

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455471</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MOUNTAIN VIEW HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1600 MURCHISON RD EL PASO, TX 79902</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review the facility failed to establish and 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 disease and infections reviewed for infection control. A. LVN A did not have PPE readily available for change when her Tyvek gown tore while performing resident care. B. Maintenance Director did not have a secure seal for wearing N95 mask. C. COVID-19 isolation barrels, in dirty side of laundry room, were not labelled. This failure could place residents, staff and visitors at risk for illness, infections and COVID-19. The findings included: A. Observation on 05/26/20 at 1:30 PM, LVN A was performing resident care when her Tyvek suit tore. LVN A had no Tyvek suit readily available, in hallway, to change into. In an interview on 05/26/20 at 11:30 AM, DON stated there was sufficient PPE readily available for all staff for usage in all halls. In an interview on 05/27/20 at 9:43 AM, LVN A stated her suit tore and needed to be replaced because she was performing resident care. She stated she forgot to bring in extra suits for changing during her shift. She stated she needs to have the suits readily available to avoid cross contamination. B. Observation on 05/26/20 at 8:00 AM, Maintenance Director was observed in dining area to have a full beard and a N95 mask that was not appropriately secured. The mask did not seal all the way around his face due to his beard. In an interview on 05/27/20 at 9:00 AM, Maintenance Director stated he had not been working long at facility. He stated he was not aware he could not have a beard while wearing an N95 mask. In an interview on 05/27/20 at 11:00 AM, Administrator stated an N95 mask should be sealed all around the face for proper fit. C. Observation on 05/26/20 at 12:00 PM, revealed Laundry Aides B and C Were working in the dirty side of the laundry room. The dirty side of the laundry room contained isolation barrels. The barrels were not identified with a label. In an interview on 05/26/20 at 1:45 PM, Laundry Supervisor stated she did not noticed the barrels were not labeled to identify COVID-19 linen. In an interview on 05/26/20 at 5:53 PM, Laundry Aide B stated the isolation barrels in the dirty side of the laundry were for COVID 19 isolation linen. Review of the COVID-19 Response - Nursing Facilities, dated 5/08/20, page 4, 7, & 8, revealed the following: Protection/PPE - protect workforce and residents through the use of soap/water; hand sanitizer; facemask; if coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to the latest DSHS guidance. PPE - Plans for supplies should focus on ensuring an adequate amount of PPE and that all required PPE is easily accessible to staff. Proper Use of Mask or Respirator Fit snug to face and below chin Review of facility's policy on Fundamentals of Infection Control Precautions Manual dated 2019 documented in part; Masks, respiratory protection -A mask that covers both the nose and mouth Review of facility's policy on COVID 19 Isolation Laundry Handling Guidance, not dated, documented in part; COVID-19 Isolation Laundry by clearly labeled barrel/cart		
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.