

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455908	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER SCHULENBURG REGENCY NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 111 COLLEGE ST SCHULENBURG, TX 78956	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection of six (6) staff reviewed for infection, donning a mask on one (1) resident and two (2) staff not wearing masks. A. Housekeeper A failed to change gloves after entering/ exiting two (2) residents' rooms. B. Social Worker B failed to sanitize hands prior to donning a mask on a resident's C. Medical Record Clerk 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. An observation on 04/23/2020 at 9:05 AM revealed Housekeeper A cleaning (mopping, sweeping, sanitizing furniture and cleaning bathroom) room [ROOM NUMBER]. She was wearing gloves when removing paper from the floor and her hands touched the floor. Housekeeper A exited room [ROOM NUMBER]. She did not remove soiled gloves and immediately entered room [ROOM NUMBER]. Housekeeper A touched Resident #1's bedspread, linens and left hand while wearing same soiled gloves. In an interview on 04/23/2020 at 9:20 AM Housekeeper A stated, I didn't take my gloves off after I cleaned that room (Pointed to room [ROOM NUMBER]). The process is to take the dirty gloves off after leaving any residents room, sanitize my hands and replace with new gloves before I enter another resident's room. I forgot to do this process after I left room [ROOM NUMBER] and entered room [ROOM NUMBER]. I don't remember if I touched the bedspreads or linens. I could have and didn't realize it. I did have my gloves on when I touched her (Resident #1) hand and I didn't sanitize her (Resident #1) hands. In an interview on 04/23/2020 at 9:45 AM Housekeeping Supervisor B stated, They (Housekeepers) cannot enter residents' room wearing dirty gloves. Gloves are to be disposed of after cleaning each room and they (Housekeepers) are to sanitize their hands before wearing new gloves. They (housekeepers) are not to touch any resident or any type of linens when cleaning the residents rooms. In an interview on 04/23/2020 at 1:30 PM The Administrator stated, Gloves are to be changed after housekeeping cleans each room. The housekeepers are to sanitize hands after removal of dirty gloves. B. An observation on 04/23/2020 at 10:08 AM revealed Social Worker C entering room [ROOM NUMBER]. Upon entering the room, Social Worker began talking to Resident # 2. Social Worker C touched Resident #2's wheelchair, touched over head table, touched own clothes and touched the plastic ziplock bag storing a face mask. Social Worker C didn't sanitize hands when in room [ROOM NUMBER]. Social Worker C removed the facial mask from the plastic bag then she touched the section of the mask worn next to the face. When the mask was donned on Resident #2's face, Social Worker C touched the left side of Resident #2's face. (lower cheek) In an interview on 04/23/2020 at 10:12 AM Social Worker stated, I did not wash my hands when in Resident #2's room. I did place the mask on her (Resident #2) face. My hands touched the part of mask placed against Resident #2's face. In an interview on 04/23/2020 at 1:30 PM The Administrator stated, if staff touches items in a resident's room and later applies a mask to the resident's face, the staff is expected to sanitize hands before touching the mask or touching resident's skin. The staff has been inserviced on proper application of a mask to face and of course hand sanitizing. C. Observation on 04/23/2020 at 7:55 AM revealed Medical Records Clerk D wasn't wearing a mask. She was sitting behind open area desk across from the nurse's station and at the corner of 200 hall. Observation on 04/23/2020 at 8:45 AM revealed Activity Director E wasn't wearing a mask. She was sitting beside Activity Director F behind an open area desk in the activity room. Observation on 04/23/2020 at 10:30 AM revealed a resident in activity room using the computer next to the open area desk. Resident was less than 6 feet from the Activity Director E. Observation on 04/23/2020 at 11:15 AM revealed a resident sitting next to Medical Record Clerks D desk. Observation on 04/23/2020 throughout the day revealed staff less than 6 feet away from Medical Records Clerk D desk. Residents was entering and exiting 200 hall less than 6 feet from Medical Records Clerk D's desk. In an interview on 04/23/2020 at 7:58 AM Medical Records Clerk D stated, I wasn't wearing a mask. I have been in-serviced to wear a mask. I thought if I didn't have direct contact with residents I didn't need to wear a mask. Residents' or staff do not come near my desk. In an interview on 04/23/2020 at 8:46 AM Activity Director E stated, My mask was under my chin. We have been in-serviced on wearing mask when working. If we are behind desk, I thought it was ok not to wear a mask. The residents does come in the activity room and are near the Activity Director's desk. In an interview on 04/23/2020 at 1:45 PM The Administrator stated, staff is to wear mask when in the facility. Staff has been inserviced on wearing mask. The facility policy and procedure of Standard Precautions dated 10/2018 reflected: Standard Precautions apply to the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. 1. Hand Hygiene refers to handwashing with soap (anti-microbial or non-antimicrobial) or the use of alcohol-based hand rub which does not require access to water. a. Hand hygiene is performed with alcohol-based hand rub or soap and water: (1) Before and after contact with the resident. (2) After contact with items in the resident's room. 2. Gloves are removed promptly after use, before touching non-contaminated items and environmental surfaces. The use of gloves does not replace hand washing/ hand hygiene. Integration of gloves use along with routine hand hygiene is recognized as the best practice for preventing healthcare- associated infections. The facility policy and procedure of Personal Protective Equipment- Using Face Masks dated 09/2010 reflected Remove the mask from its container. Unfold the mask. Do not touch the part of the mask that will cover the face. Hold the mask by the strings only. 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

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.