

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675445	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER OAK MANOR NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 624 N CONVERSE ST FLATONIA, TX 78941	
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.</p> <p>Based on interview, observation 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 infection during preparation of meals in one (1) of one (1) kitchens, wearing masks in facility and following protocol upon entering facility. A. LVN A failed to gather information on the signs/symptoms questionnaire upon Surveyor entering the facility. LVN A and CNA C failed to wear a mask according to CDC Guidelines. B. Cook B failed to sanitize hands and wear proper hair covering when preparing lunch meal. These failures could place all residents at risk for the transmission of infectious diseases. Findings Included: A. Observation on 04/17/2020 at 7:48 AM revealed LVN A standing at nurse's station not wearing a mask. LVN A entered the lobby to check Surveyor's temperature. LVN A wasn't wearing a mask face while in the lobby. LVN A did not ask Surveyor any questions from the signs/symptoms questionnaire on the facility staff monitoring log. Observation on 04/17/2020 at 1:40 PM revealed CNA C's face mask was under her chin while sitting at nurse's desk. Record review on the facility staff monitoring log on 04/17/2020 at 1:45 PM reflected the signs/symptoms questions beside surveyors name had been answered on the form. Interview on 04/17/2020 at 7:55 AM LVN A stated, I took my mask off and didn't place the mask on after I had something to drink. I am to wear mask when at work. Interview on 04/17/2020 at 8:40 AM LVN A stated, I didn't ask signs/symptoms questions on the form. I should have asked these questions. It does show directions of how to use the form when anyone comes in the facility. In an interview on 04/17/2020 at 9:05 AM The Director of Nurses stated, All staff has been in serviced to wear mask when in the facility. Staff has also been in-serviced on how to use the facility staff monitoring log. I do expect the staff to ask signs/symptoms questions to everyone. In an interview on 04/17/2020 at 9:45 AM The Administrator stated, I expect all staff to wear their mask in the facility. The staff is expected to ask the sign/symptom questionnaire on the facility staff monitoring log. All staff has been in serviced on wearing masks and how to complete the staff monitoring log. In an interview on 04/17/2020 at 1:42 PM CNA C stated, I didn't have my mask on my face. We have received in services on wearing mask in facility. In an interview on 04/17/2020 at 1:46 PM The Director of Nurses stated, I marked responses to the sign/symptoms question beside your (Surveyors) name. It was blank, and I automatically mark my own signs/symptoms answers, it was an error. I documented my responses beside my name after I realized I marked them on wrong line. The staff taking your temperature is the person required to ask the sign/symptom questions on the monitor log. B. Observation on 04/17/2020 at 12:03 PM revealed Cook B in kitchen without completely covering her hair. Cook B was wearing a shower cap. Observation on 04/17/2020 at 12:05 PM revealed Cook B picked up paper off the floor and her fingers/ hand touched the floor. Observation on 04/17/2020 at 12:15 PM revealed Cook B touched bread and touched inside of the containers filled with food to be placed on the steam table. Cook B did not wash hands, use hand sanitizer or wear gloves after her fingers/ hand touched the floor. In an interview on 04/17/2020 at 12:20 PM Cook B stated, I don't wear the hair nets. I have braids in my hair and the hair nets doesn't cover the braids. The hair nets will mess up my braids. I didn't think I needed to cover all my hair. I re-use the shower cap and I don't wash it. Some of my natural hair is showing between braids. I washed my hands but not immediately after touching the floor and I did touch food before I remembered to wash my hands. In an interview on 04/17/2020 at 1:30 PM The Administrator stated, the cook's hair should be completely covered. If she does wear the shower cap every day, it needs to be washed. I expect the cook to wash her hands immediately when touching anything unclean. This is cross contamination with food and other items in the kitchen. Record review of the facility's Coronavirus Disease 2019 Symptom Monitoring Log reflected Screen all healthcare personnel. Mark the symptoms below with 'Y' for Yes and 'N' for No. Don't leave any spaces blank. Record review of the facility's guidelines dated 04/06/2020 reflected Per state guidelines all personnel must wear a mask when they are in the facility. Please contact the Director of Nurses if any questions. Record review of the facility's Policy on Employee Sanitation dated 10/01/2018 reflected: 3 b. Hair nets, headbands, caps, beard coverings or other effective hair restraints must be worn to keep hair from food and food-contact surfaces. 5 a. Employees must wash their hands and exposed portions of their arms at designated hand washing Facilities at the following times: iv. Immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles. vii. After engaging in other activities that contaminate the hands. Review of CDC guidelines dated 4/13/20 and titled Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs): reflected the following: Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.</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.