

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675292	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER COTTONWOOD NURSING AND REHABILITATION LP		STREET ADDRESS, CITY, STATE, ZIP 2224 N CARROLL BLVD DENTON, TX 76201	
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 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 one (Resident #3) of four residents observed for infection control. 1. LVN A failed to perform hand hygiene before putting on gloves to administrator Resident #1's medications. 2. LVN A failed to clean Resident #1's eye drop container after it had fallen on the floor without the cap. 3. The facility failed to assess and document that resident vitals were being taken 3 times a day. These failures placed residents at risk for spread of infection through cross-contamination. Findings included: 1. Observation on 08/18/20 at 10:25 AM revealed that LVN A failed to perform hand hygiene before donning gloves to administer Resident #1 her eye drop medication. During an interview with LVN A on 08/18/20 at 10:41 AM revealed that she did not sanitize her hands because she did not have any hand sanitizer at her cart. She stated that it was her first day at the facility and since she is agency she did not know where anything was. She stated that anytime you don gloves on you are supposed to perform hand hygiene. She also stated that when she is administering eye drops to a resident the procedure is to wash your hands prior to putting on gloves. During an interview with the ADON on 08/18/20 at 10:46 AM revealed that she expects her staff to perform hand hygiene prior to putting on gloves. During an interview with the Administrator and DON on 08/18/20 at 11:03 AM revealed that they expect staff to perform hand hygiene prior to donning gloves. DON stated that they do not do skill checks on agency staff and that is the burden of agency. In an interview on 08/18/20 with the DON she stated that if there is not hand sanitizer at the nurses' cart there is sanitizer attached to the walls and that she had just checked them all and that all sanitizers attached to the walls were full. She also stated that there is a sink in the resident's rooms as well. Review of a facility policy dated 05/17 titled Medication Administration Eye Drops under a section titled Procedure stated 3. Perform hand hygiene. 16. Remove and dispose of gloves. Discard any barrier used to carrying or storing the medication and supplies. Wash hands thoroughly with antimicrobial soap and water or facility approved hand sanitizer Review of an undated, facility policy titled COVID-19 Containment Guidelines revealed state HCP should perform hand hygiene should be performed before and after all patient contact, contact with potentially infectious material, before putting on and after removing PPE including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Review of a facility policy titled Hand Hygiene last revised on 03/20 stated It is the policy of this organization that hand hygiene will be performed consistent with accept standards of practice to prevent the spread of infection. This facility will: require healthcare personnel to perform hand hygiene in accordance with Center's for Disease Control and Prevention (CDC) recommendations . Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following indications: before and after having direct contact with a patient's intact skin, immediately after glove removal. Under the section title procedure, the policy stated the use of gloves does not replace proper hand washing 1. During an observation on 08/18/20 at 10:25, LVN A stated that she was going to give Resident #1 her eye drops. The eye drop container was observed without the cap on in LVN A hands along with a blood pressure cuff in the same hand. LVN A had dropped the eye drop medication and it rolled approximately 2 feet on the floor. She picked up the eye drops off the floor, donned gloves and then administered the eye drops to Resident #1's left and right eye, without disinfecting the eye drop container. In an interview with LVN A on 08/18/20 at 10:41 AM she stated that when she dropped the eye drops without the cap on that she was supposed to clean off the tip with an alcohol wipe, she stated that she did not clean it off and that she did not know why she did not clean the tip off. She stated that since she did not do that, the resident is now at risk for infection. In an interview on 08/18/20 at 10:46 AM with the ADON revealed that it was her first day on the floor but from her experience when you drop an eye drop container and the lid is not on the container, you are to wipe off the tip of the container with an alcohol swab, let the container air dry and then squeeze a little bit out before administering the medication. In an interview on 08/18/20 at 11:03 AM with the DON, revealed that if an eye drops container falls on the ground with the lid off she expects her staff to clean the head of the eye drops with an alcohol swab, let the eye drops air dry then squirt a little bit of the medication out of the top. She stated that since LVN A did not do this, Resident #1 is now at risk for infection. Review of a facility policy dated 05/17 titled Medication Administration Eye Drops states Procedures 5. Remove the cap, taking care to avoid touching the dropper tip, place cap on a clean, dry surface (such as a tissue or gauze. 2. Review of Resident #1s MDS assessment, dated 06/17/20, reflected she was an [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Review of Resident #2's MDS assessment dated [DATE] revealed that she was a [AGE] year-old female who admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Review of Resident #3's MDS assessment dated , 07/27/20 revealed she was an [AGE] year-old female who admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. During an interview on 08/18/20 at 11:21 AM with the DON revealed that resident vital signs were taken twice a shift each shift. She stated that the facility had 2 shifts. Review of a Resident Respiratory Illness Surveillance Line List for Resident's #1 for the dates of 08/11/20 through 08/18/20 revealed that her vital signs were taken 2 times a day on 08/11/20, 08/12/20, 08/13/20, 08/14/20, 08/15/20 and 08/16/20. Review of a Resident Respiratory Illness Surveillance Line List for Resident's #2 for the dates of 08/14/20 through 08/18/20 revealed that her vital signs were taken 2 times a day on 08/14/20, 08/15/20 and 08/16/20. Review of a Resident Respiratory Illness Surveillance Line List for Resident's #3 for the dates of 08/11/20 through 08/18/20 revealed that her vital signs were taken 2 times a day on 08/11/20, 08/12/20, 08/13/20, 08/14/20, 08/15/20 and 08/17/20. During an interview on 08/18/20 at 12:07 PM with the DON revealed that vitals should be checked 3 times a day and there is no reason why it should not be done 3 times a day. When asked why the vitals were not taken 3 times a day the DON stated that she had agency. During an interview on 08/18/20 at 12:28 PM with the DON revealed that the facility does not have orientation for agency staff for the facility to review their expectations. She stated that when agency nurses come on shift, they are to receive information such as taken vitals during their shift from the off coming nurse and the off coming nurse would education on the facility expectations. During an interview on 08/18/20 with LVN B, revealed that she has been a facility nurse for the last 3 years. She stated that when she knows who agency staff is because on the schedule the DON writes agency next to their names. She said if an agency nurse is relieving her, she will do a walk through with them. She stated during the walk through she tells agency nurses who the NP is, how nurses are the only ones allowed to do door checks, and vital signs. She stated that she tells the agency nurses that they must take the vitals twice a shift and that she shows them the binder where they log the vitals at and if somebody is having abnormal vitals who to contact. During an interview on 08/18/20 at 1:30 with the DON, revealed that there is nobody who reviews the vitals to assure that they are taken 3 times a day. She stated that if the nurses check the vitals and they see something abnormal they are to report it. Review of a facility policy dated 07/13/20 titled COVID-19 Novel coronavirus stated the following: 1. Vital signs including oxygen saturation and COVID-19 symptom screening will be done for all residents every shift until further directed during the crisis. Evaluation for anosmia may be done daily for cognitively intact residents. Review of the CDC's Preparing for</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>COVID-19 in Nursing Homes revealed; Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection. (Accessed from and retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)</p>		