

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER SENIOR CARE OF ONION CREEK		STREET ADDRESS, CITY, STATE, ZIP 1700 ONION CREEK PKWY AUSTIN, TX 78748	
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	<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 maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for residents reviewed for incontinence care (Resident #1 & 2) A. CNA A failed to properly change gloves and wash or sanitize her hands when moving from a dirty area to a clean area, after the completion of incontinence care, and before leaving residents room to throw away trash to Resident #1. B. CNA B failed to properly change gloves and wash or sanitize her hands when moving from a dirty area to a clean area, after the completion of incontinence care. CNA A failed to decrease the risk of cross-contamination by placing a trash bag with soiled brief and pad on the floor for resident 2. This deficient practice could place residents requiring incontinence at risk for cross-contamination and spread of infection. Findings include: A. Review of the Resident #1 revealed a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Quarterly MDS assessment dated [DATE] revealed Resident #1's cognition was severely impaired. Resident #1 was dependant on staff for all ADLs with the support of two staff for bed mobility, transfers. Resident #1 had impaired range of motion on both upper and lower extremities on both sides. Resident #1 was incontinent of bowel and bladder. Review of the Care Plan dated 03/11/20 revealed Resident #1 required assistance with ADL's, which included the assistance of 2 staff for bed mobility, transfers, and toileting. The Care Plan revealed that Resident #1 was incontinent of bowel and bladder and required monitoring for incontinence care every two hours and PRN. During an observation on 4/2/20 at 3:30 pm, CNA A provided incontinent care to Resident #1. Firstly CNA A washed her hands and donned clean gloves. Next, CNA A cleaned the resident's perineal area using a clean wipe to clean each area, cleaning front to back. Then the CNA turned the resident to the right side and proceeded to clean the resident's rectum and buttock, wiping downward, using a clean wipe for each area. Afterward, CNA A disposed of soiled brief and then placed a clean brief under resident's buttock, wearing the same gloves worn to clean the resident's rectum and buttock. CNA A then placed moisture barrier onto the resident's clean brief and applied barrier crme spreading onto buttock with a gloved hand. CNA then changed gloves and took the trash out of the room without washing or sanitizing her hands. During an interview on 4/2/20 at 4:00 pm, CNA A stated she was supposed to wash or sanitize her hands between glove changes. CNA A stated she did not wash or sanitize her hands when going from a dirty area to a clean area. CNA A did not know she should wash her hands before leaving the room. CNA A stated that hand washing was important to prevent cross-contamination. B. Review of Resident #2 revealed a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. #2 had moderate cognitive impairment with a BIMS score of 12. Resident #2 was dependant on staff for all ADLs with the support of two staff for bed mobility, transfers. Resident #1 had impaired range of motion on both upper and lower extremities on both sides. Resident #1 was incontinent of bowel and bladder. Review of the Care Plan dated 03/11/20 revealed Resident #2 required limited assistance of 1 with ADL's, which included the assistance of 1 staff for bed mobility, transfers, and toileting. The Care Plan revealed that Resident #2 was incontinent of bowel and bladder and required monitoring for incontinence care every two hours and PRN. During an observation on 4/2/20 at 1 pm, CNA B provided incontinence care to Resident #2. CNA B washed her hands and donned gloves. CNA B cleansed perineal area without changing to a new wipe and or position of wipe for abdomen and right inner thigh as well as left inner thigh and medial labia. CNA then turned resident to the right side and proceeded to clean the resident's rear gluteal area using a new wipe for each area. Afterward, the CNA placed a clean brief under the resident buttock wearing the same gloves worn to wipe the resident's rectum and buttock. CNA placed a trash bag on the floor. CNA then changed gloves, picked up the trash bag, and left the room without washing or sanitizing her hands. During an interview on 4/2/20 at 1:30 pm, CNA B stated she should have washed her hands going from a contaminated area to a clean area and after the completion of incontinence care. CNA B said she was nervous and realized that she did not wash her hands and did not apply clean gloves after disposing of residents brief and before touching the resident's linens. CNA B stated she did not realize that she used the same wipe without changing positions when cleaning the peritoneal area. CNA B stated she was not sure if it was okay to put a trash bag with soiled linens on the floor. CNA B also said it is important to perform hand hygiene, apply clean gloves, as well as keep a trash bag off the floor to prevent cross-contamination. During an interview on 4/2/20 at 4:10 pm, the DON stated staff should wash or sanitize their hand in between glove changes. She stated staff should change their gloves after cleaning a resident's perineal area or rectum/buttocks and before leaving the room. She also stated trash bags filled with soiled linens should not be placed on the floor. Review of Lippincott fundamentals of nursing practice (Facility Resource Book pg 725) 04/02/20 revealed the following elements: Hand hygiene should be performed with soap and water and or hand sanitizer after moving from a contaminated-body site to a clean body site during patient care; after contact with body fluids, excretions, mucous membranes, non-intact skin, or wound dressings (if hands aren't visibly soiled); after removing gloves; and after contact with inanimate objects in the patient's environment. Review of the Texas Curriculum for Nurse Aides in Long Term Care Facilities, Personal Care Skills, page 106-107 revealed the following elements: A. Purpose: To clean the female perineum without contaminating the urethral area with germs from the rectal area. 1. Beginning Steps a. Wash hands . 10. Gently wash, rinse and dry the rectal area and buttocks, wiping from base of labia downward over rectal area until entire area is clean, soap-free and dry . 11. Closing steps . b. Remove and discard gloves following facility policy at the appropriate time to avoid environmental contamination. Wash hands .</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.