

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2020
NAME OF PROVIDER OF SUPPLIER WINNIE L LTC PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP 2104 N KARNES CAMERON, TX 76520	
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. Based on interview, observation 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 infection during lunch service on three (3) of four (4) halls and for equipment used on multiple residents on one (1) of one (1) halls. A. CNA A failed to sanitize the blood pressure cuff between residents on the 400 hall. B. CNA B, LVN C, LVN D and DON failed to sanitize residents hands (4 residents on the 200 hall, 3 resident on the 300 hall and 3 residents on the 400 hall) prior to eating lunch. This failure could place all residents at risk for the transmission of infectious diseases. Findings included: A. An observation on 3/26/2020 at 9:18 AM revealed CNA A taking the blood pressure of two residents on the 400 hall without sanitizing the blood pressure device in between. In an interview on 3/26/2020 at 9:25 AM CNA A stated she did not sanitize the blood pressure cuff between the two residents but should have. In an interview on 3/26/2020 at 9:40 AM DON stated her expectation was for any equipment used for multiple residents to be sanitized between each use. She stated the CNAs did not receive training for this directly. She stated if a CNA was taking blood pressures it would have been delegated by a nurse and the nurse would explain that the equipment needed to be disinfected between each use. In an interview on 3/26/2020 at 9:58 AM ADM stated his expectation was for equipment used for multiple residents to be sanitized between each usage. B. An observation on 3/26/2020 from 12:10 PM through 12:30 PM revealed 4 residents on hall 200 (Rooms 202, 205 and 206), 3 residents on hall 300 (Rooms 303, 304 and 305) and 3 residents on 400 hall (Rooms 405, 409 and 413) were served their lunch without having their hands sanitized. In an interview on 3/26/2020 at 12:56 PM LVN D stated she did not assist any residents to wash their hands or provide them with hand sanitizer prior to passing out their lunch tray. In an interview on 3/26/2020 at 12:58 PM LVN C stated he did not assist any residents to wash their hands or provide them with hand sanitizer prior to passing out their lunch tray. In an interview on 3/26/2020 at 1:30 PM CNA B stated she did not assist any residents to wash their hands or provide them with hand sanitizer prior to passing out their lunch tray. In an interview on 3/26/2020 at 3:20 PM DON stated she did not assist any residents to wash their hands or provide them with hand sanitizer prior to passing out their lunch tray. She stated her expectation was for herself as well as anyone else passing out trays to assist residents in cleaning their hands prior to eating. Review of facility policy, Section II - INFECTION CONTROL, PROCEDURAL GUIDELINE#6 - HAND WASHING, undated, reflected in section B. Guidelines and Precautions . 2. Hand washing should be done at the following times: d. Before and after eating, drinking, smoking, using lip balm, touching contact lenses, wiping nose, and using toilet. Review of facility policy, Policies and Practices - Infection Control dated Revised September 2005 reflected, 4. All personnel will be informed of our infection control policies and practices, including where and how to find and use pertinent procedures.		

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.