

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER PARK MANOR OF QUAIL VALLEY		STREET ADDRESS, CITY, STATE, ZIP 2350 FM 1092 MISSOURI CITY, TX 77459	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 related to COVID-19 for 3 of 3 staff (CNA1, CNA2 and CNA 3) reviewed for infection control, in that 1) The facility did not ensure CNA 1 and CNA 2 were performing hand hygiene in between resident care/contact. 2) The facility did not ensure CNA 3 utilized proper PPE and sterile techniques. These failures could affect all residents and place them at risk of contracting infections resulting in possible serious illness or death. The findings are: Observation and interview on 4/30/2020 at 12:22 PM with CNA 1. CNA 1 was observed providing meal trays to 400 hall rooms. The rooms had red and orange postings bearing the information Droplet and contact isolation. CNA 1 wore N-95 mask, gown, and goggles. CNA 1 said she was providing meals to residents in the dirty rooms first (Covid-19 positive residents) and would then go to green rooms where negative Covid-19 residents were. She added before she goes to the green rooms she will go to shower room where she will doff her PPE, perform hand hygiene, and will go to the negative/green rooms where she will don the negative room's designated PPE (N95 mask and gown). CNA 1 noted to have passed meal trays in rooms [ROOM NUMBERS] (both rooms are covid-19 isolation rooms) without gloves and did not sanitize hands by handwashing or application of alcohol-based hand rub. Observation and interview on 4/30/2020 at 12:30 PM, CNA 2 did not perform hand hygiene after entry and exit in 2 positive covid-19 isolation rooms in 300 hall (rooms [ROOM NUMBERS]) while she passed meal trays. CNA 2 wore goggles, gown, and N 95 mask, no gloves. Surveyor asked CNA 2 about hand hygiene in between resident rooms. CNA 2 said she had her own hand sanitizer in her pocket. Observation and interview on 5/5/2020 at 10:19 AM. CNA 3 came out of room [ROOM NUMBER] after providing incontinent care to a resident. room [ROOM NUMBER] was designated green/clean room with door notice Free zone, Designated PPE. CNA 3 doffed her designated PPE's for the room (white gown and N 95 mask) in secured area. Her gown was hung behind door and her mask was in a drawer. Surveyor noted only 1 brown paper bag was used by CNA 3 to place clean/designated N 95 mask and Dirty N 95 mask. She pulled out the dirty N95 mask to put it back on then placed the clean/designated N95 mask in. The brown paper bag was labeled with CNA 3's initials and had a clean label. CNA 3 said she used the dirty mask for covid positive rooms while she used designated clean PPE's on each negative resident room. Interview on 5/5/2020 at 11:52 AM with ADON said staff going in and out of resident rooms should do hand hygiene either by handwashing or use alcohol-based hand sanitizer. Interview on 5/5/2020 at 10:35 AM with ADON, said each negative room has their own set of PPE's. She added staff should change their dirty mask and place them in a brown paper bag with the label dirty then don the clean or designated mask placed in a brown paper bag labeled clean. ADON said she would address this with CNA 3. Interview on 5/5/2020 at 11:29 AM with ADON said she talked to CNA 3 and provided her a new N95 mask designated for room [ROOM NUMBER]. Review of facility resident roster and census dated 5/5/2020 revealed 70 residents in facility and 24 were negative for Covid-19 while 46 were positive for Covid-19. All their four halls occupied by residents with confirmed cases of covid-19, placed in isolation rooms as labeled. Record review of facility policy on handwashing/hand hygiene, revised June 2010, policy statement revealed This facility considers hand hygiene the primary means to prevent the spread of infections. Policy number 5 read in part, Employees must wash their hands for at least 15 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions .E. Before and after entering isolation precaution settings; F. Before and after handling of food. Policy number 6 read in part, revealed In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95 % [MEDICATION NAME] or [MEDICATION NAME] for the following situations .A. Before and after direct contact with residents. Record review of facility's Interim policy for suspected or confirmed Coronavirus (Covid-19), dated 3/10/2020 revealed Hand hygiene using alcohol-based hand sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds. Record review of facility's in-service training dated 4/27/2020 Title Green rooms-designated PPE's/gown/N95/ goggles conducted by corporate nurse read in part Mask place in brown bag outside door-designated by room and staff member.</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.