

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	

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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48753</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to keep the facility free from pests for 3 of 7 residents (Resident #1, Resident #2 and Resident #5) reviewed for pest control, in that:</p> <p>The facility failed to ensure an effective pest control program was in place to keep flies out of resident rooms resulting in an infestation of maggots in Resident #1's left heel wound.</p> <p>On 05/30/2024 at 5:16 p.m., an Immediate Jeopardy (IJ) was identified. While the IJ was removed on 5/31/2024 at 8:32 p.m., the facility remained out of compliance at a scope of isolated and a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy due to the facility continuing to monitor the implementation and effectiveness of its Plan of Removal (POR).</p> <p>The failure could place residents with wounds at risk for infection or infestations from pests.</p> <p>The findings included:</p> <p>1. Record review of Resident #1's face sheet revealed he was a [AGE] year-old male who admitted to the facility on [DATE] with diagnoses that included: anoxic brain damage (brain injury that cuts off oxygen to the brain) and type 2 diabetes mellitus (a condition resulting from insufficient production of insulin, causing high blood sugar).</p> <p>Record review of Resident #1's MDS assessment, dated 04/23/2024, revealed Resident #1 had short term and long-term memory problems and severe impairment for cognitive skills for daily decision making. The MDS revealed Resident #1 was dependent on staff for self-care and mobility. The MDS also revealed Resident #1 admitted to the facility with 2 unstageable pressure injuries presenting as deep tissue injuries.</p> <p>Record review of Resident #1's care plan, initiated 04/05/2024, revealed Resident #1, has impaired skin integrity at the time of admission AEB pressure ulcer/diabetic ulcer. Wounds listed on the care plan were: 1. Stage 4 to sacrum 2. DTI left heel 3. DTI right heel 4. Diabetic ulcer to left lateral leg. The goal of the care plan, revision date 04/30/2024 and target date 07/30/2024, stated the resident will have intact skin, free of redness, blisters or discoloration by/through review date.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's initial skin assessment, dated 04/06/2024, revealed Resident #1 had an abrasion to left lateral leg, DTI to left heel, DTI to right heel, and sacrum wound stage 4.</p> <p>Record review of Resident #1's weekly-ulcer assessment, dated 04/09/2024, revealed Resident #1 had a pressure ulcer on his left heel staged as a deep tissue injury measuring 4.5 cm in length and 3.7 cm in width. The assessment revealed the current wound treatment frequency was daily and was signed by the LVN Treatment Nurse.</p> <p>Record review of Resident #1's weekly-ulcer assessment, dated 05/21/2024, revealed Resident #1 had a pressure ulcer on his left heel staged as a deep tissue injury measuring 4.5 cm length and 3.7 cm width. The assessment revealed the current wound treatment frequency was daily and was signed by the LVN Treatment Nurse.</p> <p>Record review of Resident #1's May 2024 physician orders revealed Resident #1 had an order for, wound care-left heel-cleanse with wc or ns. Pat dry, apply betadine. Leave open to air. One time a day for DTI-necrotic tissue.</p> <p>Record review of Resident #1's May 2024 administration record revealed Resident #1 prescribed wound care order to his left heel was initiated as completed by the LVN Treatment Nurse between the hours of 6:00 a.m. and 6:00 p.m. on 05/23/2024.</p> <p>Record review of Resident #1's bathing log with a look back period of 14 days revealed Resident #1 was dependent for assistance for showers/bathing and received a shower/bath on 05/14/2024 at 8:23 a.m., 05/15/2024 at 9:59 a.m., 05/17/2024 at 1:32 p.m., 05/18/2024 at 9:33 a.m., 05/20/2024 at 8:34 a.m., 05/22/2024 at 1:02 p.m. and 05/23/2024 at 9:08 a.m.</p> <p>Record review of Resident #1's progress note, dated 05/24/2024 at 12:20 a.m., revealed a note stating Resident #1 was transferred to the hospital on 05/24/2024 at 1:00 a.m. related to high potassium of 6.75.</p> <p>Record review of Resident #1 EMS transport run document revealed EMS transport arrived at the facility on 05/24/2024 at 1:11:39 a.m. and were on scene at the facility for 35 minutes. EMS transport document revealed timed transport to the hospital began on 05/24/2024 at 1:46:05 a.m. Document revealed EMS transport arrived at the hospital at 2:07:35 a.m. and transferred the patient to the care of the emergency department at the hospital on 05/24/24 at 2:17:17 a.m.