

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675434	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER SILVER PINES NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 503 OLD AUSTIN HIGHWAY BASTROP, TX 78602	
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 - Some	<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 interview, observation 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 infection for lunch being served on two (Hall A and Hall C) of four hallways in the nursing facility. CNA A, CNA B and SW failed to sanitize residents hands (3 residents on Hall C and 3 residents on Hall C) prior to eating lunch. This failure could place all residents at risk for the transmission of infectious diseases.</p> <p>Findings included: Review of Resident #1's Face Sheet reflected an [AGE] year old female admitted [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly MDS dated [DATE] reflected a BIMS score of 14 indicating mild cognitive impairment. An observation on 4/1/2020 at 12:10 PM revealed 3 residents on Hall C being served lunch. Staff did not assist with hand-washing or hand sanitizing nor did they remind or encourage them to do so. In an interview on 4/1/2020 at 12:17 CNA A stated she did not assist the three residents in question with hand washing or hand sanitizing. An observation on 4/1/2020 at 12:24 revealed 1 resident on Hall A being served lunch. Staff did not assist with hand-washing or hand sanitizing nor did they remind or encourage them to do so. In an interview on 4/1/2020 at 12:25 PM CNA B stated she did not assist the one resident in question with hand washing or hand sanitizing. An observation on 4/1/2020 at 12:30 PM revealed 2 residents on Hall A being served lunch. Staff did not assist with hand-washing or hand sanitizing nor did they remind or encourage them to do so. In an interview on 4/1/2020 at 12:32 PM SW stated she did not assist the two residents in question with hand washing or hand sanitizing. In an interview and observation on 4/1/2020 at 12:37 PM Resident #1 was asked if she was assisted with hand washing prior to being served her meal. She looked at her hands and stated no. She then stated, I guess I should have washed them myself. In an interview on 4/1/2020 at 12:39 PM DON stated her expectation was for staff to sanitize the residents' hands prior to meals. In an interview on 4/1/2020 at 1:04 PM ADM stated the facility did not have a specific policy regarding residents' hands being washed prior to meals but felt this fell under professional standards. Review of facility policy did not reveal a policy specific to residents' hands being washing prior to meals.</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.