

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER HOMESTEAD NURSING AND REHABILITATION OF COLLINSVIL		STREET ADDRESS, CITY, STATE, ZIP 501 N MAIN ST COLLINSVILLE, TX 76233	
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	<p>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 a resident incontinent of urine and bowel received appropriate treatment and services to prevent urinary tract infections for two residents (Resident's #22 and #19) of two residents observed for incontinence care. 1. CNA B failed to provide appropriate perineal care for Resident #22 after an incontinent episode on when she failed to clean from front to back. 2. CNA B and CNA C failed to provide appropriate perineal care for Resident #19 after an incontinent episode on when they failed to clean from front to back. This failure could affect the residents by placing them at risk for the development and/or worsening of urinary tract infections. Findings included: 1. Resident #22's MDS assessment dated [DATE] reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. He was severely cognitively impaired, required total assistance for ADLs and was always incontinent of bowel and bladder. His active [DIAGNOSES REDACTED].#22's care plan, updated 02/13/2020, reflected, . (Resident #22) alteration in Urinary Function Diagnosis: [REDACTED].Goal .Will remain free of UTI .Approaches .Check at least every 2-3 hours for incontinence. Wash, rinse, and dry soiled areas . Observation on 03/10/2020 at 9:00 a.m. revealed CNA A and CNA B entering room Resident #22's room to transfer him to bed using the Hoyer lift. Both CNAs put on clean gloves without performing hand hygiene. Resident #22 was transferred from his wheelchair to the bed and CNA A removed the resident's brief and held the resident's hands throughout the incontinence care. CNA B wiped the resident's buttock area with peri-wipes, front to back, removing fecal material and then removed the soiled brief and placed it in the trash bag. Both staff members rolled the resident on his back and CNA B cleaned the perineal area of Resident #22. CNA B completed the incontinence care by placing a clean brief on the resident. 2. Resident #19's MDS assessment dated [DATE] reflected she was a [AGE] year-old-female admitted to the facility on [DATE]. She was severely cognitively impaired, required total assistance for ADLs and was always incontinent of bowel and bladder. Her active [DIAGNOSES REDACTED]. Review of Resident #19's care plan, updated 03/05/2020, reflected, . Resident is incontinent of urine and bowel .Goal .will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident a regular interval .Approaches .provide incontinent care as needed post each incontinent episode . Observation on 03/10/2020 at 10:45 a.m. revealed CNA B and CNA C entering room Resident #19's room to transfer her to bed. Both CNAs performed hand hygiene and put on clean gloves. Resident #19 was transferred from her wheelchair to the bed and CNA B removed the resident's pants and unfastened her brief and rolled the resident on her side. CNA B wiped the resident's buttock area with peri-wipes, front to back, removing a small amount of fecal material. CNA B wiped the resident's buttocks twice without changing the surface of the peri-wipe. CNA B then removed the soiled brief and with soiled gloves, placed the clean brief under her. CNA B then applied barrier cream to the residents' buttocks and removed the glove from her right left hand. Both staff members rolled the resident on her back onto the clean brief. CNA C then provided peri-care to the resident, wiping across the resident's pubis bone and then down each groin downward toward the clean brief. Once finished, both staff members fastened the residents brief. 3. In an interview with CNA B and C on 03/11/20 at 10:55 a.m., both stated they were to clean from front to back and acknowledged they did not do that. 4. Interview with the DON on 03/10/2020 at 12:10 p.m. revealed staff were to clean from front to back, cleaning the peri area than moving toward the buttocks. 5. Review of the facility's policy titled, Perineal Care, revised October 2010, reflected, .for male resident: Wash perineal area starting with urethra and working outward Retract foreskin of the uncircumcised male. Wash urethral area using a circular motion with the pre-moistened wipe . Wash the rectal area thoroughly with a new pre-moistened wipe, the area under the scrotum, the anus, and the buttocks . Remove gloves and discard into designated container. Wash and dry your hands thoroughly .For female resident: .Wash perineal area, wiping form front to back .Separate labia and wash area downward from font to back .continue to wash the perineum moving from inside outward to and including thighs .a premoistened wipe may be used multiple times if the wipe is folded to prevent contamination .assist the resident to turn on her side .wash the rectal area thoroughly, wiping from the base of the labia towards and extending over the buttocks .Do not reuse the same pre-moistened wipe . .</p>		
