

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER MISSION NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1013 S BRYAN RD MISSION, TX 78572	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program, designed to provide a safe, sanitary and comfortable environment, and to prevent the development and transmission of communicable disease and infections for one Resident (R#1) of two residents observed for infection control procedures.</p> <p>-Restorative Aide A, Housekeeper (HK) B, and CNA D did not wear their N-95 mask correctly. -LVN C carried gloves in his pocket, which were used during wound care. These failures could affect residents dependent upon care and place them at risk for healthcare associated cross contamination, infections, and COVID-19. Findings included: 1) Observation on 07/29/20 at 12:12 p.m. revealed Restorative Aide A was wearing a surgical mask underneath his N-95 mask. In an interview at the time of the observation, Restorative Aide A said he wore the surgical mask underneath the N-95 because the N-95 mask hurt the bridge of his nose. Restorative Aide A said he was not aware he was not to wear a surgical mask underneath the N-95 mask. In an interview on 07/29/20 at 12:41 p.m., the DON said staff knew a surgical mask was not to be worn underneath an N-95 mask because it would not create a tight seal for the N-95 mask around the face. 2) Observation on 07/29/20 at 1:07 p.m., revealed HK B wearing a surgical mask underneath her N-95 mask. In an interview at the time of the observation, HK B said she was not aware the surgical mask was not to be worn under the N-95 mask. 3) Observation on 07/29/20 at 1:57 p.m., revealed CNA D had an N-95 mask on, with only the top strap on. The bottom was strap hanging beneath her chin. In an interview, at the time of the observation, CNA D said she had just clocked in for her shift and was in hurry, so she did not put her mask on properly. CNA D said she had been trained on how to properly don the N-95 mask. 4) Record review of R#1's face sheet, revealed R#1 was an [AGE] year old female who was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's MDS assessment revealed R#1: -had difficulty hearing (minimal), -had clear speech, -had impaired vision, -was usually able to make herself understood, and -was usually able to understand others. Observation on 07/29/20 at 1:15 p.m., revealed LVN C providing wound care to R#1's coccyx area. LVN C grabbed gloves from inside his pocket to use during wound care. In an interview on 07/29/20 at 1:19 p.m., LVN C says he usually carried his gloves in his pocket, because he could not take the box into the room. LVN C says the wound care was considered a clean technique, not a sterile technique. In an interview on 07/29/20 at 2:07 p.m., the DCO said staff were not to carry gloves in their pocket. The DCO said staff knew they were not to wear a surgical mask underneath an N-95 mask. Record review of the facility policy titled, Coronavirus, updated 07/20/20, revealed: N95 respirators are the PPE most often used to control exposures to infections transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use. Record review of facility policy titled, Sequence for putting on PPE, revealed: 2. Mask or Respirator Secure ties or elastic bands at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit-check respirator</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.