

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER CAPROCK NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 900 COLLEGE AVE BORGER, TX 79007	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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. - SW did not perform hand hygiene before entering or after exiting resident's rooms, and after touching resident's belongings These failures have the potential to affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation on 9-23-2020 at 10:15 AM, SW entered 3 different resident's rooms, one right after another, without performing hand hygiene. SW was holding a clip board and interviewing residents. She was in each room for approximately 2-3 minutes. In the last room she moved the resident's bedside table out of her way while talking with the resident. She did not perform hand hygiene before or after touching the table. During an interview with SW on 9-23-2020 at 10:25 AM, SW was asked if she was required to wash or sanitize her hands between rooms after speaking with residents. SW stated that she did not know. SW was asked if she was trained on proper hand hygiene techniques by the facility. SW stated that just started a couple days ago. SW was then asked if she thought it would be good practice to wash or sanitize hands in between visiting residents and touching things in residents rooms. SW stated that she did not know, but that washing or sanitizing hands before entering or exiting a resident's room sounded like a good idea. During an interview with DON on 9-23-2020 at 10:30 AM, DON was asked if it was her expectation that all staff perform hand hygiene before entering a resident's room and after exiting a resident's room. DON stated that it was her expectation that hand hygiene be completed when entering and exiting a resident's room. DON was asked if all staff in the building had been trained to wash or sanitize hands before entering and exiting a resident's room. DON stated that all staff had been trained to perform hand hygiene before entering and exiting a resident's room. DON was asked the risk of not performing hand hygiene, and she responded that it could spread infection to others. During an interview with the ADM on 9-23-2020 at 10:46 AM, ADM confirmed that it was his and the facility's expectation that that all staff perform hand hygiene when entering and exiting a resident's room. When asked what the risk was of not performing hand hygiene when entering and exiting, ADM stated that it could cause [MEDICAL CONDITION] to spread. Record review of facility provided competency list titled Infection Control Plan: Overview, dated 2019 reflected in part: Preventing Spread of Infection 3. The facility will require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. INTENT - Implement hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination There were no residents in the facility that were COVID positive.</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.