

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455457</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FORT WORTH WELLNESS &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2129 SKYLINE DR FORT WORTH, TX 76114</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program at a minimum designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of two residents reviewed for incontinence care. CNA A failed to change her gloves and perform hand hygiene while providing Resident #1 with incontinence care. The failure placed residents at risk for the development of infections. Findings included: Review of Resident #1's MDS assessment, dated 06/21/20, revealed the resident was a [AGE] year-old female admitted to the facility on [DATE]. The resident had [DIAGNOSES REDACTED]. Review of Resident #1's care plan revised on 07/17/19 revealed the resident had incontinence. She required checks every two hours for incontinence, to include washing, rinsing, and keeping the perineum dry. Observation on 07/09/20 at 12:24 p.m. revealed CNA A washed her hands and applied gloves after entering Resident #1's room to provide the resident with incontinence care. Resident #1 had an episode of fecal incontinence, and CNA A provided incontinence care to the resident by first cleaning the front area then cleaning the resident's buttocks which had fecal matter. Without performing hand hygiene and while wearing the same gloves she had used to clean the resident, CNA A then placed a clean brief on the resident and bed linens. Interview with CNA A on 07/09/20 at 12:54 p.m. revealed she did not change her gloves while providing incontinence care to Resident #1. She said she knew she was supposed to change gloves and wash hands when the resident was soiled and before applying a clean brief. Interview with the ADON on 07/09/20 at 3:23 p.m. revealed the facility expected staff to wash their hands before donning gloves and after doffing the gloves and to change gloves when they were soiled. Review of the facility's current policy for peri-care, dated May 2017, reflected the staff need to discard the soiled gloves and brief wash hands with soap and water. The staff should discard the soiled gloves, sanitize hands, reglove prior to touching clean linens/adult brief. Information retrieved from the CDC website at <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a> on 07/22/20 reflected the following: Hand Hygiene in Healthcare Settings Healthcare Providers Clean Hands Count for Healthcare Providers Protect yourself and your patients from potentially deadly germs by cleaning your hands. Be sure you clean your hands the right way at the right times. When and How to Perform Hand Hygiene When to Perform Hand Hygiene? Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene: Use An Alcohol-Based Hand Sanitizer .Before moving from work on a soiled body site to a clean body site on the same patient After touching a patient or the patient's immediate environment After contact with blood, body fluids or contaminated surfaces Immediately after glove removal .Glove Use When and How to Wear Gloves .Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs</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.