

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455761	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER MISSION NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1013 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program, designed to provide safe, sanitary and comfortable environment, and to prevent the development and transmission of communicable disease and infections for one Resident (R#1) for three residents reviewed for infection control procedures. -CNA F wiped R#1 with a soiled diaper while providing incontinent care, did not change gloves, and did not perform hand hygiene. -Screening procedures (screening questionnaires and/or temperatures checks) were not done for HK G and LVN H prior to entering the COVID-19 hallway (where COVID-19 positive residents were housed). These failures could affect residents dependent upon care and place them at risk for healthcare associated cross contamination, infections, and COVID-19. Findings included: 1) Record review of R#1's Admission Record, dated 09/17/20, revealed R#1 was an [AGE] year-old female, who was admitted to the facility on [DATE] and re-admitted on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Quarterly MDS assessment, dated 08/19/20, revealed R#1: -had unclear speech, -was rarely or never able to make herself understood, -rarely or never understood others, and -required extensive assistance by 2 staff for bed mobility, transfers, and toilet use. Observation on 09/01/20 at 1:51 p.m. revealed CNA F provided incontinent care for R#1. CNA F took off the front of R#1's brief, rolled R#1 to the left side, and cleaned R#1's buttocks with the dirty brief. No wipes were used to clean R#1. CNA F removed the dirty brief and grabbed a clean brief. CNA F secured the clean brief on R#1, using the same soiled gloves. In an interview on 09/01/20 at 1:09 p.m., CNA F said what he normally did, when providing incontinent care to a female, was to wipe in the front, then turn the resident and wipe the buttocks. CNA F said he then applied a clean brief, and would only change his gloves if they were visibly soiled. CNA F said he knew what to do and was not sure why he did not do it. 2) Observation on 09/01/20 at 3:12 p.m., in the COVID-19 hallway, revealed two CNAs, two LVNs and one Housekeeper. At the entrance to the COVID-19 hallway, there was a bedside table with a thermometer, and screening questionnaires. There were three papers filled out, for CNA I, CNA J, and LVN K for 09/01/20. There was no questionnaire for HK G or LVN H. In an interview on 09/01/20 at 3:20 p.m., LVN H said he did not fill out a screening questionnaire yet. LVN H said, since he arrived late, at 6:15 a.m., he donned the PPE, then walked to the nurses station to check his temperature. LVN H said that, unless someone did not feel well, then they ask all the questions listed on the questionnaire. In an interview on 09/01/20 at 3:22 p.m., LVN K said since the COVID-19 unit had a dedicated entrance and exit staff should be screened prior to entering the COVID-19 unit. In an interview on 09/01/20 at 3:55 p.m. the DON said when providing incontinent care, staff were to wipe in the front with wipes, wipe in the back, remove gloves, perform hand hygiene, don new gloves, then don the clean brief. DON said all staff were to be screened before entering the COVID-19 unit, and no staff members should be screening themselves. In a telephone interview on 09/01/20 at 4:10 p.m., HK G said she was screened today, but did not remember who screened her. She said she thought it was CNA I. HK G said sometimes the paper was filled out for her and sometimes she filled out the screening questionnaire herself. In an interview on 09/01/20 at 4:15 p.m., CNA I and CNA J denied screening HK G. In an interview on 09/01/20 at 4:16 p.m., LVN K denied screening HK G. In an interview on 09/01/20 at 4:17 p.m., LVN H denied screening HK G. Record review of CNA F's Peri-Care/incontinence care skills assessment - male and female dated 05/29/20 (Clinical Proficiency Criteria), revealed: .3. wash hands and put on gloves 4. removed soiled clothing and brief and place brief in the trash bag in the garbage can. making sure you only expose the body part you are working on. 5. Take off the gloves, put them in the trash bag. Wash your hands and put on new gloves. 6. Repeat cleansing until the resident is clean using additional wipes as needed (BE SURE TO TURN THE RESIDENT SIDE TO SIDE AND CLEAN AFFECTED AREAS). Wipe one side from the lower buttock extending up to the hip area, wipe the other side from the lower buttock extending up to the hip area and wipe up the middle from the lower buttock up through the center. Wipe the rectal area from the base of the labia extending over the buttocks. 7. Take off the gloves, put them into the trash bag with the soiled brief and wipes. 8. Wash your hands, put on gloves and apply protective ointment if needed and a clean brief. 9. Remove gloves and WASH your hands . Record review of facility's policy Coronavirus, updated 07/20/20, revealed: Facilities will actively screen before entering the center and restrict anyone entering .</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.