

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER DEVINE HEALTH & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 104 ENTERPRISE AVE DEVINE, TX 78016	
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 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 1 of 4 residents (Resident #1) reviewed for infection control, in that: CNA A and NA B did not wear a face shield when assisting Resident #1 with care who was in isolation for unknown Covid-19 status. This deficient practice could place residents, staff and visitors at risk of transmission of communicable diseases, illness, infections and COVID-19. The findings included: Review of Resident #1's face sheet, dated 9/16/2020, revealed she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's progress note, dated 9/13/2020, revealed she was alert and oriented times 4. Review of Resident #1's September 2020 Order Summary revealed an order for [REDACTED]. #1's doorway that revealed she was under droplet precautions. Further observation revealed another sign by Resident #1's doorway that revealed the sequence for putting on PPE which included a gown, mask, face shield and gloves. Observation on 9/16/2020 at 10:09 a.m. revealed CNA A and NA B entered Resident #1's room and both staff members did not wear face shields to provide care. Interview on 9/16/2020 at 10:11 a.m. with CNA A confirmed she went into Resident #1's room to provide care and did not wear a face shield and stated she should have worn them. CNA A stated she did not have a face shield and NA B went to get one for her. Interview on 9/16/2020 at 10:12 a.m. with NA B confirmed she went into Resident #1's room to provide care and did not wear a face shield. NA B stated it was her choice whether to wear a face shield or not because she wore glasses. Interview on 9/16/2020 at 11:03 a.m. the DON stated that staff are to wear full PPE when entering an isolation room which included shoe covers, gown, gloves, and a face shield. The DON further stated if a staff member wore glasses they did not have a choice; they are to wear a face shield. The DON confirmed CNA A and NA B should have worn a face shield. Review of the facility Covid-19 Plan, undated, revealed Special Transmission Precautions - Healthcare workers will abide by all special transmission precautions for a specific resident and don any required PPE before entry to the room and will remove the PPE prior to leaving the room. Personnel entering the room should use recommended PPE. Entry to the room of a suspected or confirmed case of Covid-19 should be limited to essential needs only.</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.