

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455802	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER SPANISH MEADOWS		STREET ADDRESS, CITY, STATE, ZIP 440 E RUBEN TORRES BLVD BROWNSVILLE, TX 77820	
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**</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, including hand hygiene, and to help prevent the development and transmission of communicable diseases and infections, for two Residents (R#1 and R#2) of five residents observed for infection control practices, in that: 1) MA A did not perform hand hygiene prior to taking R#1's blood pressure and administering oral medication. 2) MA A did not perform hand hygiene prior to taking R#2's blood pressure and administering oral medication. These failures could affect residents dependent upon staff for care and place them at risk for healthcare associated cross-contamination and infections. The findings included: 1) Record review of R#1's April 2020 electronic Physician order [REDACTED]. R#1's [DIAGNOSES REDACTED]. R#1's Physician order [REDACTED].#1's room without using hand sanitizer from the dispenser located outside R#1's room. Without washing her hands or donning gloves, MA A proceeded to take R#1's blood pressure. After taking R#1's blood pressure, MA A administered oral medications to R#1 with her bare hands, putting the medication cups to R#1's mouth to administer. 2) Record review of R#2's April 2020 electronic Physician order [REDACTED]. R#2's [DIAGNOSES REDACTED]. R#2's Physician order [REDACTED].#2's room without using hand sanitizer from the dispenser located outside R#2's room. Without washing her hands or donning gloves, MA A proceeded to take R#2's blood pressure. After taking R#2's blood pressure, MA A passed medication cups to R#2 with her bare hands, for R#2 to take. In an interview on 04/27/20 at 10:35 a.m., MA A said she did not wash her hands or use hand sanitizer before giving oral medications to R#1 or R#2. MA A said she did not know what happened. MA A said she was aware of the policy to wash her hands before providing care to residents, including giving medications. In an interview on 04/27/20 at 11:45 a.m., the DON said staff should wash their hands before providing care, including administering medications. The DON said washing hands was required in order to prevent infection transmission. Review of the facility's undated policy on Hand washing/Hand Hygiene revealed: -This facility considers hand hygiene the primary means to prevent the spread of infection. -Employees must wash their hands for twenty seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: .c. before and after direct resident contact .l. Upon and after coming in contact with a resident's intact skin (e.g., when taking a pulse or blood pressure).</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.