

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER HARMONEE HOUSE		STREET ADDRESS, CITY, STATE, ZIP 1400 MAIN ST AMHERST, TX 79312	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder or had a urinary catheter received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 6 Residents (Resident #1) reviewed for incontinent and catheter care. - CNA B failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident # 1. This failure has 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 of incontinent care on 6-30-2020 at 3:43 PM, CNA B did not wash or sanitize her hands before starting incontinent care on Resident #1. During incontinent care, after CNA B had wiped the peri area of Resident #1, CNA B discarded her soiled gloves and donned new gloves without washing or sanitizing her hands. CNA B then placed a clean brief on the resident and moved the resident up in bed. CNA B then adjusted her bedding around the resident, without ever washing or sanitizing her hands in between glove changes. During an interview with CNA B on 6-30-2020 at 4:01 PM she was asked if it was expected of her to wash her hands before starting incontinent care. She responded that she was expected to wash her hands before starting incontinent care. She was asked if she was expected to wash her hands in-between discarding soiled gloves and donning new ones. She responded that she was supposed to wash her hands in-between glove changes, and that she did not wash or sanitize between glove changes during the peri/wound care. She stated that she knew she had messed up as soon as she was finished. During an interview with the ADON on 6-30-2020 at 4:10 PM, she was asked if it was her expectation that staff wash their hand before starting care or treatment of [REDACTED]. She was then asked if it was her expectation that staff wash their hands between glove changes from soiled gloves to clean gloves. She again responded that it was her expectation that the staff wash or sanitize their hands after changing gloves. Record review of facility provided employee education outline titled Hand Hygiene Practices dated 7-11-2013 and revised 11/2018, reflects in part: Indications for hand washing and hand antisepsis 1. Contact with a patient's skin 2. Contact with environmental surfaces in the immediate vicinity of patients 3. After glove removal Record review of Centers for Disease Control and Prevention recommendations for glove use, retrieved from https://www.cdc.gov/handhygiene/providers/index.html , reflects in part: When and How to Wear Gloves: - Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. - Always clean your hands after removing gloves.		
F 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs plans of care for 1 of 6 Residents (Resident #1) reviewed for incontinent care. - CNA B failed to demonstrate competency in skills for performing incontinent care by not washing her hands before incontinent care and by not washing or sanitizing hands in-between glove changes. This failure has 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 of incontinent care on 6-30-2020 at 3:43 PM, CNA B did not wash or sanitize her hands before starting incontinent care on Resident #1. During incontinent care after CNA B had wiped the peri area of Resident #1, CNA B discarded her soiled gloves and donned new gloves without washing or sanitizing her hands. CNA B then placed a clean brief on the resident, then moved the resident up in bed. She then adjusted her bedding around the resident, without ever washing or sanitizing her hands in between glove changes. During an interview with CNA B on 6-30-2020 at 4:01 PM she was asked if it was expected of her to wash her hands before starting incontinent care. She responded that she was expected to wash her hands before starting incontinent care. She was asked if she was expected to wash her hands in-between discarding soiled gloves and donning new ones. She responded that she was supposed to wash her hands in-between glove changes, and that she did not wash or sanitize between glove changes during the peri/wound care. She stated that she knew she had messed up as soon as she was finished. During an interview with the ADON on 6-30-2020 at 4:10 PM, she was asked if it was her expectation that staff wash their hand before starting care or treatment of [REDACTED]. She was then asked if it was her expectation that staff wash their hands between glove changes from soiled gloves to clean gloves. She again responded that it was her expectation that the staff wash or sanitize their hands after changing gloves. Record review of facility provided employee education outline titled Hand Hygiene Practices dated 7-11-2013 and revised 11/2018, reflects in part: Indications for hand washing and hand antisepsis 1. Contact with a patient's skin 2. Contact with environmental surfaces in the immediate vicinity of patients 3. After glove removal Record review of Centers for Disease Control and Prevention recommendations for glove use, retrieved from https://www.cdc.gov/handhygiene/providers/index.html , reflects in part: When and How to Wear Gloves: - Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. - Always clean your hands after removing gloves.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 for 1 of 6 Residents (Resident #1). - CNA B failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident # 1. This failure has 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 of incontinent care on 6-30-2020 at 3:43 PM, CNA B did not wash or sanitize her hands before starting incontinent care on Resident #1. During incontinent care after CNA B had wiped the peri area of Resident #1, CNA B discarded her soiled gloves and donned new gloves without washing or sanitizing her hands. Next CNA B then placed a clean brief on the resident, then moved the resident up in bed. She then adjusted her bedding around the resident, without ever washing or sanitizing her hands in between glove changes. During an interview with CNA B on 6-30-2020 at 4:01 PM she was asked if it was expected of her to wash her hands before starting incontinent care. She responded that she was expected to wash her hands before starting incontinent care. She was then asked if she was expected to wash her hands in-between discarding soiled gloves and		
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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>donning new ones. She responded that she was supposed to wash her hands in-between glove changes, and that she did not wash or sanitize between glove changes during the peri/wound care. She stated that she knew she had messed up as soon as she was finished. During an interview with the ADON on 6-30-2020 at 4:10 PM, she was asked if it was her expectation that staff wash their hand before starting care or treatment of [REDACTED]. She was asked if it was her expectation that staff wash their hands between glove changes from soiled gloves to clean gloves. She again responded that it was her expectation that the staff wash or sanitize their hands after changing gloves. Record review of facility provided employee education outline titled Hand Hygiene Practices dated 7-11-2013 and revised 11/2018, reflects in part: Indications for hand washing and hand antisepsis 1. Contact with a patient's skin 2. Contact with environmental surfaces in the immediate vicinity of patients 3. After glove removal Record review of Centers for Disease Control and Prevention recommendations for glove use, retrieved from https://www.cdc.gov/handhygiene/providers/index.html, reflects in part: When and How to Wear Gloves: - Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. - Always clean your hands after removing gloves.</p>		