

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455477</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKE JACKSON HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>413 GARLAND DR LAKE JACKSON, TX 77566</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 0921  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview and record review, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public in that: - There was a soiled brief, gloves, and bed pad sitting on a yellow barrel at the entrance of resident's room. This failure could place residents, staff and employees at risk of infection or diminished quality of life. Findings included: Observation on 04/01/20 at 9:44 AM revealed gloves, bed pad, and soiled brief that were not bagged sitting on top of a yellow barrel at the entrance of room [ROOM NUMBER]. Observation on 04/01/20 at 9:47 AM revealed staff wheeled the gloves, bed pad, and soiled brief down the hallway not bagged on top of yellow barrel. In an interview on 04/01/20 at 9:47 AM, CNA B stated staff were trained to bag up supplies and dispose in barrel after incontinent care is completed. She did not know who left that used supplies out. She will dispose of the items. In an interview on 04/01/20 at 10:03 AM MA A stated staff were trained to bag up used items after they completed incontinent care. Staff should bring supplies needed into room before completing incontinent care on a resident. In an interview on 04/01/20 at 10:16 AM CNA D stated staff were trained to bag up used supplies and put in bin. In an interview on 04/01/20 at 11:32 AM the DON stated staff were trained to bag up used supplies after incontinent care is completed. Staff should have all the supplies needed when they go into a room to completed incontinent care. Record review of the facility policy Infection Control revealed .This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections 2. The objectives off our infection control policies and practices are to .b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public .		
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.