

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455954	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER HAMILTON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 910 E PIERSON ST HAMILTON, TX 76531	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 1 residents reviewed for incontinent care (Resident #1). CNA A failed to properly change gloves and wash or sanitize her hands while providing personal care and incontinent care to Resident #1. This failure could place the resident at risk for the transmission of infectious diseases. Findings Review of Resident #1's face sheet revealed [AGE] year-old female DOB 11/28/1947 with latest admission date of [DATE] and initial admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #1's MDS assessment dated [DATE] revealed a BIMS score of 15, indicating no cognitive impairment. Review of Resident 1's Care Plan revealed the resident has self-care deficit related to weakness/[MEDICAL CONDITION] as evidence by requiring assist with ADLs. Observation on 07/27/20 at 3:18pm of CNA A performing incontinent care on Resident #1 revealed the following: --CNA A provided privacy, performed hand hygiene, donned clean gloves, was wearing a mask and face shield, set up wipes and brief and trash bag on Resident's bedside table with all the Resident's personal items still on the table, moved trash can with gloved hand, moved wheelchair out of the way and helped Resident #1 in bed. --CNA A did not change gloves, with the same gloves CNA A removed Resident #1's soiled brief urine and BM and put in a trash bag on the Resident's bedside table. --CNA A rolled Resident #1 to the right side, still wearing same gloves, put clean brief under the resident and wiped once removing visible BM. CNA A then rolled Resident #1 to back and began to perform incontinent care from the front, still wearing same gloves. --CNA A continued with incontinent care to the back, did not change gloves or performed hand hygiene. Resident #1 is lying on the clean brief before her buttocks is cleaned. --CNA A then changed gloves, no hand hygiene performed. CNA A then got Resident # 1 up in bed. --CNA A removed gloves, performed hand hygiene and transferred Resident #1 into the wheelchair. In an interview on 07/27/2020 at 3:30pm, CNA A stated gloves should be changed in between resident's care. She also stated her gloves were considered dirty after she touched the trash can and moved the wheelchair. She then stated hand hygiene is performed before and after care and with glove changes. She also stated, I would have sanitized my hands after I changed my gloves, but I didn't have sanitizer with me. She stated, putting Resident#1 on the clean brief before cleaning her contaminated the brief. She ended by saying all these things are done so the clean area is not affected. In an interview on 07/27/2020 at 3:50pm, the DON stated hand hygiene was performed before and after care, after glove changes. She stated, staff are supposed to change gloves from dirty to clean and perform hand hygiene. Hand hygiene is performed to prevent infection and cross contamination. She ended by saying, CNA did not do competency skill check off due to being agency staff. Review of facility's policy titled Infection Prevention and Control Program revised April 2020 reflected: An infection prevention and control program is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection. Review of facility's policy titled Standard Precaution revised October 2018 reflected: standard precautions are used in the care of all resident regardless of their [DIAGNOSES REDACTED]. Standard precautions presume that all blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions include the following practices: ---Hand hygiene---should be done after contact with items in resident's room; and after removing PPE. ---Hands are washed with soap and water whenever: after removing gloves ---Gloves ---are removed promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another Resident. ---Gloves---after gloves are removed, wash hands immediately to avoid transfer of microorganisms to other residents or environment.</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.