

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675837	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER E F AND BERTHA KRUSE MEMORIAL LUTHERAN VILLAGE		STREET ADDRESS, CITY, STATE, ZIP 1700 E STONE ST BRENNHAM, TX 77833	
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>Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection on entrance and on one (1) of four (4) halls reviewed for infection control as evidenced by: A. CNA A failed to sanitize residents' hands (7 residents on hall 200) prior to eating breakfast. B. LVN B failed to provide health screening form upon Surveyor entering the facility. These failures could place residents at risk for transmission of infectious diseases. Findings Included: A. Observation on 05/08/2020 at 7:35 AM revealed LVN A entered the lobby and explained she needed to monitor temperatures of anyone entering the facility. LVN A used thermometer on the Surveyor's forehead and documented the temperature on a form and allowed Surveyor to enter the facility. In an interview on 05/08/2020 at 9:45 AM LVN B stated This is what we are to do when anyone enters the facility. We have a screening form and the person answers questions and signs the form. I did not give you (Surveyor) this form when you entered the facility. In an interview on 05/08/2020 at 10:25 AM The Administrator stated I expect the health screen form to be completed by anyone entering the facility. LVN B was to give you (Surveyor) the health screening form to complete and sign before entering the facility. Record review of Restricting Visitors documents on 05/08/2020 at 9:30 AM reflected Check-in with the front desk, clean your hands immediately after arriving at and before leaving. You will receive a health screening and be asked to wear a mask. Record review of Screening of Infection or Communicable Diseases documents on 05/08/2020 at 9:38 AM reflected By signing I acknowledge I have fully been screened for communicable diseases, including COVID-19. B. Observation on 05/08/2020 at 7:45 AM revealed CNA A near nurse's desk on 200 hall. The breakfast trays in the food cart were sitting between nurse's desk and 200 hall. Observation on 05/08/2020 at 7:46 AM revealed Resident # 2 placed her hands on the wheels of her wheelchair. Observation on 05/08/2020 at 7:48 revealed Resident #5 had a brownish substance around her fingernails. Observation on 05/08/2020 at 7:50 AM until 8:20 AM revealed CNA A began serving breakfast on the 200 hall. CNA A failed to sanitize hands of seven (7) residents on 200 hall. (Resident number: 1, 2, 3, 4, 5, 6, 7). Observation on 05/08/2020 at 8:05 AM revealed LVN B instructed CNA A to sanitize residents' hands prior to serving their breakfast meal. Observation on 05/08/2020 at 8:07 AM revealed CNA A continued to pass breakfast trays without sanitizing residents' hands. Observation on 05/08/2020 at 8:12 AM revealed the Administrator instructed CNA A to sanitize residents' hands prior to serving their breakfast meal. Further observation revealed CNA A began sanitizing the remaining residents' hands on 200 hall. In an interview on 05/08/2020 at 8:45 AM CNA stated I did wash Residents' face and hands when I assisted them out of bed this morning. I do not know if the Residents touched something to cause their hands not to be clean prior to eating breakfast. I agree the residents' hands may not have been clean prior to serving breakfast tray. In an interview on 05/08/2020 at 8:50 AM Resident # 2 stated I did move my wheel chair with my hands before I got my breakfast. I was trying to get closer to this table. (resident pointed to over bed table). No one washed my hands or face this morning. In an interview on 05/08/2020 at 8:56 AM Resident # 6 stated Before I ate breakfast the staff didn't do anything to my hands. My face is usually washed after I eat breakfast and begin my day. In an interview on 05/08/2020 at 9:00 AM Resident #7 stated My hands and face had not been washed before breakfast. After I ate breakfast someone came in and wiped my hands. In an interview on 05/08/2020 at 10:25 AM the Administrator stated All residents' hands are to be sanitized prior to serving meals. I agree if a Resident touches wheels of their wheelchair this could be cross contamination. Anytime the residents' hands are dirty, the staff is expected to sanitize their hands. Record Review of facility policy Nursing Services: Quality of Resident Care (General) dated April 1, 2008 reflected, Each resident is provided care that promotes good personal hygiene including care of the skin, shampooing and grooming of hair, oral hygiene, shaving or beard trimming, and cleaning and cutting fingernails and toenails. The resident is free of offensive odors. Requested facility hand washing policy two (2) times and not provided at time of exit.</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.