

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER MISSION VALLEY NURSING AND TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP 1200 S BRYAN RD MISSION, TX 78572	
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 - Few	<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 observation, interview, and record review, the facility failed to maintain an infection prevention and control program, including hand hygiene, designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for one Resident (R#1) of five residents observed for infection control practices, in that: OTR A did not perform hand hygiene prior to assisting R#1 with transfer from wheelchair to bed, cleaning R#1's bed side table, placing R#1's call light, and adjusting R#1's bed linens. This failure could place residents at risk for healthcare associated cross-contamination and infections. The findings included: Record review of R#1's MDS assessment dated [DATE] revealed R#1 was an [AGE] year-old male who was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Observation on 04/20/20 at 12:08 p.m. revealed OTR A entered R#1's room without first using hand sanitizer or washing her hands. OTR A donned gloves and proceeded to assist R#1 with transfer from wheelchair to bed. OTR used a safety gait belt that she put around R#1's waist and then held R#1 from his arms to transfer him. OTR A then cleaned R#1's bed side table and removed a urinal from the bed side table and placed it on top of a chair. OTR A then placed call light close to R#1 and adjusted some of the linens on the bed. OTR A removed her gloves and sanitized her hands in the hallway. In an interview on 04/20/20 at 12:15 p.m., OTR A said the procedure to prevent the spread of infections was to perform hand hygiene before and after assisting a resident. OTR A said hand washing or sanitizing hands was needed before and after assisting a resident. OTR A said she did not wash her hands before assisting R#1 because she had used hand sanitizer before, while waiting outside. OTR A said she forgot to wash her hands because she got nervous about being observed. In an interview on 04/20/20 at 12:55 p.m., the DON said he had in-serviced all staff on hand hygiene and COVID-19 and staff knew how important it was to follow good hand hygiene. The DON said OTR A should have washed her hands before assisting the resident. The facility's policy, Hand washing-Hand Hygiene, dated 12/2017, revealed: This facility considers hand hygiene the primary means to prevent the spread of infection.</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.