

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455732	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER KIRKWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP 2590 LOOP 337 N NEW BRAUNFELS, TX 78130	
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 control program to help prevent the development and transmission of infections for 1 of 28 Residents (Resident #7) reviewed for infection control in that: CNA B did not change her gloves and sanitize her hands after she took off soiled shirt and removed a soiled sheet for Resident #7. CNA B did not change her gloves and sanitize her hands after picking up dirty tissue for Resident #7. CNA B put on a new brief for Resident #7 after cleaning Resident #7's perineum and buttocks and removing soiled brief without changing her gloves and sanitizing her hands. These deficient practices could place residents in the facility at risk for infection. The findings were: Record review of Resident #7's Admission Record dated 7/1/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #7's Quarterly Assessment MDS dated [DATE] revealed Resident #7 need limited assistance of one person with dressing. Also, Resident #7 had frequent incontinence of urinary and bowel. Record review of Resident #7's care plan dated 5/27/2020 revealed Resident #1 had bladder/bowel incontinence. Intervention: check as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN (as needed) after incontinence episodes. Observation on 6/28/2020 at 4:53 PM revealed CNA B removed Resident #7's shirt and bed sheet which was soiled with coffee and put into the yellow bag. Further observation revealed CNA B put on new shirt for Resident #7 without changing gloves and sanitizing her hands. Observation on 6/28/2020 at 5:02 PM revealed CNA B picked up tissues which Resident #7 used to blow his nose and put them into the trash can. Further observation revealed CNA B fixed Resident #7's pill and grab a new brief for Resident #7 without changing her gloves or sanitizing her hands. Observation on 6/28/2020 at 5:15 PM revealed CNA B did not change her gloves and sanitized her hands before providing incontinent care for Resident #7. With the same soiled gloves which CNA B used to pick dirty tissues, CNA B unfastened Resident #7's brief, wiped Resident #7's perineum and buttocks with disposable wipes, and removed Resident #7's soiled brief. Further observation revealed, without changing gloves and sanitizing hands, CNA B put on new brief for Resident #7. Interview on 6/28/2020 at 5:31 PM with CNA B confirmed she did not change her gloves and sanitize her hands after removing a soiled shirt and bed sheet for Resident #7. Interview on 6/28/2020 at 5:34 PM with CNA B confirmed she did not change her gloves and sanitize her hands after picking up Resident #7's dirty tissues. She further confirmed she used the same soiled gloves to provide incontinent care and put on new brief for Resident #7. Interview on 7/01/2020 at 9:01 AM with the DON confirmed CNA B should have changed her gloves after removing soiled shirt and soiled sheet for Resident #7. Interview on 7/01/2020 at 9:02 AM with the DON confirmed CNA B should have changed her gloves after picking up Resident #7's dirty tissues. Interview on 7/01/2020 at 9:01 AM with the DON confirmed CNA B should have changed her gloves before providing incontinent care and after removing the soiled brief for Resident #7. Record review of the undated facility's policy titled Infection Control Prevention and Control Program - Hand Hygiene revealed Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care; j. After contact with blood and body fluids; 6. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognize the best practice for preventing healthcare-associated infections.</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.