

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER LULING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 501 W AUSTIN ST LULING, TX 78648	
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 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 the current threat of COVID-19 for one (Resident #1) of one resident observed for incontinent care. CNA A failed to change gloves, wash hands or use sanitizer while performing incontinent care to Resident #1. This deficient practice could place residents who received incontinent care at risk for the spread of infection. Findings include: Review of Resident #1's face sheet, dated 5/01/2020 revealed he is a [AGE] year old male admitted on [DATE] with the [DIAGNOSES REDACTED]. Review of Resident #1's MDS dated [DATE], revealed a BIMS score of 9, indicating moderate impairment of cognitive functioning. Resident #1 was noted to have total dependence on staff to perform personal hygiene and toileting. Observation on 5/21/20 at 1:39 PM, revealed Resident #1 was in his room lying on his back and CNA A cleaning between his legs with wipes. CNA A, after cleaning his front area, turned Resident #1 on his right side and cleaned his back and peri area. She rolled the wipes and dirty brief into a ball. CNA A looked around and not finding any trash bin, placed the rolled dirty brief and wipe on top of Resident #1's sheet by the foot of the bed. CNA A did not change her gloves, wash or sanitize her hands and proceeded to pick up the clean brief to put under Resident #1. CNA A turned Resident #1 back on his back and fastened the clean brief on both sides. CNA A, with the same dirty gloves on her hands, picked up the rolled up old brief, touched the door knob to open the door, walked out of Resident #1's room to the trash bin outside of Resident #1's room. She discarded the old brief in the trash bin and walked back to Resident #1's bathroom and washed her hands. During an interview on 5/21/20 at 1:44PM, CNA A stated she was supposed to change gloves before touching the clean brief, change gloves in the room, and wash her hands. She stated they were not supposed to wear gloves in the hallway. Interview on 5/21/2020 at 2:15PM with the facility DON, she stated that staff should change gloves when going from dirty to clean briefs. She stated staff have been in-serviced multiple times to change gloves and sanitize hands during pericare before touching clean brief. Staff should not wear dirty gloves outside resident's rooms to the hallway to avoid spread of infections. Review of the facility Policies and Practices-Infection Control, revised April 2013, includes; standard precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infection diseases. Standard precautions apply to blood, body fluids, secretions and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes. Review of facility policy on perineal care procedure steps: 11. Discard disposable items into designated containers. 12. Remove gloves and discard into designated container. Wash and dry hands thoroughly.</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.