

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 10/15/2020
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	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 establish and maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure CNA A followed hand hygiene procedures when entering and exiting room #'s 101, 102 and 104. This failure could lead to the transmission of communicable diseases and infections and at risk for contracting COVID -19. Findings Include: Observation on 10/15/2020 at 9:50 AM revealed CNA A was wearing gloves as she was sanitizing bedside table and touched the bedspread in room [ROOM NUMBER]. CNA A exited room [ROOM NUMBER] without doffing her gloves or sanitizing her hands. Observation on 10/15/2020 at 9:59 AM revealed CNA A entered room [ROOM NUMBER] without donning gloves or washing and sanitizing hands. CNA A began sanitizing the overhead tables with sanitation wipes. CNA A touched remote control to the tv and rearranged personal items on another bedside table in room # 102. CNA A exited room [ROOM NUMBER] without doffing gloves and didn't wash or sanitize hands. Observation on 10/15/2020 at 10:05 AM revealed CNA A entered room [ROOM NUMBER] with the same gloves she was wearing in room #'s 104 and 102. CNA A began sanitizing overhead bed tables with sanitation wipes. CNA A doffed gloves after she finished sanitizing the overhead table. CNA A didn't wash or sanitize hands and touched the top of two (2) specialty cups in resident's room. In an interview on 10/15/2020 at 10:12 AM CNA A stated, I didn't change my gloves when I left a resident room and entered another resident's room. I don't know if it was required. I wasn't giving patient care. I apologize I do know I need to change gloves anytime I enter and leave a resident's room no matter what I am doing in that room. I messed up. In an interview on 10/15/2020 at 1:35 PM Director of Nurses stated All staff is required to donn gloves when entering a resident's room, if it is required and doff the gloves prior to exiting residents room. I expect all staff to do this protocol no matter what tasks they are performing in resident's rooms. This is cross contamination. In an interview on 10/15/2020 at 2:05 PM Administrator stated I expect the staff to donn gloves prior to entering a resident's room, if this is the requirement of staff to wear gloves at that particular time. The staff is to doff gloves prior to leaving the same resident's room. There are no exceptions. CNA A could have cross contaminated the bedside tables in the three (3) resident's rooms. CNA A didn't follow correct protocol to change gloves and wash hands. Record review of Facility Policy on Standard Precautions dated (October 2018) reflected: 1. Hand Hygiene b. Hand hygiene is performed with ABHR or soap and water. (3). After contact with items in the residents' room (4). After removing PPE. 2. Gloves g. Gloves are removed promptly after use, before touching non- contaminated items and environmental surfaces, and before going to another resident. h. After gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environments.		

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.