

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TOWN EAST REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3617 O'HARE DR MESQUITE, TX 75150</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to establish and 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 for five (Residents #1, #2, #3, #4, and #5) of five residents observed reviewed for infection control. RN A failed to practice proper hand hygiene when performing blood glucose monitoring and insulin administration for Residents #1, #2, #3, #4, and #5. The failure placed residents at risk for infection and cross contamination. Findings included: Observation on 04/11/20 at 10:58 AM revealed RN A don gloves without performing any hand hygiene. RN A performed blood glucose sugar level monitoring on resident 1#. RN A removed gloves and cleaned the glucometer. RN A did not perform any hand hygiene after cleaning the glucometer. Observation on 04/11/20 11:00 AM revealed RN A donned gloves without performing any hand hygiene. RN A performed blood glucose sugar level monitoring on Resident # 2. RN A removed her gloves and cleaned the glucometer. Without performing any hand hygiene RN, A donned gloves, prepared the insulin, entered Resident #2's room, and administered the insulin. RN A exited the room and removed her gloves, but she did not perform any hand hygiene after removing the gloves, between the residents, and after doffing. She failed to wear gloves while cleaning the glucometer. RN A also failed to wash her hands or sanitize while preparing and administering insulin. Observation on 04/11/20 11:04 AM revealed RN A donned gloves without performing any hand hygiene. RN A performed blood glucose sugar level monitoring on Resident # 3. RN A removed her gloves and cleaned the glucometer. Without performing any hand hygiene RN, A donned gloves, prepared the insulin, entered Resident #3's room, and administered the insulin. RN A exited the room and removed her gloves, but she did not perform any hand hygiene after removing the gloves. She failed to wash, or sanitize between the residents, before donning and doffing of gloves. She did not wear gloves while cleaning the glucometer. RN A failed to wash hands or sanitize before donning the gloves while preparing and administering insulin. Observation on 04/11/20 11:08 AM revealed RN A donned gloves without performing any hand hygiene. RN A performed blood glucose sugar level monitoring on Resident #4. RN A removed her gloves but did not perform any hand hygiene after removing her gloves. RN A then cleaned the glucometer. RN A did not perform any hand hygiene after cleaning the glucometer. Observation on 04/11/20 11:13 AM revealed RN A donned gloves without performing any hand hygiene. RN A performed blood glucose sugar level monitoring on Resident #5. RN A removed her gloves and cleaned the glucometer. Without performing any hand hygiene. RN A donned gloves, prepared the insulin, entered Resident #5's room, and administered the insulin. RN A exited the room and removed her gloves, but she did not perform any hand hygiene after removing the gloves. RN A did not wash, or hand sanitize before donning gloves to check the blood glucose levels and after doffing. She did not wear gloves while cleaning the glucometer. RN A also did not wash her hands or sanitize before donning the gloves while preparing and administering insulin and after doffing. Interview with RN A on 04/11/20 at 12:51 PM revealed she did not wash her hands or sanitize before donning and after doffing the gloves or between residents. She also said she never washed or sanitized when donning and doffing gloves while she was preparing and administering insulin. She stated she knew it could result in infection transmission. Interview with the DON on 04/11/20 at 1:40 PM revealed she expected the staff to wash their hands or sanitize before donning gloves and after doffing the gloves. She also expected the nurses to clean the glucometer while they were gloved and clean them after use. The DON also stated she expected staff to sanitize or wash hands when moving from one room to the other or between the resident. Review of an In-service Training Report, dated 04/11/20, reflected the following: .Whenever you are checking a resident's blood sugar you must wash hands or use hand sanitizer each time you remove gloves and prior to putting on new gloves even if it is with the same resident. Also, you must wash hands after every 3rd use of hand sanitizer or if your hands are visibly soiled Review of facility's current, undated Glucometer Decontamination policy and procedure reflected the following: Purpose: To implement a safe and effective process for decontamination glucometers after use on each resident . The glucometer shall be decontaminated with the facility approved wipes following use on each resident. Gloves will be worn and the manufacturer's recommendations will be followed . Procedure .After performing the glucometer testing, the nurse shall perform hand hygiene, don gloves, and use the disinfectant wipe to clean all the external parts of the glucometer .Gloves shall be removed, hand hygiene performed, and clean gloves shall be donned .A second wipe shall be used to disinfect the glucometer .The clean glucometer will be placed on another paper towel .Gloved will be removed and hand hygiene performed .</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.