

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  676331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/23/2024
NAME OF PROVIDER OR SUPPLIER  Hunters Pond Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  9903 Hunters Pond San Antonio, TX 78224	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39251</p> <p>Based on interviews and record reviews, the facility failed to ensure that residents who required dialysis received such services, consistent with professional standards of practice for 1 of 4 residents (Resident #1) reviewed for dialysis.</p> <p>Resident #1's did not have vital signs checked prior to leaving for dialysis on 10/4/24.</p> <p>This deficient practice could affect residents who received dialysis treatments and could result in inadequate care of dialysis treatment.</p> <p>Findings included:</p> <p>Record review of Resident #1's Admission Record, dated 10/22/24, revealed the resident was admitted to the facility on [DATE] with diagnoses that included: Acute Kidney Failure (condition in which kidneys suddenly are unable to filter waste from blood), Type 2 Diabetes (condition in which the body has trouble controlling blood sugar and using it for energy), and Hypertension (high blood pressure).</p> <p>Record review of Resident #1's Order Summary, dated 10/22/24, revealed an order for dialysis treatment on 10/4/24. Further review revealed hemodialysis every Monday, Wednesday, and Friday, chair time 3:15 pm; vital signs pre dialysis.</p> <p>Record review of Resident #1's Blood Pressure Summary, dated 10/22/24, revealed the resident's blood pressure was 156/64 on 10/4/24 at 8:59 am.</p> <p>Record review of Resident #1's Pulse Summary, dated 10/22/24, revealed the resident's heart rate was 84 bmp on 10/4/24 at 8:59 am.</p> <p>Record review of Resident #1's Respiration Summary, dated 10/22/24, revealed the resident's respiratory rate was 18 breaths per minute on 10/4/24 at 10:48 am.</p> <p>Record review of Resident #1's Temperature Summary, dated 10/22/24, revealed the resident's temperature was 97.3 degrees Fahrenheit on 10/4/24 at 10:48 am.</p> <p>Record review of Resident #1's Nursing Dialysis Communication Record, dated 10/4/24 and signed by LVN C, revealed the resident's vital signs were BP 156/64, Temp 97.3, Pulse 84, and Resp 18.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of facility's 24-hour report, dated 10/4/24, revealed Resident #1 was picked up for dialysis at 1:30 pm.</p> <p>During an interview on 10/22/24 at 1:19 pm, the DON said there was no specific timeframe for obtaining vital signs before dialysis, but they should be obtained before the resident left. The DON further stated when the nurses filled out the dialysis communication sheet the BP was taken within a reasonable timeframe, approximately 30 minutes to one hour prior to leaving. The DON said Resident #1's dialysis chair time was 3:15 pm.</p> <p>During an interview on 10/22/24 at 1:37 pm, LVN D said she tried to obtain resident vital signs right before they left for dialysis. LVN D further stated she would not use the morning vital signs because they could change and if they were abnormal before they left for dialysis the physician needed to be notified.</p> <p>During an interview on 10/22/24 at 3:14 pm, MA A said she did not obtain Resident #1's blood pressure or heart rate on 10/4/24, another MA who was training her obtained the blood pressure and heart rate and she (MA A) documented them. MA A further stated she did not remember the MA's name who obtained Resident #1's blood pressure and heart rate.</p> <p>During an interview on 10/23/24 at 3:02 pm, LVN C said he used Resident #1's blood pressure and heart rate obtained on the day shift but did not remember at what time they were obtained. LVN C said he did not know if the facility had an expectation regarding when to obtain vital signs prior to dialysis. LVN C said Resident #1 appointment for dialysis was at 3:15 pm, so she was picked up during the second shift. LVN C said he did not think using Resident #1's vital signs from the morning shift was best practice because they can change.</p> <p>During an interview on 10/23/24 at 4:00 pm, MA A said she did not recall Resident #1 or obtaining her blood pressure and heart rate on 10/4/24.</p> <p>Record review of the facility's policy titled, Dialysis (Renal), Pre and Post Care, undated, revealed: .Assist resident in maintaining homeostasis pre- and post-renal dialysis .1. Assess resident's blood pressure .prior to being transported to the dialysis unit .</p>		