturations <93%.</p> <p>Record review of Resident #43 ' s care plan on 03/05/25 revealed no care plan for oxygen, to include no oxygen diagnosis on the care plan, no oxygen status on the care plan, no oxygen orders on the care plan, no oxygen parameters on the care plan, and no oxygen equipment listed on the care plan.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with LVN-G on 03/04/25 at 11:35 AM, she stated that the nurses utilized the care plans to determine specific things about the residents ' orders, such as oxygen parameters, foley catheters, EBP precautions, preferences, likes and/or dislikes. She stated that the care plans were updated by the MDS nurse and IDT team.</p> <p>In an interview with the MDS Nurse on 03/05/25 at 5:59 PM, she stated she reviewed Resident #43 ' s care plan, and the oxygen care plan was not there, but it should have been. She stated if things were not care planned appropriately residents may not get the appropriate care they needed. She also stated the care plan was usually updated by the IDT team.</p> <p>In an interview with the DON on 03/06/25 at 9:17 AM, he stated the MDS nurses typically updated the care plans, but they were new to it and still learning. He stated if he was putting an order in himself, he went ahead and clicked over to the care plan and updated it so that he knew it was done, but also the IDT team met, reviewed, revised, and updated care plans. He stated the care plan was there to help the nurses to understand more about what was went on with each resident, and without the care plan, the resident may not get the appropriate care or treatment they needed. He also stated that oxygen was something that should have been care planned.</p> <p>In an interview with ADON-F on 03/06/25 at 2:15 PM, she stated that care plans were updated by MDS and the IDT team. She stated if it was a clinical care plan, it was usually updated by the MDS nurse, and Oxygen was something that should have been care planned. She also stated that care plans were used by the nurses to determine specific things about the residents ' orders, diagnoses, preferences, likes, needs, wants, parameters, and if not added or updated, important care could be missed.</p>		