

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER CENTERVILLE HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 103 TEAKWOOD ST CENTERVILLE, TX 75833	
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	Provide and implement an infection prevention and control program. Based on interview, observation and record review the facility failed to 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 diseases and infection for lunch being served on three (Hall 2, Hall 4 and Hall 6) of six hallways in the nursing facility. CNA A and ADM failed to sanitize residents hands (7 residents on Hall 2, 1 resident on Hall 4 and 4 residents on Hall 6) prior to eating lunch. This failure could place all residents at risk for the transmission of infectious diseases. Findings included: An observation on 3/27/2020 from 12:00 PM through 12:25 PM revealed CNA A and ADM delivering lunch to 7 residents on Hall 2, 1 resident on Hall 4 and 4 residents on Hall 6 without residents' hands being washed or hand sanitizer being offered. In an interview on 3/27/2020 at 12:21 PM CNA A stated she did not sanitize any of the residents hands prior to serving their lunch tray. In an interview on 3/27/2020 at 12:36 PM ADM stated she did not sanitize any of the residents hands prior to serving their lunch tray. She further stated it was her expectation for staff to sanitize residents hands prior to all meals. In an interview on 3/27/2020 at 3:27 PM DON stated her expectation was for staff to sanitize residents' hands prior to eating. Review of facility policy did not reveal policy specific to sanitizing residents hands prior to meals.		

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.