

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675568	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER OASIS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9001 N LOOP EL PASO, TX 79907	
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 establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections for 2 (Residents #1 and #2) of 3 residents reviewed for infection control/Covid 19 during care as evidenced by: MA A failed; A. to perform hand hygiene while caring for Residents #1 and #2 and B. to disinfect shared resident care equipment between uses on Residents #1 and #2. This failure could place residents at risk of infection/Covid 19 by not following infection control policies. The findings included: Review of the electronic face sheet on 9/10/20 documented Resident #1 was a [AGE] year old male admitted on [DATE]. Review of the History and Physical dated 9/27/19 documented Resident #1 had [DIAGNOSES REDACTED]. Review of the electronic face sheet on 9/10/20 documented Resident #2 was a [AGE] year old male admitted on [DATE] and readmitted [DATE]. Review of the History and Physical dated 1/13/20 documented Resident #2 had [DIAGNOSES REDACTED]. Observations on 9/10/20 revealed the following:</p> <p>a. 10:09 AM, MA A, with gloves on, placed a wrist blood pressure cuff on Resident #1. She then went to the resident bathroom and assisted Resident #2 from the bathroom to his bedside by pushing his wheelchair. MA A then went back to Resident #1 and removed the blood pressure cuff and left the room. MA A did not change gloves between resident contact and did not perform hand hygiene in between care for the two residents. b. 10:16 AM -MA A came out of Resident #1's room and placed the blood pressure cuff on the medication cart. Resident #2 was seated in his wheelchair next to the cart. MA A told Resident #2 she needed to get his blood pressure and placed the blood pressure cuff on Resident #2's wrist. The cuff had not been disinfected since it was used on Resident #1. In an interview on 9/10/20 at 10:26 AM, MA A said she had been trained to perform hand hygiene before and after touching a resident, if she gets anything on her hands, after using the restroom and between resident care. MA A said she was supposed to use disinfecting wipes to clean the blood pressure cuff between uses. She said she remembered she had not done that when surveyor asked her about it. In an interview on 9/10/20 at 11:18 AM, the DON said hand hygiene was to be performed before and after resident care, before and after administering medication and before and after entering a resident room. Shared resident equipment, like blood pressure cuffs, should be disinfected after each use with the bleach wipes. Review of the facility policy Fundamentals of Infection Control Precautions dated 2010 stated in part the following: Hand Hygiene - the list of situations that require hand hygiene included upon and after coming in contact with resident's intact skin (e.g., when taking a pulse or blood pressure). Gloves - to reduce the likelihood that hands of personnel contaminated with microorganisms from a resident or a fomite (An inanimate object or substance, such as clothing, furniture, or soap, that is capable of transmitting infectious organisms from one individual to another) can transmit these microorganisms to another resident; in this situation, gloves must be changed between resident contacts, and hands washed after gloves removed. Failure to change gloves between resident contacts is an infection control hazard. Resident Care Equipment and Articles - cleaned daily or as needed between use by the nursing assistant.</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.