

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675885	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER BURLESON ST JOSEPH MANOR		STREET ADDRESS, CITY, STATE, ZIP 1022 PRESIDENTIAL CORRIDOR HWY 21 E CALDWELL, TX 77836	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 during lunch service on four (4) of four (4) halls and for not sanitizing hands when entering and exiting resident's rooms. A. CNA A, CNA B, CNA C, CNA D, CNA E, CNA F and CNA G failed to sanitize residents' hands (7 residents on 100 hall, 13 residents on 200 hall, 6 residents on 300 hall and 6 residents on 400 hall) prior to eating lunch. B. Housekeeper H failed to sanitize hands or wear gloves before and after cleaning rooms 304, 306 and 308. This failure could place all residents at risk for the transmission of infectious diseases. Findings included: A. Observation on 04/21/2020 from 11:15 AM until 1:00 PM meal service revealed staff failed to sanitize hands of seven (7) residents on 100 hall (Resident number: 1, 2, 3, 4, 5, 6 and 7), thirteen (13) residents on 200 hall (Resident number: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20), six (6) residents on 300 hall (Resident numbers: 21, 22, 23, 24, 25 and 26) and six (6) residents on 400 hall (Resident numbers: 27, 28, 29, 30, 31, 32 and 33). In an interview on 04/21/2020 at 1:05 PM CNA A stated, I didn't use sanitizer on residents' hands or wash their (residents') hands before lunch. We sometimes sanitized residents' hands in the dining room. I didn't see any staff before lunch or during lunch sanitize residents' hands. In an interview on 04/21/2020 at 1:11 PM CNA E stated, I didn't see anyone wash residents' hands before lunch, including me. We have been explained by management residents hands needs to be sanitized before meals. In an interview on 04/21/2020 at 1:16 PM CNA F stated, We haven't been washing residents' hands before meals. The staff serving lunch today didn't wash residents' hands. We were explained by nurse supervisor wash residents' hands before meals . In an interview on 04/21/2020 at 1:19 PM CNA G stated, The residents' hands are to be washed before meals. I didn't see anyone wash residents' hands before they (residents) ate lunch today (04/21/2020). In an interview on 04/21/2020 at 1:45 PM The Administrator stated, Staff are to follow best practices prior to serving meals. Best practices includes: making sure residents' hands are clean prior to meal. B. Observation on 04/21/2020 at 9:05 AM revealed Housekeeper H entered and exited rooms #306, #308 and #304 without sanitizing her hands or wearing gloves. Housekeeper H swept, mopped, sanitized furniture and cleaned bathroom in these rooms. Housekeeper H touched the bedspread and linens in room [ROOM NUMBER]. Furthermore, Housekeeper H touched Resident #21's right hand. In an interview on 04/21/2020 at 9:45 AM Housekeeper H stated, I didn't wash my hands or use hand sanitizer when I went into those rooms (#304, #306 and #308). I did touch her (Resident #21) hand, I was to wash hands before and after leaving residents rooms. I should wear gloves when cleaning the residents' rooms. I did attend an in service on handwashing. In an interview on 04/21/2020 at 10:30 AM Team Leader of Environmental Services (Supervisor) stated, Staff have been in serviced to wash hands before and after entering resident's rooms. Staff is to wear gloves when sanitizing furniture and cleaning bathrooms. Not washing hands could cause cross contamination. In an interview on 04/21/2020 at 1:45 PM The Administrator stated, They (Housekeeping Staff) should wash their hands or sanitize their hands after cleaning rooms and before entering another residents room. They (Housekeeping Staff) should not be touching residents' hands. Review of facility policy Infection Prevention and Control Program dated 2/2020 reflected the infection prevention and control program utilizes surveillance, prevention, and control activities and reporting practices to develop processes to identify, control, prevent and reduce the risks of acquiring and transmitting infections among patients. Goal: * Enhancing Hand Hygiene. * Maintaining a sanitary environment to avoid sources and transmission of infections and communicable diseases. Review of facility in service on handwashing dated 04/07/2020 reflected Please make sure to wash hands each time you enter and exit a resident room. You should wash hands each time you put on and take off gloves and care for a resident.</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.