

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SAN GABRIEL REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4100 COLLEGE PARK DR ROUND ROCK, TX 78665</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections such as Covid-19 for 2 of 4 residents observed for appropriate precautions being taken during care for (Residents #1 and 2). A. MA B failed to apply appropriate droplet precautions when working with Resident #1 who was showing symptoms of Covid 19, with pending test results before going into the room of her neighbor, Resident #2. B. The facility failed to ensure potentially contaminated Personal Protective Equipment was disposed of appropriately to prevent the possible spread of Covid 19. These failures could place residents in the facility at risk for the transmission of diseases including Covid 19 and other organisms or decline associated with infections. Findings included: Review of Facility Provided Covid 19 information at time of entrance on 7/27/20 revealed the facility had 45 residents positive for Covid 19. A. Review of Resident #1's face sheet revealed a [AGE] year-old female with an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #1's Physician order [REDACTED]. #1's Progress Notes dated 7/27/20 at 7:18 am written by RN A revealed the resident was discovered to have a temperature of 102.9. RN A noted the Nurse Practitioner was notified and a Covid 19 test was ordered. Review of the facility census sheet on 7/29/20 revealed Resident #1 had tested positive for Covid 19 and had been moved to the covid unit. B. Review of Resident #2's face sheet revealed a [AGE] year-old female with an admission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #2's Current Progress Notes on 7/27/20 revealed she had not had any signs or symptoms of Covid 19 described. Observation on 7/27/20 at 11:55 am on hall 300 at the nurse's station revealed RN A standing at the nurses station telling MA B that Resident #1 was on isolation because she had a fever of 102 this morning and was pending results of a Covid 19 test. Observation of Resident #1's room revealed there was one piece of paper taped to the door of room [ROOM NUMBER] with the words, See nurse before entering. Continued observation at 11:56 am revealed MA B, who was wearing an N95 mask and a gown, retrieved a blood pressure cuff from a drawer on the med cart. MA B walked into Resident #1's room washed her hands and put on gloves. MA B then stood next to Resident #1 and took her blood pressure. MA B returned to the medication cart in the same gown and mask and cleaned the blood pressure cuff before placing it back in a drawer. MA B retrieved a pill for Resident #1 placed it in a paper cup and applied hand gel and gloves before going back into Resident #1's room to give her the pill. MA B then removed her gloves and washed her hands in Resident #1's bathroom. There was no area to discard PPE in Resident #1's room or outside her door. MA B returned to the medication cart in the same mask and gown and spoke to the Surveyor for a minute regarding face shields and PPE disposal then went into the room of Resident #2 wearing the same gown and mask she had on since the beginning of the observations. Observation down the hallway revealed there was a PPE station with new PPE and an uncovered biohazardous bag in a box directly next to the new PPE station along with a bag for dirty linen, also uncovered. The area was noted to be approximately 12 feet from Resident #1's room, past 2 rooms of residents not on isolation and approximately 6 feet and 8 feet from two residents rooms that were also on isolation. In an interview on 7/27/20 at 12:03 pm MA B stated when asked about the use of a face shield she stated it was not necessary unless they were working on the covid hall. When asked about PPE disposal she stated they no longer kept disposal bags in the rooms, they use the one in the middle of the hallway for all residents on isolation. Continued interview on 7/27/20 at 1:31 pm with MA B stated she was told the face shield is for covid hall only. For the residents that tested positive we put a gown on and take it off before leaving the room. MA B stated she was not sure if they do that for those residents waiting for test results. Resident #1, today is the first day that we have noticed any signs or symptoms. She stated she finds out from the nurse what type of precautions a person is on, and she does not know the difference between the different types of precautions or what type PPE. She stated she has received training on putting on and taking off PPE. In an interview on 7/27/20 at 12:05 pm RN A stated when asked what type of precautions Resident #1 was on, she stated they have written down droplet precautions, but really it's just general isolation precautions. When asked why she is on isolation she stated Resident #1 has a fever and shakiness and with Covid 19 in the building they are concerned she could be positive for it and that a test is on the way. RN A stated Resident #1 will remain on isolation precautions until the test results are back. In a follow up interview at 1:45 pm RN A clarified that Resident #1 was on droplet precautions and staff should be wearing a face shield, mask, gown and gloves before entering the room. She stated they used to keep a biohazard bag to dispose of the PPE in the resident's room when they were on precautions and all except the face shield and mask should be disposed of. Currently the bag to dispose of is back in the rooms but confirmed at the time of observations there was one bag in the center hallway to dispose of PPE for all 3 residents on isolation precautions on their hall. In an interview on 7/27/20 at 3:21 pm the ADON RN/Infection Preventionist (IP) stated when a resident shows any signs or symptoms that could be Covid-19, the nurse is to place them on contact and Droplet precautions. She stated the facility was recently told they could have one PPE station for all residents on precautions. When asked if other residents use the hall she stated yes. When asked if they could potentially be exposed to contaminated PPE and linens in the hall they are on she stated yes and that was why today they moved the PPE bags back into the resident's rooms. When asked about signs on doors of the type of precaution and PPE needed she stated the nurse tells the staff what they need. The IP stated staff should have been wearing a face shield for droplet precautions and changing her gown before going into the next room. She stated staff receive training on the type of PPE required for each type of isolation. When asked to provide that training for RN A and MA B she stated RN A was new and didn't have training yet and she would see what she could find for MA B. Review of the training provided by the facility for all staff was a checkoff titled PPE Competency Validation: Donning and Doffing, dated 7/27/20. The checkoff included that the choice of PPE depended on the type of isolation and current recommendations. Contact isolation is noted to need gown and gloves, Droplet Precautions states surgical mask. #11 through #20 describe proper removal of PPE, #21 is to roll PPE into a bundle and discard. #22 reads, HCP may now exit patient room Review of facility Coronavirus Disease 2019 Pandemic Prevention and Response Plan, updated 6/25/20 included the Infection Preventionist Monitors CDC recommendations for pandemic prevention and response communicating pertinent information to key committee members. Review of CDC site <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations</a>: The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator or facemask is recommended.) o Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area o Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask. . Eye Protection o Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area. Gloves o Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. o Remove and discard gloves before leaving the patient room or care area, and</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.

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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>immediately perform hand hygiene. Gowns o Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.</p>		