

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER DELEON NURSING AND REHABILITATION LP		STREET ADDRESS, CITY, STATE, ZIP 809 E NAVARRO DE LEON, TX 76444	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 help prevent the development and transmission of communicable diseases and infections for 2 (certified nurse aide (CNA) A and housekeeper (HK) B) of 4 staff observed for infection control practices. The facility failed to ensure staff wore (CNA A and HK B) wore the proper personal protective equipment (PPE) for the appropriate contact and droplet precautions. The facility failed to ensure staff (CNA A and HK B) performed proper hand hygiene practices. The facility failed to ensure EPA-registered, hospital-grade disinfectants were being utilized appropriately by housekeeping staff. This failure placed resident at risk of acquiring infections and communicable diseases. Finding: In an interview on 9/10/20 at 11:50 am the Administrator stated they had two staff test positive for COVID-19 on 9/9/20 with use of the testing machine and have sent those same two staff to be tested at a local hospital using the polymerase chain reaction (PCR). The Administrator stated once the employees where determined positive with the test kit they were quarantined in the facility placed and walked out of the building. The Administrator stated they are setting up a warm hall for all status unknowns and preparing for COVID positive test results when they mass test all residents 9/11/20 and they currently have enough PPE. In an observation and interview on 9/10/20 at 12:30 pm CNA A entered a room that was on contact/droplet precaution to deliver a meal tray and assist that resident with getting their food and drink ready. CNA A did not don a gown and did not perform hand hygiene upon exit of the resident room. CNA A then walked to the dining room retrieved another meal tray and delivered the tray to another room where a resident was also on contact/droplet precaution. CNA A did not don a gown and donned gloves once she was in the resident room. CNA A had close contact with the resident when she helped to adjust her in her chair, then CNA A sat with the resident and rendered feeding assistance. CNA A stated the resident she was assisting was on contact precaution because she [MEDICAL CONDITION]. CNA A stated the director of nursing (DON) told her it was fine to only wear a mask and gloves in resident rooms who are on contact/droplet precaution. Record review of Centers for Disease Control and Prevention (CDC) website on 9/17/20 revealed the following: Preventing Infections in Healthcare. Contact Precautions CDC recommends the use of Contact Precautions in inpatient acute care settings for patients known to be colonized or infected with epidemiologically important [MEDICAL CONDITION] (MDROs) [MEDICAL CONDITION]. Transmission - Based Precautions .Contact Precautions .Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens. In an observation and interview on 9/10/20 at 1:20 pm housekeeper (HK) B was seen cleaning a contact/droplet precaution room with no gown on. She exited the room removed her gloves and with no hand hygiene she put on new gloves and began to mop the hallway outside of the room she just cleaned. HK B stated she used a hospital grade disinfectant in the bathrooms, all purpose cleaner to clean surfaces in resident rooms but she would use the hospital grade disinfectant if there were body fluids to clean up, and she mops the floors with plain water. She has never been serviced on the required PPE for resident rooms who are on contact/droplet precaution and she has never been told to do hand hygiene between changing gloves and she has worked at the facility since July of 2020. Record review of a facility safety date sheet of the all-purpose cleaner the facility used provided by the Administrator on 9/10/20 did not reveal this product was an effective hospital grade disinfectant. Record review of United States Environmental Protection Agency (EPA) website accessed on 9/17/20 revealed users search by EPA registration number for disinfectants for use against [DIAGNOSES REDACTED]-CoV-2(COVID-19) the registration number did not yield any search results to indicate the all-purpose cleaner the facility used was effective against COVID-19. In an interview on 9/10/20 at 1:45 pm the director of nursing (DON) stated the DON is responsible for in servicing of housekeeping staff and HK B has been in serviced on hand hygiene and donning and doffing of PPE. The DON stated she should be doing hand hygiene when changing gloves and donning PPE for cleaning of resident rooms who were on contact/droplet precautions. The DON stated she had told staff that it is okay to only wear a mask and gloves in a resident room if they are asymptomatic and they were status unknown, but if they are symptomatic they need to don a gown as well and a gown should have been used if having contact with a resident [MEDICAL CONDITION]. In an interview on 9/10/20 at 1:57 pm the Administrator stated how they are currently utilizing PPE, had come from their cooperative office, but she has reached out to them to see what the expectation is at this time. At the time of this surveyor exit she had not clarified what corporate's current expectation was. Record review of facility policy provided by the Administrator on 9/10/20 with no date to indicate when the policy/plan was initiated revealed the following: COVID 19 Plan .Transmission Based Precautions for suspected or respiratory infections other than suspected COVID 19. The facility will utilize its transmission-based precaution policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected [DIAGNOSES REDACTED]. Suspected Case(s) of Covid in the Facility - A confirmed or suspected case of COVID 19 will be considered an outbreak . When COVID-19 is identified in the facility, staff wear all recommended PPE for the care of all residents, regardless of symptoms (based on availability). Due to PPE limited availability, this facility will have HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low. Record review of facility policy provided by the Administrator on 9/10/20 with no date to indicate when it was initiated revealed the following: Hand Hygiene .Before and after entering isolation precaution settings .After removing gloves or aprons. (Note Hand Hygiene and Sequence for donning and doffing PPE was in serviced on 9/9/20 CNA A signature was present on the sign in sheet, but HK B signature could not be located on the sign in sheet). Record review of CDC website accessed on 9/17/20 revealed Preparing for COVID-19 in Nursing homes updated 6/25/20 revealed the following: .Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices . If extended use of gowns is implemented as part of crisis strategies, the same gown should not be worn when caring for different residents unless it is for the care of residents with confirmed COVID-19 who are cohorted in the same area of the facility and these residents are not known to have any co-infections (e.g., Clostridioides difficile) . Environmental Cleaning and Disinfection: Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in resident rooms and common areas; Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Use an EPA-registered disinfectant from List Nexternal icon on the EPA website to disinfect surfaces that might be contaminated with [DIAGNOSES REDACTED]-CoV-2. Ensure HCP are appropriately trained on its use.</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.