

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER VIBRALIFE OF EL PASO REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3421 JOE BATTLE BOULEVARD EL PASO, TX 79936	
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 - Many	<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 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 disease and infections for 1 (Resident # 3) of 4 reviewed for infection control. A. CNA A did not wear gown appropriately and did not wash hands prior to leaving Resident #3's isolation room. B. Facility failed to monitor residents 3 times a day for temperatures and respiratory symptoms. C. The facility failed to ensure staff are vigilante of all visitors walking through front door to prevent essential visitors from entering facility without getting screened This failure placed residents, staff and visitors at risk for illness, infections and COVID-19. The findings included: A. Resident #3 Review of Resident #3 Face Sheet dated 05/12/20 is an [AGE] year old female. She was admitted on [DATE]. Her [DIAGNOSES REDACTED]. Review of Resident #3 Physician Order's dated May 12, 2020 documented in part; Neutropenic contact isolation Observation and interview on 05/12/20 at 2:02 PM, CNA A was inside Resident #3 room with gown not tied to her neck and was draped to her waist. As CNA A removed her gloves and gown she exited room without washing her hands. CNA A was asked the procedures for isolation precautions when leaving the room. She stated she is to remove gloves, mask and gowns put into barrel then wash her hands prior to leaving the room and use hand sanitizer after. She stated she forgot to wash her hands prior to leaving room and just used hand sanitizer. In an interview on 05/12/20 at 2:28 PM, LVN B stated all staff need to follow isolation precautions when entering and exiting room. She stated Resident #3 was in isolation precautions and all staff need to follow the Protective Precautions posted outside of Resident #3's room to keep residents safe. In an interview on 05/12/20 at 2:51 PM, DON stated staff are required to follow isolation precautions accordingly. She stated depending on isolation the resident is on the staff need to follow precautions for safety of residents. She stated Resident #3 is on isolation precautions and staff need to follow proper hand wash before and prior leaving room. Review of Facility's policy on Standard Precautions dated 03/2020 documented in part; Procedures: Hand hygiene- Staff must perform hand hygiene before and after direct contact with the resident. Using PPE - Using Gowns- wear a gown that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures. Review of Facility's Posted sign Protective Precautions dated 05/06/20 documented in part; -Wash hands before entering or leaving room -Gowns and gloves when entering room B. In an interview on 05/12/20 at 8: AM, DON stated the residents are monitored 1 time each shift. She stated she has 2 shifts 12 hours each. She stated the temperature, vitals, [MED]gen and respiratory illness monitoring are documented twice in the eMAR. She stated she does not do it 3 times because she only has 2 shifts. DON stated she follows the COVID-19 response for Nursing facilities and CDC guidelines. In an interview on 05/12/20 at 2:12 PM, LVN B stated she checks the temperature, vitals, [MED]gen, and respiratory illnesses once in her shift and documents it on the eMAR. She stated she does ask residents if they feel well during her shift but does not document it. C. Observation on 05/12/20 at 7:55 AM, the building entrance has 2 door, first door was not locked and second door was propped opened. There was no staff available in the reception area when investigator entered facility. There were no signs on the door to tell essential visitors not to enter or to wait at reception desk, if staff are not available. In an interview on 05/12/20 at 8:28 AM, DON stated the front door should not be open or receptionist area be left unattended. In an interview on 05/12/20 at 8:50 AM, Receptionist stated the doors are to be locked prior to 8:00 A.M. and after 8:00 P.M. staff open locked door for essential visitors. She stated she does not know why the door was left open before she arrived at the reception area. She stated if they remain open anyone can come in and not get screened. In an interview on 05/12/20 at 11:02 AM, Executive Director stated the door does stay open but does not believe it is due to rug. He stated there was a power surge in building but can't say why it stayed opened at that time. In an observation and interview on 05/12/20 at 11:32 AM, Maintenance Director stated the second door gets stuck with the rug that is in the entry way. Maintenance Director demonstrated the door did get stuck with rug and stated staff need to make sure they pull the door shut when entering the facility. Review of the COVID-19 Response - Nursing Facilities, dated 5/08/20, page 9 & 27, revealed the following: Impact of visitors on COVID-19 response: Despite efforts to screen visitors prior to allowing them to enter the facility, every person allowed inside the building increases the risk of infection. Monitoring - Ask residents to report if they feel feverish or have symptoms of respiratory infection. Actively monitor all residents upon admission and at least three times daily for fever and respiratory symptoms (including shortness of breath, new or change in cough, sore throat, and [MED]gen saturation). If the resident has fever or symptoms, implement recommended infection prevention and control (IPC) measures.</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.