</p> <p>Record review of Resident #1's hospital physician emergency provider report, dated 05/24/2024 at 05:36 a.m. , revealed the physician's initial greet time to the resident was 05/24/2024 at 02:15 a.m. and the physician noted stated, Skin: skin break down noted to b/l heels, left great toe, maggots noted in one of his skin ulcers.</p> <p>Record review of Resident #1's critical care consult notes, dated 05/24/2024, stated, extremities and back: several nonstagable wounds of the extremities, including ankle wounds s/p maggot removal by nursing. The note also stated, Resident #1 is a [AGE] year-old man admitted for a UTI, sepsis and acute on chronic renal disease with concern also for inadequate care at the nursing facility judging by the many wounds on his body, some with maggots. Under the assessment on this note it read, many pressure sores, heel wounds with maggots. Furthermore, the physician attestation findings and plan stated, patient is at risk for life threatening deterioration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's vascular surgery consult notes, dated 05/24/2024 at 5:00 p.m., stated under diagnosis, assessment and plan: there are maggots and significant dry gangrene of the heel as well as toes as well as an area of the left shin. This will likely necessitate at least below-knee amputation.</p> <p>Record review of the company pest control contract, dated 01/05/2011, revealed a list of facilities receiving pest control services that included the facility.</p> <p>Record review of the pest control service statement, dated 04/01/2024, revealed, checked with maintenance director for any ongoing issues that needed to be addressed and no major issues going on at this time.</p> <p>Record review of pest control service statement, dated 04/20/2024, revealed, facility requested additional service. Maintenance Director showed me an office where a scorpion was killed. Treated the office with a liquid residual targeting scorpions as well as place glue boards for monitoring purposes. I was also informed on flies being throughout the facility. I did change out 2 fly glue boards as well as sprayed a fly bait around the fly lights and exit doors to help with fly pressure. Please be aware that having doors open constantly will cause flies to fly in.</p> <p>Record review of pest control service statement, dated 05/09/2024, revealed, checked in with maintenance director and administrator for any ongoing issues that needed to be addressed. I was informed on room [room number] for cockroach sightings as well as in room [room number]. Both rooms were treated with a liquid residual product while residents were out of the room. I was also informed on flies being throughout the facility. I went ahead and replaced the fly glue board in the kitchen and checked the remaining glue boards for any fly pressure. I treated along the doorways and around certain window frames with a pressurized fly bait to help with fly control. As I was treating the exterior perimeter of the facility, I also treated around main doorways to help with fly pressure. Please be aware that 3 of the 5 fly lights that the facility currently has are older models that don't work as well as the other 2. We will be sending a proposal for additional fly lights to be installed to further help with fly pressure. Please be aware that the more doors stay open the more flies and other pests will get into the facility.</p> <p>Record review of a facility in-service titled: pest control/insects, dated 05/21/2024 stated notify maintenance director if you observe any types of insects in the facility immediately'. The in-service training attendance roster contained 17 signatures.</p> <p>Record review of pest control service statement, dated 05/28/2024, revealed pest control was on site today to address fly issues around the facility. I started by inspecting common areas of the facility and saw very light activity of flies. I went ahead and used a liquid residual product on the walls of each hallway to help reduce fly pressure. This will ensure that if flies land on the wall the product will help eliminate the flies. A pressurized fly bait was also applied on the exterior perimeter near all entry ways to help reduce fly activity. Fly bait will help draw out flies from rooms also. Also fly light glue boards were changed out to help catch any fly activity. Please be aware the fly lights work best when there is no other light around. The blue light will help attract and catch flies on the glue boards.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Observation during facility rounds, 05/29/2024 at 9:30 a.m., revealed 100 hall exit door propped open for approximately two minutes while residents were coming back inside from a smoke break. Fly light observed on the 100-hall wall approximately halfway up the hall.