

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER HACIENDA OAKS NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1637 N KING ST SEGUIN, TX 78155	
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	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 environment to help prevent the development and transmission of communicable disease for 1 of 5-bathroom for 2 of 2 residents (Resident #1, Resident #2) shelves reviewed for infection control, in that: One resident bathroom shelf had un-bagged and unlabeled items that included: 1 hair brush, one bar of soap, 2 toothbrushes, and 2 toothpaste tubes . The bathroom was used by two residents (Resident #1 and Resident #2). This deficient practice could place residents at risk for contamination and infection. The findings were: Record review of Resident # 1's Health Record revealed in Activity of Daily Living for Personal Hygiene section, one-person assistance. Resident # 1 had a [DIAGNOSES REDACTED]. Record review of Resident # 2's Health Record revealed in Activity of Daily Living for Personal Hygiene section, supervision one-person. Resident # 2 had a [DIAGNOSES REDACTED]. The bathroom was used by two residents (Resident #1 and Resident #2). During interview on 6/24/20 at 10:45 AM with Nurse Aide A, she confirmed the items in the resident's bathroom were unlabeled and un-bagged. She stated both residents in the room were ambulatory and independent; and had access to the toilet items. Nurse Aide said she added: the items needed to be bagged and labeled. During interview on 6/24/20 at 2:23 PM with DON, he stated personal hygiene items should be stored in the resident's beside table or personal drawer .and not left in the bathroom .to avoid infection transmission. Second observation on 6/25/20 at 10 AM of resident's bathroom shelf revealed 2 toothbrushes, 1 combing brush, 2 toothpaste tubes, and large bar of soap unlabeled and un-bagged. The bathroom was used by two residents (Resident #1 and Resident #2). Record review of facility's Infection Control policy, undated, revealed: no specific section on personal hygiene items.		

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.