

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/24/2020
NAME OF PROVIDER OF SUPPLIER STEVENS HEALTHCARE OF YOAKUM		STREET ADDRESS, CITY, STATE, ZIP 204 WALTER ST YOAKUM, TX 77995	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to establish an infection prevention for identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and according to accepted national standards for 1 of 5 employees (LVN A) whose files were reviewed, for TB screening in that: LVN A was hired on 2/28/07 and did not have documentation of annual TB screening (2019 or 2020). This failure could affect residents and place the facility's census at risk for TB should an outbreak occur. Findings include: Review of LVN A's personnel file revealed a hire date of 2/28/07. The last recorded TB test or screen was recorded as 4/18/18. Interview on 3/24/20 at 4:26 PM, he DON stated the facility did not have documentation to provide that LVN A had an annual TB test or screen. The DON confirmed the TB test or screen on record for LVN A was on 4/13/18. Interview on 3/24/20 at 4:30 PM with HR employee B confirmed that LVN A's last recorded TB test or screen was on 4-10-18. During interview on 3/24/20 at 5 PM with LVN A, she stated she might have received a TB screening in 2019, but have no evidence. Record review of facility policy entitled [MEDICAL CONDITION], Employee Screening for, dated October 2010, read, All employees shall be screened for [MEDICAL CONDITION] (TB) Infection and disease .prior to beginning employment. The need for annual testing shall be determined by the annual TB risk classification or a per State regulations. Record review of the CDC guides (www.cdc.gov) revealed Healthcare workers should have a [MEDICATION NAME] skin test (TST) once or twice a year.		

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.