</p> <p>Observation of Resident #1's assigned room at the facility, 05/29/2024 at 11:00 a.m., revealed Resident #1's room was located next door to a facility exit door. The exit door had a sign on it that read Stop do not enter thru this door. Go thru front entrance only. Thank you, Administrator.</p> <p>Observation conducted in the conference room, 05/29/2024 at 11:30 a.m., revealed a live fly landing repeatedly on the conference room table.</p> <p>Observation of Resident #1's assigned room, 05/29/2024 at 6:15 p.m., revealed the window was closed and the window screen had a two-inch gap in the right side of the screen and the window. One live insect was crawling on the ground in the center of the room and two dead insects were observed on the room floor.</p> <p>Observation, 05/30/2024 at 11:17 a.m., revealed a live fly in the hallway of 400 hall.</p> <p>Observation, 05/30/2024 at 11:27 a.m., revealed a live fly in a resident room on the 400 hallway.</p> <p>Observation, 05/30/2024 at 11:30 a.m., revealed LVN C standing at the nurse's station with a fly swatter in her hand.</p> <p>Observation, 05/30/2024 at 12:50 p.m., revealed a live fly in the conference room.</p> <p>During an interview with an APS Case Worker, 05/28/2024 at 3:03 p.m., the APS Case Worker revealed she received an allegation of neglect from the hospital on 05/25/2024 due to Resident #1 admitting to the hospital with maggots in a wound. APS Case Worker stated she met with RN B at the hospital and was shown pictures of the maggots and the wound from when Resident #1 admitted to the hospital.</p> <p>During an interview with the facility DON, 05/28/2024 at 3:31 p.m., the DON stated flies were in the facility. The DON stated pest control was coming out twice a month, IV lights were in the hallway, an air curtain was ordered to place at the top of the door and vegetation had been reduced around the building.</p> <p>An interview with the Hospital RN ICU Unit Manager, 05/29/2024 at 12:53 p.m., revealed she arrived to the ICU unit on 05/24/24 at approximately 6:45 a.m. She said she went to Resident #1's room door and observed 2 RNs in the room transferring Resident #1 from a stretcher to a bed on the ICU. She said he was brought to the unit from the ER and was still wearing the multi podus boots on both heels that he arrived wearing. She said she observed the RN's remove his left heel boot and witnessed a bunch of maggots fall onto the bed from his heel, and they were crawling on the bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview with Hospital RN A, 05/29/2024 at 2:58 p.m., revealed Resident #1 arrived to the ICU at approximately 7:00 a.m. RN A stated she transferred Resident #1 with another RN from the stretcher to the ICU bed. She said he had on, preventative boots, on both feet and that they were not the boots they use at the hospital. RN A stated when she began to take his boot off his left foot, maggots began falling out of his heel. RN A stated she completed a couple of saline flushes to get the maggots out of the wound, dressed the wound with a mepilex dressing and entered an order for a wound care consult. RN A's description of the maggots were, alive, crawling and moving, and that she counted at least 20 of them in his heel. RN A stated the RN Wound Care nurse came in and assessed Resident #1 in the afternoon around approximately 1:00 p. m. and the RN Wound Care Nurse told RN A that she was having to, really go deep into the wound and flush them out because there were a lot of them.</p> <p>An interview Hospital RN B, 05/29/2024 at 3:20 p.m., revealed she was working on the ICU floor the morning Resident #1 arrived at the ICU unit around approximately 6:45 a.m. RN B said she assisted RN A with transferring Resident #1 to the ICU bed and was present when RN A removed Resident #1's boot from his left heel. RN B said she witnessed maggots fall out of the boot and crawl out of the left heel wound on Resident #1. RN B said they flushed the wound several times, dressed it and made a referral to wound care. RN B said she only noticed maggots on and inside of Resident #1's left heel and said, he looked so neglected and his wounds did not look like they were being cared for.</p> <p>An interview with the facility LVN Treatment Nurse, 05/29/2024 at 4:15 p.m., revealed LVN Treatment Nurse was responsible for performing wound care Monday - Friday and the Charge Nurses or LVN D perform wound care on the weekend. LVN Treatment Nurse stated he completed the weekly ulcer assessments on residents with wounds. LVN Treatment Nurse revealed he performed the prescribed treatment to Resident #1's left heel on the morning of 05/23/2024. LVN Treatment Nurse revealed Resident #1 had adhered eschar to the left heel and that it had, been that way for a long time. He further revealed on the morning of 05/23/2024 the left heel appeared by touch to be soft or, boggy, in the center of the DTI. LVN Treatment Nurse stated Resident #1 had on multi podus boots, he removed the boot, visualized the wound and followed the prescribed orders. LVN Treatment Nurse was asked how flies may have infested the wound and he said he did not know and believed the wound had adhered tissue.