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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676093 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/23/2020 |
| NAME OF PROVIDER OF SUPPLIER RENAISSANCE VILLA | | STREET ADDRESS, CITY, STATE, ZIP 700 DYER ST ROCKDALE, TX 76567 | |
| 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 | <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 establish and maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. A) The facility failed to ensure Director of Nurses, CNA A, CNA B and CNA C wore face masks while in the facility. B) The facility failed to ensure Activity Director removed PPE when exiting isolation room [ROOM NUMBER]. C) The facility failed to ensure CNA D followed hand hygiene procedures during meal service on 300 hall. These failures could lead to the transmission of communicable diseases and infections and at risk for contracting COVID-19. Findings Include: Observation on 6/22/2020 at 7:45 AM revealed CNA A was near residents when she opened facility door for surveyor to enter facility. CNA A's face mask was below her chin. In an interview on 6/22/2020 at 7:49 AM CNA A stated I pulled my mask down because I became hot. We have been in-serviced to wear our mask at all times when working. Observation on 6/22/2020 at 8:30 AM revealed the Director of Nursing did not don a face mask when she entered the facility. Director of Nursing entered the Administrators office without donning a face mask. In an interview on 6/22/2020 at 8:40 AM the Director of Nurses stated I usually get a face mask when I come into work. I did enter the facility without wearing a face mask. When I walked into this office (Administrators office), I remembered I wasn't wearing a face mask. Observation on 6/22/2020 at 1:10 PM revealed the Activity Director exited room [ROOM NUMBER] on the isolation hall wearing PPE gown. Activity Director walked down the isolation hall wearing the same gown. The Director of Nurses asked the Activity Director three times to remove his gown and place it in the hazard container. In an interview on 6/22/2020 at 1:15 PM the Director of Nurses stated Activity Director was to doff his gown in the hazard containers prior to exiting the room (room [ROOM NUMBER] on isolation hall). I did see him come out of the room with the gown on and was walking toward other staff. In an interview on 6/22/2020 at 1:18 PM the Activity Director stated I didn't take off the gown when I came out of that room (room # 200). I have been in-serviced to remove gown and dispose the gown in the hazard containers prior to leaving any residents' room. Observation on 6/23/2020 at 7:20 AM revealed CNA B was on 300 hall without wearing a face mask. In an interview on 6/23/2020 at 7:22 AM CNA B stated I was near residents when I was walking down the hall (300 hall). I wasn't wearing a face mask. We have had several in-services explaining to wear face mask when in facility. Observation on 6/23/2020 at 7:35 AM revealed CNA C was donning PPE prior to entering room [ROOM NUMBER] on the isolation hall. CNA C was holding gloves in her hands while donning shoe covers over her shoes. The gloves touched the floor and her shoes. CNA C didn't wash hands and donned the soiled gloves. CNA C entered room [ROOM NUMBER] on isolation hall. In an interview on 6/23/2020 at 7:37 AM CNA C stated I don't know if my gloves touched anything. I did have my gloves in my hands while I placed shoe covers over my shoes. I wasn't wearing gloves at that time. I don't think there is anything wrong with me wearing the gloves I had in my hands. Observation on 6/23/2020 at 7:43 AM revealed CNA C exited Room # 202 without mask. CNA C did not don a new mask and was walking toward the front of the hall. CNA C began to answer questions from the surveyor and donned a new mask during the conversation. In an interview on 6/23/2020 at 7:45 AM CNA C stated, I didn't place a face mask on after I left that room (room # 202 on isolation hall). I didn't know we had to do it immediately. I placed my face mask on while I was talking to you (surveyor). I did walk up the hall without wearing a facemask. I don't think I did anything wrong. Observation on 6/23/2020 at 7:50 AM revealed CNA D on 300 hall delivering breakfast to residents in their rooms. CNA D entered and exited rooms: 300, 303, 304, 305 and 310 without washing or sanitizing her hands. CNA D exited 300 hall and did sanitize hands in another area of facility prior to entering room [ROOM NUMBER]. In an interview on 6/23/2020 at 8:05 AM CNA D stated I did not sanitize my hands when entering and exiting the rooms on 300 hall. We have had in-services on hand hygiene. I know all staff are required to sanitize hands when we leave one residents' room and enter another residents' room. I did sanitize my hands after I left 300 hall. In an interview on 6/22/2020 at 9:05 AM the Administrator stated All staff have been in-serviced numerous times to wear face mask when in this facility. I expect all staff to wear face mask when working. In an interview on 6/22/2020 at 1:30 PM the Administrator stated all staff has been in-serviced proper instructions on PPE. Staff required to remove gowns prior to leaving residents' rooms. In an interview on 6/23/2020 at 9:20 AM the Director of Nurses stated All staff are to sanitize their hands when they enter and exit residents' rooms. The staff have been instructed to don mask immediately after disposing mask they were wearing. In an interview on 6/23/2020 at 9:45 AM the Administrator stated All staff are to wear mask when in facility. If they need to change their mask, they are to change it immediately and not walk in the hall without wearing a mask. Staff are expected to wash hands with soap/water or use hands sanitizer when entering and exiting resident rooms. Facility Policy on Key Points about PPE (not dated) reflected There are four key points to remember about PPE use. First, don it before you have any contact with the patient, generally before entering the room. Once you have PPE on, use it carefully to prevent spreading contamination. When you have completed your tasks, remove the PPE carefully and discard it in the receptacles provided. Then immediately perform hand hygiene before going on to the next patient. Facility Policy on Prevent Spread of COVID-19 (not dated) reflected Ensure all health care Professionals wear a facemask while in the facility. Facility Policy on Hand Cleaner, Antiseptic (not dated) reflected: Purpose: To cleanse the hands between resident contact including, but not limited to, during medication and treatment administration. To prevent spread of infection. Hands should be washed with soap and water after 10-15 applications of hand cleaner, or as directed by manufacturer. Facility Policy on Hand washing (not dated) reflected Hand washing will be regarded by this facility as the single most important means of preventing the spread of infections. Facility policy or protocol on hand washing during resident dining or policy on dining services wasn't available at time of exit.</p> | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.