

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER GOLDEN CREEK HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2100 DOVER CROSSING LANE NAVASOTA, TX 77868	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 breakfast service on one (1) of four (4) halls and two (2) staff observed not wearing masks. A. CNA A and CNA B failed to sanitize residents' hands (9 residents on 400 hall) prior to eating breakfast. B. CNA C and Activity Director D failed to wear mask in the facility. This failure could place all residents at risk for the transmission of infectious diseases. Findings included: A. Observation of 05/06/2020 at 7:45 AM meal serviced revealed staff failed to sanitize hands of nine (9) residents on hall 400 (Resident numbers 1, 2, 3, 4, 5, 6, 7, 8 and 9). In an interview on 05/06/2020 at 10:05 AM CNA A stated, I didn't sanitize residents' hands prior to serving breakfast. Staff has been explained by different nurses to sanitize residents' hands prior to serving meals. In an interview on 05/06/2020 at 10:15 AM CNA B stated, When we (CNA A and CNA B) began serving breakfast to residents on 400 hall we didn't sanitize residents' hands. A nurse (couldn't remember name of the nurse) reminded us after we (CNA A and CNA B) had already served breakfast on 400 hall to sanitize residents' hands before meals. I have been explained before today by management to sanitize residents' hands before meals. In an interview on 05/06/2020 at 10:45 AM Resident # 6 stated, I have not been trained by any staff on cleaning my hands. The people who work here have not offered anything for me to clean my own hands and they (Staff) have not cleaned my hands before any meal. I have not been encouraged by anyone who works here on washing hands. In an interview on 05/06/2020 at 10:59 AM Resident #5 stated, Today they (staff) didn't offer anything for me to use to wash my hands before I ate breakfast. I have not been trained by staff on hand washing. They (staff) don't encourage me to wash hands at any time. In an interview on 05/06/2020 at 11:30 AM the Administrator stated, I expect residents' hands to be sanitized before meals and as needed. In an interview on 05/06/2020 at 11:50 PM Resident # 3 stated, The staff didn't offer to wash my hands or ask me if I washed my hands before breakfast. I have never been asked by staff about hand washing or encouraged to wash hands by staff. I didn't wash my own hands at breakfast. I would need something near me to wash my hands. If the staff was to show me other ways to clean my hands, no one has talked to me about it. In an interview on 05/06/2020 at 1:15 AM the Director of Nurses stated, the staff is required to sanitize residents' hands before meals. I am not aware of any training with Residents on hand hygiene. In an interview on 05/06/2020 at 1:45 AM the Assistant Director of Nurses stated, Residents' hands are expected to be sanitized after going to the bathroom, before meals and as needed. B. Observation on 05/06/2020 at 8:10 AM revealed CNA C standing in doorway of secure unit dining room less than 6 feet from surveyor. CNA C's mask was under her chin. Observation on 05/06/2020 at 8:14 AM revealed CNA C standing next to Resident #10 without wearing a mask. CNA C's mask was under her chin. Observation on 05/06/2020 at 12:45 PM revealed Activity Director D sitting in activity office without wearing a mask. Surveyor and Activities Staff E entered the activity office and closed the door. Activity Director D was less than 6 feet from Activity Staff E and Surveyor. After three (3) minutes of standing in activity office, Activity Director D donned a face mask over her mouth and nose. In an interview on 05/06/2020 at 8:16 AM CNA C stated, I have been in-serviced on wearing a mask. I didn't have my mask on my mouth or nose. Masks are to be worn by all staff in this facility. In an interview on 05/06/2020 at 11:30 AM the Administrator stated, Staff is expected to wear mask in the facility. We have in-serviced all staff of the protocol of wearing a mask. The Activity Director D should have put her face mask on immediately when you (Surveyor) and Activity Staff E entered the office. In an interview on 05/06/2020 at 12:49 PM the Activity Director D stated, I wasn't wearing a mask when both of you (Surveyor and Activity Staff E) entered the office. I thought if we were in office wearing a mask wasn't required. I have been in-serviced on wearing mask while in the facility. In an interview on 05/06/2020 at 1:15 PM the Director of Nurses stated, All staff are required to wear mask when in the facility. Every department in this facility has been in-serviced to wear mask while at work. In an interview on 05/06/2020 at 1:45 PM the Assistant Director of Nurses stated, Staff has been in-serviced on wearing a mask in the facility. All staff are expected to wear mask at all times. Review of facility policy Handwashing/ Hand Hygiene (not dated) reflected: This facility considers hand hygiene the primary means to prevent the spread of infections. 1. Residents, family members and/ or visitors will be encouraged to practice hand hygiene. 2. Residents may be trained and encouraged on the importance of hand hygiene in preventing the transmission of infections. 4. Hand Hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, wipes, etc.) shall be readily accessible and convenient for resident use to encourage compliance with hand hygiene policies. 5. For residents who are unable to complete handwashing or require reminders, facility staff will provide assistance and encouragement as needed. Record review of the facility's Universal Mask Policy reflected Our knowledge regarding COVID-19 is rapidly expanding allowing us the opportunity to update PPE policies to incorporate the best evidence about issues like mask and respirator reuse and [MEDICAL CONDITION] transmission. Staff will be required to wear masks at all times. Review of CDC guidelines dated 4/13/20 and titled Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs): reflected the following: Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.