

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675986	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER PARK MANOR OF CYPRESS STATION		STREET ADDRESS, CITY, STATE, ZIP 420 LANTERN BEND DR HOUSTON, TX 77090	
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 - Many	Provide and implement an infection prevention and control program. 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, in that : Housekeeping aide did not wear face mask. The facility staff failed to use standard precautions when transporting and storing dirty linen from the isolation unit. These failures could affect all residents and placed them at risk of infections from cross-contamination. Finding included: Observation and interview on 4/28/20 at 10:20 am revealed one yellow bag and 4 barrels of dirty linen on the ground inside the laundry room near the washing machines. The Housekeeping Manager said the yellow bag was the dirty linen from the isolation unit (300 hallway.) Housekeeping Aide was observed cleaning the lint traps with her mask pulled down below her chin. Housekeeping Aide said masks are supposed to be worn at all times but she pulled it down because she couldn't breathe. When Housekeeping Aide was asked about in-service on infection control, she said she had never had that training. In a follow-up interview on 4/28/20 at 11:15 am, Housekeeping Manager said the proper protocol for storage of dirty lines was to dispose of dirty line in the barrel located on each hallway. He said all staff should be wearing face masks at all times . He said he monitored staff by random checks. During an interview on 4/28/20 at 12:30 pm, the Administrator said they have been in-servicing staff to keep staff up to date with new requirements . He said he made frequent rounds to ensure staff compliance. He said if he observe staff not wearing a mask , he would immediately in-serviced that staff. He said the Housekeeping aide did receive training and provided copies. Record review of Infection Control in-service dated 4/10/20 revealed topics included COVID-19 policies for updates, social distancing, hand hygiene, and infection control practices. Housekeeping Aide signed the in-service. Record review of in-service dated 4/13/20 revealed the topic was face masks to be worn at all times. Housekeeping aide's signed the in-service. Record review of the facility's Infection Control Policy dated August 2007 revealed This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. Further review revealed This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike. All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter.		
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.