</p> <p>During an interview with CNA A, 05/29/2024 at 5:02 p.m., revealed CNA A provided a shower to Resident #1 on 05/23/24. She said LVN Treatment Nurse came to the room and removed residents dressing, CNA A gave Resident #1 a shower and washed the wounds with soap and water and then LVN Treatment Nurse redressed his wounds. CNA A stated she did not see any open areas on Resident #1's left heel.</p> <p>During an interview with CNA B, 05/29/2024 at 5:20 p.m., revealed CNA B provided a shower to Resident #1 on 05/22/2024. CNA B stated LVN Treatment Nurse removed Resident #1's dressings before the shower, she completed the shower and then LVN Treatment Nurse redressed Resident #1's wounds. CNA B stated she did not see any open areas on Resident #1's left heel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview with LVN B, 05/30/2024 at 10:08 a.m., revealed LVN B was the Charge Nurse assigned to Resident #1 during the overnight hours of 05/24/2024. LVN B revealed she received a call from Resident #1's physician around 12:20 a.m. on 05/24/2024. The physician stated Resident #1 had a high potassium lab result and requested Resident #1 be sent to the hospital. LVN B said she called and set up transport, notified the resident representative and notified the RT on duty so they could transfer Resident #1 to a transport ventilator. LVN B said she looked at a dressing on his foot to make sure the dressing was clean but could not recall which foot. When asked if LVN B looked at Resident #1's heels before he left, she responded, no, I did not look at the heels and I don't remember if he had boots on his feet. LVN B was asked what wounds Resident #1 had on his body and LVN B stated, I think there is one on his foot and sacral area and I believe that is it. LVN B was asked when the last time she observed his heel wounds and she said, honestly I haven't seen them. LVN B stated she thought Resident #1 was picked up by EMS transport at approximately 1:30 a.m.</p> <p>During an interview with LVN C, 05/30/2024 at 11:32 a.m., LVN C was asked why she was standing at the nurses' station with a fly swatter. LVN C responded by saying, I don't know how it started but we have seen a lot of flies lately. I just killed one on 100 hall and was waiting to get back in my office. LVN C stated she thought the Administrator was ordering an air curtain for the door and said when the smokers went outside, the hallway door was left open, and the flies came in.</p> <p>During an interview with Resident #1's facility physician, 05/30/2024 at 11:57 a.m., the physician revealed he was Resident #1's primary physician at the facility and saw him several times a week. The physician stated he observed Resident #1's wounds on 05/21/2024 and said the left heel had eschar and he did not see any soft tissue. The facility physician stated he was notified by a physician at the hospital that Resident #1 had maggots in his left heel and said, I think what was changing was his circulation in his feet and they were getting ischemic and with that essential lack of circulation you will have a person be more vulnerable for infestation. When asked if it was possible for the wound to have opened and a fly lay eggs in the wound he said yes, someone must have left a window open or something, I don't really know. The facility physician said he had not had any concerns about wounds at this facility and that most of the facility wounds were showing improvement.</p> <p>An interview with the Hospital Wound Care RN, 05/30/2024 at 12:15 p.m., revealed the Wound Care RN received a consult request on 05/24/2024 to assess Resident #1. Wound Care RN revealed she assessed Resident #1 at approximately 1:00 p.m. and observed his left heel with black and dead tissue called eschar and underneath the eschar were maggots. Wound Care RN revealed the upper portion of the eschar was not intact and was able to be lifted up. Wound Care RN stated she was unsure how long they could have been there stating there were a lot of them, I removed about fifty myself with tweezers. The issue is they burrow down deeply so sometimes we cannot get access to them all until they start coming out. My understanding is the doctors are considering an amputation due to the infection in the left heel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview