

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER THE HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 1855 W GOODWIN PLEASANTON, TX 78064	
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 prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #1) reviewed for infection control. CNA A and CNA B did not perform hand hygiene after exiting Resident # 1's room. This failure could place residents who reside in the facility and require care at risk for cross contamination and infection. Findings included: Record review of Resident # 1's face sheet revealed he was admitted on [DATE] with the [DIAGNOSES REDACTED]. Record review of a facility document titled, Isolation/Precautions , updated on 7/21/20, revealed Resident # 1 was on droplet precautions for COVID-19 (Coronavirus) precautions. During an observation on 7/21/20 at 5:04 pm CNA A and CNA B exited Resident # 1's room and did not perform hand hygiene. During an interview on 7/22/20 at 4:08 pm, CNA B stated she usually performed hand hygiene before donning PPE (personal protective equipment) and after doffing PPE. She stated they usually wash their hands after doffing PPE and prior to exiting the resident's room and perform hand hygiene after exiting the resident's room. During an interview on 7/22/20 at 4:12 pm, CNA A stated she doffed PPE prior to exiting the resident room, in the bathroom, and washed her hands before exiting. Non-CNA A stated they perform hand hygiene again when they exit the room. During an interview on 7/23/20 at 4:20 pm, the ADON (Interim DON) stated staff are supposed to perform hand hygiene after exiting the resident room because they touch the door knob inside the resident's room, which is considered a contaminated surface. The ADON (Interim DON) stated staff are supposed to perform hand hygiene prior to donning gloves. Record review of a facility policy titled, Handwashing/Hand Hygiene , revised August 2015, revealed use of an alcohol-based hand rub or hand washing should occur before donning gloves and after contact with any contaminated surfaces. Record review of the Centers for Disease Control and Prevention's guide on hand hygiene in healthcare settings for healthcare workers reveals that staff shall use hand hygiene after contacting contaminated surfaces and after touching a patient or the patient's immediate environment. (https://www.cdc.gov/handhygiene/providers/index.html)</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.