

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675420	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER BRAZOSVIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2127 PRESTON ST RICHMOND, TX 77469	
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 program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 5 Residents (Resident #1) reviewed for infection control, in that: -Disposal containers for soiled Personal Protective Equipment were not available in the room for Resident #1 who was on droplet precautions. This failure affected one resident and placed her at risk for cross contamination and infection due to staff not having an appropriate disposal point for contaminated PPE. Findings Include: Record review of the face sheet for Resident #1 revealed she was a 74- year-old female who was admitted to the facility on [DATE] and readmitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of the quarterly MDS assessment dated [DATE] revealed Resident # 1 had a BIMS score of 12 out of 15 indicating moderate cognitive impairment. Resident # 1 required extensive assistance for bed mobility, transfers, dressing, toilet use, and personal hygiene. She was totally dependent on staff for bathing. She was frequently incontinent of bladder and always incontinent of bowel. Record review of Resident #1's undated comprehensive care plan revealed she was on droplet precautions for pneumonia. During observation and interview on 05/14/2020 at 11:00 a.m. MA B donned PPE to enter Resident #1's room. Further observation of the room revealed no biohazard disposal receptacles located inside the room. No receptacles were observed outside the room. MA B said she did not see any biohazard disposal receptacles in the room. MA B kept the PPE on there until a bin could be brought to her. During interview with CNA D on 5/14/ at 11:15 a.m., she said the biohazard containers were not in the room when she provided ADL care for Resident #1 the morning of 5/14/20 (no time was specified). She said she placed the contaminated items into the red and yellow bags and removed the bags from the room and disposed of the biohazard bags in the appropriate area. She said she forgot to inform the nurse of the biohazard disposal receptacles not being inside the Resident's room. During observation and interview at 11:20 a.m. the Unit Manager transported clean biohazard disposal receptacles to Resident #1's room. She said the disposal containers were in the room when she provided treatment this morning. She said she was not sure why they were not in the room now. She said staff removed the disposal containers after the containers were full. During interview with the DON on 5/14/2020 at 11:27 a.m. she said the Resident Ambassadors were to monitor if the biohazard disposal containers were inside the Residents' rooms and available for use. She said she had to verify if the ambassador reported no biohazard disposal container in the room, when asked. During a follow-up interview at 11:30 a.m. on 5/14/2020 the DON said Resident #1 did not have an ambassador assigned and CNA D and the Unit Manager were supposed to monitor if the biohazard containers were inside the Resident's rooms and available for use. She said CNA D told her the disposal containers were not there, but she used red and yellow bags. She said the nurse and CNA should have checked and verified if the biohazard disposal receptacles were inside the Residents' rooms and available for use. Record Review of the facility Policy on Regulated medical waste management revised 2/2018 revealed it did not address proper disposal of PPE. Record review of the facility undated policy, Infection Prevention Surveillance, also revealed it did not address disposal of PPE.</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.