with the facility's DON, 05/31/2024 at 10:05 a.m., revealed LVN Treatment Nurse was responsible for wound care Monday - Friday. The DON stated wound care was completed by an assigned nurse or the charge nurse on the weekends. The DON revealed she spot checks the LVN Treatment Nurse to verify wound care of being completed. The DON also stated each resident was assigned a Champion (department manager) and the Champion was responsible for making daily rounds on their residents. The DON stated part of those rounds was to observe wound dressings to make sure they are dated and clean. The DON revealed they noticed an increase in flies at the beginning of May and some of the steps they took were to make sure the fly lights were working, have pest control come out to the facility twice a month, told staff to kill the flies, educated staff to remove food from rooms quickly after meal services and put out fans in rooms with resident with tracheotomies. When asked what harm could come to residents who are exposed to pests she stated, I am not sure what harm can come to them. Any bugs or just flies? If it is mosquitoes, they can bite them and give them viruses, cockroaches are dirty but I don't know if they give you infections. No one wants bugs on them, it is just gross.</p> <p>During an interview with the facility Administrator, 05/31/2024 at 11:07 a.m., the Administrator revealed the facility had identified an increase in flies in the facility and increased cleaning in resident rooms, identified high traffic areas and minimized doors that could be used. Called pest control and asked them to come out twice a month. The Administrator stated he ordered more pest control lights but there was a delay in delivery and arrived on 05/31/2024. When asked what harm could come to a resident who is exposed to pests, the Administrator said, I do not know, I am not an insect specialist.</p> <p>During an interview with the facility Maintenance Director, 05/13/2024 at 11:34 a.m., the Maintenance Director stated he had not received any specific training on pest control and said, I just go by what the pest control company tells me to do. The Maintenance Director stated staff were to report pest control concerns through the computerized maintenance program. When asked if he had seen an increase in work orders related to flies, he said no. When asked if staff had reported an increase in flies to him, he said no. The Maintenance Director was asked how the facility prevents pests and flies in the facility and he said the pest control company comes out once a month. The Maintenance Director stated the Administrator told him in April to call the pest control company to come out and do preventative maintenance on flies just to be sure we are ahead of the game. The Maintenance Director stated no one has talked to him about more fly activity in the facility and stated he had not attended any meetings or QA meetings regarding an increase in fly activity at the facility. The Maintenance Director stated the importance of a pest control programs was to provide a clean-living environment for the residents and stated pest control is a big part of keeping the residents healthy.</p> <p>During an interview with the Pest Control Service Manager, 05/31/2024 at 12:12 p.m., the Service Manager confirmed he oversaw the pest control service for this facility. The service manager stated they were treating the facility monthly for pests and the treatments included interior and exterior inspection for preventative treatment for flies and roaches and said they used liquid residuals and glue strips that cover all the pests as the different seasons come on. When asked if he had been asked to service the facility twice a month he stated 05/09/2024 was our regularly scheduled visit and then the facility called us for an increase in flies around 05/28/2024 of this week. The Service Manager stated they came out on 5/28/2024 and provided a treatment. The Service Manager stated the facility purchased 4 fly lights on 05/31/2024 and requested 4 more fly lights and would receive a total of 8 new fly lights. The Service Manager stated the facility has 2 fly lights and were installing them on 05/31/2024 and he stated the facility was purchasing an air curtain from another source.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	

