

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2025
NAME OF PROVIDER OR SUPPLIER Huebner Creek Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8306 Huebner Rd San Antonio, TX 78240	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38511</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 4 residents (Residents #3) reviewed for infection control:</p> <p>The facility failed to ensure CNA A utilized hand hygiene between glove changes during peri-care on Resident #3.</p> <p>This failure could place residents at-risk for infection due to lack of hand hygiene and could result in infection or illness.</p> <p>The findings included:</p> <p>Record review of Resident #3's face sheet dated 4/10/2025 revealed a [AGE] year-old female admitted on [DATE] with diagnoses which included: type 2 diabetes mellitus with diabetic neuropathy, acute on chronic systolic (congestive) heart failure, and generalized muscle weakness.</p> <p>Record review of Resident #3's annual MDS assessment dated [DATE] revealed a BIMS score of 15 which indicated she was cognitively intact. The assessment indicated the resident had total dependence on staff for toilet hygiene.</p> <p>Record review of Resident #3's Care Plan last revised on 3/21/2025 revealed the resident was totally dependent on staff for all aspects of toilet use and the resident was incontinent.</p> <p>During an observation on 4/09/2025 at 1:13 p.m. of peri-care to Resident #3 revealed while CNA A was cleaning and changing the resident's brief which held a large volume of stool. CNA A scooped and removed two handfuls of stool with her gloved hand and placed the stool in the trash can. CNA A's gloves were contaminated with stool. She removed the gloves and put on clean gloves to finish peri-care but failed to utilize any hand hygiene between the glove change.</p> <p>During an interview on 4/09/2025 at 1:31 p.m., CNA A stated she knew she was supposed to use hand sanitizer or wash her hands between glove changes. She stated it had been a long day, but she knew what she was supposed to do.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/11/2025 at 1:14 p.m., the ADON stated she was also the facility's certified Infection Preventionist. She stated her expectation of staff was for them to use hand hygiene anytime they took their gloves off so they could start clean. She stated the staff should wash their hands or use hand sanitizer before putting on clean gloves to prevent contamination. She stated contamination could lead to infections. The ADON stated CNA A told her right away that she did not use hand hygiene during peri care with Resident #3 and they were starting an in-service.</p> <p>During an interview on 4/11/2025 at 1:51 p.m., the DON stated her expectation during per-care for staff to utilize hand hygiene after changing a dirty brief by taking off their gloves and performing hand hygiene, and then they should put on a new set of gloves before touching anything. She stated it was not okay to change gloves without using hand hygiene. The DON stated hand hygiene was important to prevent cross contamination.</p> <p>Record review of CNA A's CNA Proficiency Audit dated 10/14/2024 revealed she had been signed off as satisfactorily completing 11. peri-care of female and 36. Infection Control awareness.</p> <p>Record review of the facility policy titled Hand Hygiene undated, revealed Hand hygiene continues to be the primary means of preventing the transmission of infection. When to perform hand hygiene: before and after assisting a resident with toileting (hand washing with soap and water).</p> <p>Record review of the facility policy titled Perineal Care) last revised 5/11/2022 revealed: Doffing and discarding of gloves are required if visibly soiled. Always perform hand hygiene before and after glove use.</p>