

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER KNOPP HEALTHCARE AND REHAB CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 1208 N LLANO FREDERICKSBURG, TX 78624	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 3 of 3 Residents (Residents # 1, # 2, and # 3) observed for infection control, in that: 1. LVN A did not disinfect the glucometer after checking Resident # 1's blood sugar. 2. CNA B did not wear all required PPE when she assisted Resident # 2 with meal. Resident # 2 was on transmission-based precautions after returning from the hospital and unknown COVID-19 status. 3. Medication Aide C did not wear all required PPE when administered medication to Resident # 3 who was on transmission-based precautions after returning from the hospital and unknown COVID-19 status. These deficient practices could place residents at risk for cross contamination and transmission of communicable disease and infections, including COVID 19. The findings were: 1. Record review of Resident # 1's face sheet dated 06/23/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident # 1's physician orders [REDACTED], with SSI - Sliding Scale Insulin: <70 - 149 = no insulin; 150 - 199 = 1 unit; 200-249 = 2 units; 250 - 299 = 3 units; 300 - 349 = 4 units; 350 - 399 = 5 units; > or = 400 = 6 units and call physician. Record review Resident # 1's 5-day scheduled assessment MDS dated [DATE] revealed Resident #1 had BIMS score of 5 which indicated severe cognitive impairment for daily decision making. Further review revealed Resident #1 received insulin injections. Record review of Resident # 1's care plan dated 6/23/2020 revealed Diabetic at risk for hypo/[MEDICAL CONDITION] with approach of Meds/labs/finger-sticks per MD order. Observation on 6/23/2020 at 11:34 AM revealed LVN A put the glucometer in a basket which contained unused lancets, gauze, and a bottle of testing strips after checking Resident # 1's blood sugar. Further observation revealed LVN A did not sanitize or disinfect the glucometer after checking Resident # 1's blood sugar. LVN A put the basket inside the treatment cart. In an interview on 6/23/2020 at 11:43 AM LVN A confirmed she did not disinfect the glucometer after checking Resident # 1's blood sugar. LVN A further confirmed she put the glucometer in a basket which contained lancets, gauze, and testing strips bottle. In an interview on 6/23/2020 at 12:21 PM the DON confirmed LVN A should have disinfected the glucometer right after checking Resident # 1's blood sugar. DON further confirmed LVN A should not have placed the glucometer in the basket that contained the clean lancets, gauze and bottle of testing strips without disinfecting it . In an interview on 6/23/2020 at 4:35 PM the DON stated the facility used COVID 19 Response for Nursing Facility. Version 3.1 dated 6/2/20 as guideline for shared equipment. Review of revealed COVID 19 Response for Nursing Facility. Version 3.1 dated 6/2/20 on page 20 revealed: Equipment includes items like blood pressure cuffs, hoier lifts and other shared equipment used for resident care - clean and disinfect after each use . 2. Record review of Resident # 2's face sheet dated 6/23/2020 revealed an admitted on 1/23/2016 and readmitted on 6/10/2020 with [DIAGNOSES REDACTED]. Observation on 6/23/2020 at 8 :21 AM revealed Resident # 2's door entrance had signage that read Contact isolation, caution isolation room, must wear mask, gloves, and gown at all times, dispose of these items upon leaving. Further observation revealed an isolation cart outside Resident # 2's room included gloves, gown, and biohazard red bags. Observation on 6/23/2020 at 8:35 AM revealed CNA B stood at Resident #2's bed side and assisted Resident # 2 with breakfast. Further observation revealed CNA B only had on a facemask. In an interview on 6/23/2020 at 8:52 AM CNA B confirmed she did not wear a gown and gloves while she assisted Resident # 2 with breakfast. In an interview on 6/23/2020 at 12:13 PM the DON confirmed Resident # 2 was on droplet precaution because she was admitted to the hospital for 3 days. The DON further confirmed the CNA B should have worn face mask, face shield, and gloves when she assisted Resident #2 with breakfast. The DON stated the facility followed CDC and CMS guidelines regarding PPE use for residents on isolation after returning from the hospital. 3. Record review of Resident # 3's face sheet dated 6/23/2020 revealed Resident #3 had an admission date of [DATE] and readmitted on 6/10/2020 with [DIAGNOSES REDACTED]. Observation on 6/23/2020 at 7:59 AM revealed Resident # 3's door entrance had an isolation cart with the signage that read Caution isolation room, must wear mask, gloves, and gown at all times. Dispose of these items upon leaving. Observation 6/23/2020 at 11:45 AM revealed Medication Aide C administered Resident #3's medications in the room. Further observation revealed Medication Aide C had on a facemask and gloves. In an interview on 6/28/2020 at 11:48 AM Medication Aide C confirmed she wore mask and gloves when she administered medication to Resident # 3. Medication Aide C further confirmed she did not know what PPE she supposed to put on beside mask and gloves. In an interview on 6/23/2020 at 12:18 PM the DON confirmed Resident # 3 went to the hospital, returned to the facility, and was placed on droplet precaution for quarantine for 14 days. The DON further confirmed Medication Aide C should have worn gloves, face mask, face shield when administering medication to Resident # 3. Record review of COVID-19 updates and Q&A with LTC Regulation and DSHS dated 6/25/2020 revealed Residents considered to have unknown COVID-19 status: new admissions, readmissions, residents who have spent one or more nights away from the facility . 14 day quarantine for resident with Unknown COVID-19 status: All resident who have unknown COVID 19 status must be isolated and monitored for the full 14-day period . Staff caring for residents with unknown COVID 19 status should wear all CDC recommended PPE (N95s, eye protection, gloves and gowns - mask for droplet protection can be use if N95s are not available).</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.