

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER PRAIRIE ESTATES		STREET ADDRESS, CITY, STATE, ZIP 1350 MAIN ST FRISCO, TX 75034	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included hand hygiene procedures to be followed by staff involved in direct resident contact for 1 (Resident #1) of 2 residents reviewed for incontinence care. CNA A failed to change gloves and perform hand hygiene while providing incontinence care to Resident #1. Findings included: Review of Resident #1's MDS assessment, dated 05/08/20, reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. She was frequently incontinent of bowel and bladder and required extensive assistance with toileting. Review of Resident #1's Care Plan dated 05/21/19 revealed Resident #1 required extensive assistance with toileting and facility interventions included providing hygiene after voiding/bowel movements. Review of Resident #1's Progress Notes reflected: 03/29/20 INFECTIOUS DISEASE FU (follow-up) NOTE .ASSESSMENT AND PLAN 1. Pt (patient) with Complicated UTI; . ESBL (Extended-Spectrum Beta-Lactamase-ESBL-Producing Bacteria). Cont (continue) [MEDICATION NAME] (antibiotic) x 10 days . 05/11/20 INFECTIOUS DISEASE FU (follow-up) NOTE .ASSESSMENT AND PLAN 1. Pt (patient) with Complicated UTI; . E.coli (bacterial infection). Cont (continue) [MEDICATION NAME] (antibiotic) x 7 days . Observation and interview with the DON and CNA A on 06/01/20 at 1:45 PM revealed CNA A provided Resident #1 with incontinence care on 06/01/20 at 7:00 AM. The incontinence care was viewed by video recording provided by the family of Resident #1. CNA A and the DON watched the video for the first time with the investigator. The video showed CNA A providing incontinence care for Resident #1. CNA A did not change gloves, wash or sanitize her hands after removing the soiled brief. CNA A then cleaned Resident #1's peri-area with wipes. CNA A assisted Resident #1 to turn onto her left side in order to clean her buttocks. CNA A did not wash or sanitize her hands before placing a clean brief on Resident #1. CNA A then adjusted Resident #1's clothing and bed linens while wearing the same soiled gloves. CNA A watched the video and said she did not perform hand hygiene. She said she was familiar with the facility perineal care protocol and knew she was supposed to perform hand hygiene. An interview with the DON after he watched the video revealed hand hygiene was supposed to be performed during incontinence care. Review of the facility's Perineal Care Protocol, not dated, reflected: .3. Assemble equipment and supplies .4. Wash hands, apply gloves 6 .removed soiled clothing and/or brief .7. Remove gloves, sanitize hands and apply new gloves. 8 .use wipes to clean perineal area .Wash/sanitize hands. Apply clean gloves. Position/fasten clean brief under patient and adjust clothing .Wash hands .) Review of the facility Infection Control Policy, dated August 2012, reflected: Handwashing is the single most important means of preventing the spread of infection .</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.