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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview with the Hospital RN D, 05/31/2024 at 7:17 p.m., revealed Resident #1 arrived to the ER around approximately 02:11 a.m. on 05/24/2024. RN D stated she admitted Resident #1 into the ER at the hospital. RN D stated she assessed him upon entry to the ER and observed Resident #1 had on a boot to his left heel and stated the left heel had maggots inside of it and on the inside of the boot. She said there was dried blood on the inside of the boot and the boot looked like it had not been removed for a while. RN D revealed the EMS personnel stated they observed dried blood on the resident's bed and boot when he was picked up from the facility and the EMS personnel did not remove his boot prior to or during transport. RN D said she did not see any other maggots in his other wounds.</p> <p>This was determined to be an Immediate Jeopardy (IJ) on 05/30/2024 at 5:04 p.m. The Administrator was notified of the IJ and provided the IJ Template at 5:16 p.m.</p> <p>On 05/30/2024 the facility provided a plan of removal titled: Plan of Removal. The plan of removal was accepted on 05/30/2024 at 1:27 p.m. It was documented as follows:</p> <p>[Facility Name]</p> <p>5/30/24</p> <p>Plan of Removal</p> <p>Problem: Failure to maintain an effective pest control program.</p> <p>Interventions:</p> <p>ADHOC QA completed with IDT team on 5/30/24</p> <p>Action completed:</p> <p>Facility was inspected for flies on 5/30/24, to include all resident rooms by maintenance director and Administrator.</p> <p>All windows in facility were checked to ensure they are closed properly on 5/30/24</p> <p>All Window screens in facility were inspected by maintenance director and administrator to ensure they are installed properly on 5/30/24.</p> <p>Administrator and Maintenance director have placed standing fans at the front door and 100 hall door to help prevent flies from coming into facility on 5/30/24</p> <p>Fly bags were placed externally around the facility to help prevent flies from entering facility on 5/30/24.</p> <p>100% skin sweep was completed and All wounds assessed by DON and ADON on 5/30/24, no issues related to flies noted.</p> <p>[Pest Control Company Name] Pest control treated for flies on 5/30/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Medical Director [name] was notified of the immediate Jeopardy situation on 5/30/24</p> <p>On 5/31/24 Admin and DON identified residents who choose or prefer to have their windows open and will complete a weekly inspection of their windows screens to ensure they are in good condition and installed correctly.</p> <p>The following in-services were initiated by the RCN for all staff on 5/30/24 and completed on 5/30/24</p> <p>Any staff member that sees flies must immediately attempt to remove the fly(ies) in the facility and notify The Administrator and Maintenance Director.</p> <p>If any staff member that observes open windows or torn or frayed windows screens in facility they will notify Admin and Maintenance Director immediately.</p> <p>The Following in-service was initiated on 5/31/24 by the RCN for all staff, with a completion date of 5/31/24 (Any staff not present for in-servicing on 5/31/24 will not be allowed to assume their duties until in-serviced)</p> <p>If any staff observes an issue with pest control/screens/windows or entry points they will Verbally notify the Administrator and Maintenance Director and place an entry into maintenance care software.</p> <p>The following in-services were initiated by the RCN on 5/30/24 for The Administrator and Facility Maintenance director and completed on 5/30/24.</p> <p>Admin and Maintenance Director must inspect all facility windows to ensure they are closed and all window screens to ensure they are installed properly.</p> <p>The Following in-service was initiated on 5/31/24 with Admin and Maintenance Director by RCN and completed on 5/31/24.</p> <p>Admin and Maintenance direct will be responsible for reviewing maintenance care logs 5 times a week to ensure any issues with pest control/screens/windows ort entry points are addressed appropriately.</p> <p>Admin and Maintenance director will be responsible.</p> <p>The following in-service was completed By RCN on 5/30/24 with HR coordinator and completed on 5/30/24.</p> <p>Any staff member hired after 5/30/24 will receive the above mentioned In-services upon hire.</p> <p>Admin and or Designee will be responsible to ensure all staff will receive the above mentioned in-services.</p> <p>Monitoring:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Admin/Designee will conduct rounds in facility 5 times a week to ensure that all windows are closed, and window screens are installed properly. Results of rounds Will be placed on monitoring log for tracking.</p> <p>Admin/Designee will complete interviews with 5 staff members weekly x 6 weeks and periodically thereafter to ensure that staff are reporting the presence of flies appropriately. Staff will be asked the following questions. All staff reviews will be placed in the monitoring log for tracking.</p> <p>Have you seen flies in facility?