

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676068	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER WEST TEXAS LTC PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP 1915 GREENWOOD ST SAN ANGELO, TX 76901	
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 observation, interview and record review the facility failed to maintain an infection control program designed to prevent the development and transmission of infections. This affected 1 (Resident #4) of 2 residents observed for incontinent care and 1 (Resident #7) of 6 residents review for handwashing. The facility failed to ensure Resident #4 was provided incontinent care by staff who demonstrated correct infection control procedures. The facility failed to ensure Resident #7 was provided a cup of coffee by staff that had demonstrated correct infection control procedures. This failure could place residents at risk of the spread of infection. Findings included: Record review of Resident #4's Face Sheet dated, 3/11/20, indicated a [AGE] year old female. She was admitted to facility initially on 7/13/16 with [DIAGNOSES REDACTED]. Record review of Resident #4's Quarterly MDS dated [DATE] indicated a BIMS of 9 or moderate cognitive impairment. Resident #4 required Extensive assist of one to two persons for ADLs and was always incontinent of bowel and bladder. Record review of Resident #4's Care Plan with a revision date of 2/21/20 indicated the following: Focus: Resident #4 has mixed bladder incontinence related to physical limitations, [MEDICAL CONDITION], Dementia, Impaired Mobility, Inability to Communicate Needs, History of UTI, Poor Toileting Habits. Interventions: Incontinent: check Resident #4 every 2 hours and as required for incontinence. Wash, rinse and dry perineum. During an observation on 3/10/20 at 3:08 pm, CNA A and CNA B (minimally assisted, mostly stabilized resident on side during incontinent care) provided incontinent care to Resident #4. The CNAs washed their hands and donned gloves prior to starting care. CNA A then placed a trash bag in the resident's trash can, while placing the bag she touched the rim of the trash can and then began incontinent care without removing her gloves and washing her hands that had touched the trash can. CNA A assisted Resident #4 with removing her pants. CNA A unfastened Resident #4's brief wiped one time with wipes, and the Investigator had no concerns with the wiping technique. CNA A then changed gloves with gloves she had in her back pocket without sanitizing or washing her hands. She then removed the soiled brief with a moderate amount of urine in it. She then turned the resident on her side and began wiping the perianal area of Resident #4. CNA A wiped the resident 6 times with a different wipe each time. Each wipe used had a small amount of stool on the wipe with each wipe. CNA A then removed her gloves and grabbed gloves that were stuffed in her rear pocket. She donned the gloves she obtained without washing or sanitizing her hands. CNA A then obtained a clean brief touching the inside of the brief where the brief would be in contact with the resident's perineum. She fastened the brief and assisted with replacing the resident's pants. CNA A Removed her gloves, discarded trash, and washed her hands prior to exiting room with the trash bag from the incontinent procedure. During an interview with CNA A on 3/10/20 at 3:18 pm, she said that she did not wash or sanitize her hands in between changing gloves while performing incontinent care for Resident #4. She said that was how she usually performed incontinent care. She said gloves should be changed if they become soiled to prevent cross contamination. She said she was not aware that washing hands between gloves changes was required. Record review of Resident #7's Face Sheet dated 3/11/20 indicated a [AGE] year old male admitted to facility on 3/9/20. Resident #7's [DIAGNOSES REDACTED]. No MDS was available for Resident #7 related to being a recent admission. No Baseline Care plan was available for Resident #7 related to being admitted within the last 48 hours. During an observation on 3/11/20 at 8:46 am through 8:51 am CNA C was observed entering Resident #7's room after coughing into her hands in another residents room. She entered Resident #7's room and picked up his breakfast meal tray. During this time the resident asked CNA C for another cup of coffee. The CNA left the room and went to the dining room. In the dining room CNA requested a plastic cover for a coffee cup. She grabbed the coffee top lid and then grabbed a coffee cup and filled it with coffee. She then pressed the plastic lid with her ungloved hand that had not been washed. She returned to Resident #7's room with the coffee and handed the cup to Resident #7. During the duration of the observation CNA C did not wash her hands. During an interview with CNA C on 3/11/20 at 11:26 am, she said she was aware of what she did after she completed the task and noticed the surveyor watching. She said she thought about the tasks she had completed and became aware that she had not washed her hands during some tasks. She said she realized what she did, and it was wrong. She said she should have washed her hands before and after entering resident rooms. She said she was not aware she had coughed into her hands and continued to provide care without washing her hands. She said moving forwards she would be more aware of her infection control practices. During an interview with the DON on 3/11/20 at 12:10 pm, she said her expectations were that CNAs wash/sanitize their hands per policy when providing resident care. She said she would have to review their policy and make changes if necessary. Record review of the facility's Handwashing/Hand Hygiene policy last revised September 2005 indicated the following: Policy Statement: This facility considers handwashing/hand hygiene as the primary means to prevent the spread of infection. 2. b. After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; c. handling items potentially contaminated with blood, body fluids, or secretions. 3. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-90 % [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: g. After removing gloves Review of Hand Hygiene in Healthcare Settings from the Centers for Disease Control and Prevention (https://www.cdc.gov/handhygiene/providers/index.html) accessed 3/11/20 indicated the following: When to perform hand hygiene? -Before moving from work on a soiled body site to a clean body site on the same patient. -After touching a patient or the patient's immediate environment. -After contact with blood, body fluids or contaminated surfaces. - Immediately after glove removal. When and how to wear gloves -Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. - Gloves are not a substitute for hand hygiene. - Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if - moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.</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.