

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455621</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY GRANDE MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1212 S BRIDGE WESLACO, TX 78596</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection control prevention and control program, including hand hygiene, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection, for two Residents (R#1 and R#2) of five residents observed for infection control practice, in that: 1) CNA A did not perform hand hygiene between glove change when providing incontinent care to R#1. 2) CNA C did not perform hand hygiene between glove change when providing incontinent care to R#2. 3) Housekeeping Attendant E did not perform hand hygiene after removing gloves. These failures could affect residents who were dependent upon staff care and place them at risk for cross contamination and infections. The findings were: 1) Record review of R#1's undated Admission Record revealed R#1 was [AGE] years-old and was admitted to the facility on [DATE]. Record review of R#1's May 2020 Physician order [REDACTED]. Record review of R#1's Quarterly MDS assessment, dated 02/05/20, revealed R#1 required extensive assistance from two staff for bed mobility, transfers, and toilet use. Observation on 05/01/20 at 10:10 a.m., revealed CNA A was assisting CNA B perform incontinent care on R#1. CNA A removed her gloves and put on clean gloves without performing hand hygiene. In an interview on 05/01/20 at 10:15 a.m., CNA A said she had not sanitized her hands after removing her gloves nor before putting on clean gloves. CNA A said there were no sanitizer dispensers in the rooms, the dispensers were outside of the residents' rooms. CNA A said she did not have hand sanitizer in her pockets. CNA A said she should have washed her hands. 2) Record review of R#2's undated Admission Record revealed R#2 was [AGE] years-old and was admitted to the facility on [DATE]. Record review of R#2's May 2020 Physician order [REDACTED]. Record review of R#2's Quarterly Medicare 5 day MDS assessment, dated 03/24/20, revealed R#2 required extensive assistance from two staff for bed mobility and toilet use. Observation on 05/01/20 at 10:30 a.m. revealed CNA C was assisting CNA D perform incontinent care on R#2. CNA C removed her gloves and put on clean gloves without performing hand hygiene. In an interview on 05/01/20 at 10:40 a.m., CNA C said she had sanitized her hands with the hand sanitizer she had. Surveyor asked to see the sanitizer in her pocket. CNA C said she did not have the sanitizer. CNA C then said she had double-gloved. CNA C said she had removed the first set of gloves and had the other set on already. CNA C said it was not good practice to double glove. 3) Observation on 05/01/20 at 10:50 a.m., revealed Housekeeping Service Worker E was cleaning room [ROOM NUMBER]. Housekeeping Service Worker E cleaned and disinfected the restroom in room [ROOM NUMBER]. Housekeeping Service Worker E then removed her gloves and put on clean gloves. Housekeeping Service Worker E did not perform hand hygiene after removing the gloves. In an interview on 05/01/20 at 11:00 a.m., Housekeeping Service Worker E said she did not sanitize or wash her hands after removing the gloves. Housekeeping Service Worker E said she should have washed her hands or used the hand sanitizer. In a telephone interview on 05/04/20 at 11:35 a.m., the Infection Control Nurse said if hands were visible soiled then staff needed to wash their hands before putting on gloves. The Infection Control Nurse said staff could also use hand sanitizer before putting on clean gloves. The Infection Control Nurse said there were no hand sanitizer dispensers in the residents' room, the dispensers were outside of the rooms, by the doors. The Infection Control Nurse said double gloving was not allowed at the facility. In a telephone interview on 05/05/20 at 8:21 a.m., the DON said staff should not double glove. The DON said staff should wash their hands after taking off gloves if soiled, or could use hand sanitizer before gloving. The DON said she was not sure what the facility's hand hygiene policy stated on the use of hand sanitizer before putting on gloves if the gloves were not soiled. Review of the facility's policy on Handwashing/Hand Hygiene, revised August 2015, revealed: -This facility considers hand hygiene the primary means to prevent the spread of infection. - .7) Use an alcohol-based hand rub containing at least 62 % alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: -after removing gloves. -Perform hand hygiene before applying non-sterile gloves.</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.