</p> <p>If so, who did you notify and what immediate action was taken?</p> <p>DON and Tx nurse will conduct weekly skin checks and wound rounds x 6 weeks and periodically thereafter to ensure no issues with flies. All skin checks and wound round review will be placed on monitoring logs for tracking.</p> <p>The facility's POR verification was as follows:</p> <p>During an interview with the RCN, 05/31/2024 at 4:11 p.m., the RCN revealed she provided education to all staff on 5/30/2024 regarding removing flies from the facility, identifying open windows and torn window screens and notifying the Administrator and Maintenance Director immediately. The RCN confirmed she completed an in-service on 5/31/24 for all staff regarding pest control, window screens, windows and entry points and reporting these items to the Administrator and DON. The RCN confirmed she conducted an in-service with the Administrator and Maintenance Director on 5/30/24 regarding inspecting facility windows and window screens. RCN confirmed she conducted an in-service on 5/31/24 with the Administrator and Maintenance Director regarding their responsibility for reviewing maintenance care logs 5 times a week to ensure issues with pest control, screens windows or points of entry are addressed appropriately. The RCN confirmed she conducted an in-service with the HR Director on 5/30/24 regarding providing education on pest control to all new hires that are hired after 5/30/24. The RCN revealed a tracking log was created to track results on the audits that are being conducted by the Administrator, Maintenance Director and DON.</p> <p>An interview with the HR Director, 05/31/2024 at 4:40 p.m., revealed the HR Director received education from the RCN regarding new hire training on pest control for anyone hired after 05/30/2024.</p> <p>During an interview with the DON, 5/31/24 at 4:46 p.m., the DON stated she conducted 100% skin sweep with the Treatment Nurse on 5/30/24 and no issues were identified. The DON confirmed she notified the Medical Director about the IJ on 5/30/24. The DON confirmed she received education from the RCN on 5/30/2024 in regard to conducting weekly skin checks and rounds for 6 weeks and periodically thereafter to ensure no issues with flies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER The Rio at Mission Trails		STREET ADDRESS, CITY, STATE, ZIP CODE 6211 S New Braunfels Ave San Antonio, TX 78223	
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 0925</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator, 05/31/2024 at 5:00 p.m., the Administrator verified on 5/30/24, the facility was inspected for flies, windows were checked to ensure they were closed, window screens were inspected to ensure they were installed properly, floor fans were placed at the front door and 100 hall door, fly bags were placed externally to include 2 at the front door, one at the 100 door and 1 at the 300 hall door. The Administrator stated new window screens have been ordered for 106 windows. The Administrator also confirmed a 100% skin sweep was conducted by the DON and the Treatment Nurse on 5/30/24 and no issues were identified. The Administrator confirmed pest control treated the facility for flies on 05/30/2024 and created a proposal plan for further treatment. The Administrator confirmed the facility installed 4 new pest control lights in the facility on 5/31/24. The Administrator confirmed the Medical Director was notified of the IJ by the DON on 5/30/2024 and an Ad Hoc QAPI meeting was held on 5/30/2024. The Administrator further confirmed residents were interviewed about preferences and no residents prefer to have their windows open in the rooms at this time. The Administrator confirmed that he and the Maintenance Director received education from the RCN on inspecting facility windows and reviewing maintenance care logs 5 times a week to ensure any issues with pest control, screens, windows or entry points are addressed appropriately. The Administrator revealed he had a tracking log to record findings of his weekly audits being conducted. He stated the findings of the audits would be reviewed in the facility monthly QAPI meetings.</p> <p>During an interview with the Maintenance Director, 5/31/24 at 5:25 p.m., the Maintenance Director confirmed the facility was inspected for flies and windows screens on 5/30/24 and 5/31/24 by himself and the Administrator. The Maintenance Director confirmed that he and the Administrator received education from the RCN on inspecting facility windows and reviewing maintenance care logs 5 times a week to ensure any issues with pest control, screens, windows or entry points are addressed appropriately.</p> <p>During interviews conducted, 05/31/2024, with 16 employees scheduled for</p>		