

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675863	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER FRANK M TEJEDA TEXAS STATE VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP 200 VETERANS DR FLORESVILLE, TX 78114	
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 - Potential for minimal harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility did not 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 12 staff (CNA C) reviewed for infection control related to COVID-19, in that: CNA C did not wear a PPE (N95 Particulate Respirator) correctly when working in the facility. This deficient practice could place residents at risk for contracting communicable disease. The findings were: Observation on 09/18/2020 at 10:23 a.m. revealed CNA C was sitting at the nursing station wearing an N95 mask which did not cover her nose. Further observation revealed CNA C had the N95 bands around her neck and the inside of the N95 was touching the front of her neck. During an interview with CNA C on 09/18/2020 at 10:23 a.m., at the same time as the observation, CNA C confirmed she was not wearing her N95 mask correctly. CNA C stated the N95 mask did not fit and would slide down her nose easily. During an interview with RN B on 09/18/2020 at 10:25 a.m., RN B confirmed CNA C was not wearing her N95 respirator correctly. RN B stated all staff in facility were supposed to be wearing an N95 at all times while in the facility unless they were in the employee break room eating. During an interview with the Administrator on 09/18/2020 at 1:01 p.m., the Administrator stated the staff had been in-serviced on not removing their masks while in the facility, and Facemask Do's and Don'ts. Record review of the facility's policy titled, Personal Protective Equipment - Face Mask Policy, dated 06/2020, revealed, Do not wear your facemask under your nose. Record review of HHSC's COVID-19 Response for Nursing Facilities, version 3.5, dated 08/18/2020, revealed: Recommendations: Outbreak management . if an outbreak of COVID-19 is suspected or identified in our facility, strict measures must be put in place to halt disease transmission . Implement universal use of facemask for healthcare providers while inside the facility . N95 respirator fit testing .a respirator will provide better protection than a facemask or using no respirator at all.</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.