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 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 two (Residents #22 and #19) of six residents observed for infection control. 1. CNA A and CNA B failed to perform hand hygiene during incontinence care for Resident #22. 2. CNA B failed to perform hand hygiene during incontinence care for Resident #19. These failures placed residents at risk for spread of infection through cross-contamination. Findings included: 1. Review of Resident #22's MDS assessment dated [DATE] reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. He was severely cognitively impaired, required total assistance for ADLs and was always incontinent of bowel and bladder. His active [DIAGNOSES REDACTED].#22's care plan, updated 02/13/20, reflected, . (Resident #22) alteration in Urinary Function Diagnosis: [REDACTED].Goal .Will remain free of UTI .Approaches .Check at least every 2-3 hours for incontinence. Wash, rinse, and dry soiled areas . Observation on 03/10/20 at 9:00 a.m. revealed CNA A and CNA B entered Resident #22's room to transfer him to bed using the Hoyer lift. Both CNAs put on clean gloves without performing hand hygiene. Resident #22 was transferred from his wheelchair to the bed and CNA A removed the resident's brief and held the resident's hands throughout the incontinence care. CNA B wiped the resident's buttock area with peri-wipes, removing fecal material and then removed the soiled brief and placed it in the trash bag. Both staff members rolled the resident on his back and without changing gloves or performing hand hygiene, CNA B cleaned the peri area of Resident #22. With the same contaminated gloves CNA B placed the clean brief on the resident. Both CNAs removed their gloves and performed hand hygiene. An interview with CNA A and CNA B on 03/10/20 at 9:15 a.m. revealed they were required to remove their gloves and perform hand hygiene when they went from dirty to clean. Both acknowledged they did not change their gloves after they performed incontinence care. 2. Resident #19's MDS assessment dated [DATE] reflected she was a [AGE] year-old-female admitted to the facility on [DATE]. She was severely cognitively impaired, required total assistance for ADLs and was always incontinent of bowel and bladder. Her active [DIAGNOSES REDACTED]. Review of Resident #19's care plan, updated 03/05/20, reflected, . Resident is incontinent of urine and bowel .Goal .will be maintained in a clean, dry state and prevent complication of incontinence by checking and changing resident a regular interval .Approaches .provide incontinent care as needed post each incontinent episode</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.

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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>Observation on 03/10/20 at 10:45 a.m. revealed CNA B and CNA C entered Resident #19's room to transfer her to bed. Both CNAs performed hand hygiene and put on clean gloves. Resident #19 was transferred from her wheelchair to the bed and CNA B removed the resident's pants and unfastened her brief and rolled the resident on her side. CNA B wiped the resident's buttock area with peri-wipes, removing a small amount of fecal material. CNA B then removed the soiled brief and with soiled gloves, placed the clean brief under her. CNA B then removed her gloves and performed hand hygiene and re-gloved. CNA B then applied barrier cream to the residents' buttocks and removed the glove from her left hand only. Both staff members rolled the resident on her back onto the clean brief. Once finished, both staff members fastened the resident's brief, removed their gloves and performed hand hygiene. In a interview with CNAs B on 03/11/20 at 10:55 a.m., CNA B revealed she should have removed her gloves and performed hand hygiene before placing the clean brief under the resident.</p> <p>Interview with the DON on 03/10/20 at 12:10 p.m. revealed staff were to change gloves when going from dirty to clean and they were to perform hand hygiene with each glove change. Review of the facility's policy titled Handwashing/Hand Hygiene, revised (NAME)2012, reflected. This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infection. Employees must wash their hands for at least (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions. When hands are visibility soiled. Before and after direct contact with residents. After contact with a resident's body fluids or excretions. After removing gloves. The use of gloves does not replace hand washing/hand hygiene.</p>		