

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER JEFFREY PLACE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 820 JEFFREY DR WACO, TX 76710	
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 observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for staff on 2 of 4 halls observed for infection control. A. LVN C failed to properly perform hand hygiene while providing wound care for Resident # 1. B. CNA A failed to properly clean Resident #2 while performing incontinent care. C. CNA D did not remove gloves between resident care. These failures could place residents in facility at risk for the transmission of diseases and other organisms or decline associated with infections. Findings included: A. Review of Resident #1 's face sheet revealed [AGE] year-old female DOB 04/27/1951 with admission date of [DATE]. [DIAGNOSES REDACTED].#1's MDS assessment dated [DATE] revealed a BIMS score of 08, indicating moderate cognitive impairment. Review of Resident 1's Care Plan revealed the resident requires one-person physical assist with ADLs. Observation on 07/28/2020 at 10:54am revealed the following: while LVN A was performing wound care on Resident #1; --hand hygiene performed, and clean gloves worn. ---wound had no dressing, LVN A cleaned wound with normal saline and applied clean dressing. ---while still wearing soiled gloves, LVN A reached in her pocket for pen. ---now removed soiled gloves, performed hand hygiene and took trash out. In an interview on 07/28/2020 at 1:24pm, LVN A stated, after she was done with covering Resident #1's wound, she was reaching in her pocket to get a pen to date the dressing. She also stated, there was a problem with that, she shouldn't have reached in her pocket with soiled gloves due to infection control. She stated she should have taken off her gloves before reaching in her pocket. B. Review of Resident #2 's face sheet revealed [AGE] year-old female DOB 11/17/1946 with admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #2's MDS assessment dated [DATE] revealed a BIMS score of 15, indicating no cognitive impairment. Review of Resident#2's Care Plan revealed the resident requires one-person physical assist with ADLs, is incontinent and needs to be changed every 2 hours, has been treated for [REDACTED]. While CNA B and CNA B were performing incontinent care on Resident #2, CNA B wipe Resident #2's buttocks multiple times with the same wipe in an upward position without changing the corner or folding the wipes. CNA C then asked CNA B to go and perform hand hygiene. In an interview on 07/28/2020 at 1:01pm, CNA C stated she thinks they failed the incontinent care because CNA B kept double wiping Resident #2's buttocks without folding the wipe or changing it. She also stated that is why she asked CNA B to go and wash her hands. She stated, performing incontinent care like might cause infection such as UTI or skin issues. In an interview on 07/28/2020 at 1:44pm, CNA B stated she thinks they did a very good incontinent care. When asked about double wiping, she stated, she was not supposed to double wipe because it is re-contaminating the areas already cleaned and it could cause infection to the resident. She stated, hand hygiene is done before and after each resident care and should be done after the entire incontinent care. C. Observation on 07/28/2020 at 11:15am, CNA D was seen leaving a resident's room with gloves on. The CNA went to the screening table at the entrance, got the thermometer and went back to the resident's room with gloves still on. CNA D later came out of the resident's room still wearing gloves and took the thermometer back to the screening table. In an interview on 07/28/2020 at 2:05pm, CNA D stated she was seen down the hall with gloves because she was going to get the thermometer to check a resident and the next time she was taking the thermometer back. She stated they are not supposed to walk down the hall with gloves on because it could contaminate other things touched. In an interview on 07/28/2020 at 2:18pm, the Clinical Case Manager stated, when LVN A was performing wound care, she was not supposed to reach in her pocket with dirty gloves because that is cross contamination. She also stated, when CNAs are performing incontinent care, they are not supposed to double wipe because it is like spreading the germs from one area to the other. She then stated, staff are not supposed to walk down the hall with gloves, you are supposed to take off the gloves and wash your hands before leaving the room. She ended by saying she saw CNA D with gloves down the hall, now she remembers. Review of Facility's policy titled Infection Prevention and Control Program revised April 2020 reflected: An infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Review of facility's policy titled Standard Precaution revised October 2018 reflected: standard precautions are used in the care of all resident regardless of their [DIAGNOSES REDACTED]. Standard precautions presume that all blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions include the following practices: ----Hand hygiene---should be done after contact with items in resident's room; and after removing PPE. ----Hands are washed with soap and water whenever: after removing gloves ----Gloves ----are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another Resident. ---Gloves---after gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environment. Review of Facility's policy titled Perineal Care revised August 2019 reflected: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. ----using a cleansing wipe, clean perineal area, wiping from front to back. Use a clean section of the cleansing wipe for each stroke by folding each used section inward.</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.