

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675587	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER REGENCY MANOR HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3011 W ADAMS AVE TEMPLE, TX 76504	
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 observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 1 Resident (Resident #1) observed for catheter care and 1 of 1 resident (Resident #2) observed for incontinent care. A. CNA A failed to properly clean Resident #1 while performing catheter care. B. CNA B failed to change gloves and perform hand hygiene while performing incontinent care on Resident #2. These failures could place residents in facility at risk for the transmission of diseases and other organisms or decline associated with infections. Findings included A. Review of Resident #1's face sheet revealed [AGE] year-old male DOB 03/14/1928 with admission date of [DATE] and readmission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #1's MDS assessment dated [DATE] revealed a BIMS score of 07, indicating moderate cognitive impairment. Review of Resident 1's Care Plan revealed the resident requires one-person physical assist with ADLs. Observation on 08/14/2020 at 9:05am revealed the following: while CNA A was performing catheter care on Resident #1: Hand hygiene was performed, and clean gloves were worn. CNA A set up supplies, removed gloves, no hand hygiene was performed, and donned clean gloves. CNA A wiped peri area front to back. Pulled foreskin back, wiped the penis towards the tip of the penis. CNA A got clean wipes, wiped the catheter from the tip of the catheter towards the drainage bag. CNA A removed soiled gloves, collected trash and performed hand hygiene. In an interview on 08/14/2020 at 11:07am, CNA A stated when performing catheter care, you are supposed to clean away from the tip of the penis. She also stated, I was supposed to clean the opposite way, you are getting it dirty again, that's cross contamination. She also stated, we are supposed to wash hands after we take off gloves, I forgot to wash my hands. B. Review of Resident #2's face sheet revealed [AGE] year-old female DOB 06/03/1955 with admission date of [DATE] and readmission date of [DATE]. [DIAGNOSES REDACTED]. Review of Resident #2's MDS assessment dated [DATE] revealed a BIMS score of 13, indicating mild cognitive impairment. Review of Resident 2's Care Plan revealed the resident requires one-person physical assist with ADLs, experiences bladder incontinence related to impaired mobility. Observation on 08/14/2020 at 9:16am revealed the following: while CNA B was performing incontinent care on Resident #2; CNA B performed hand hygiene, and donned clean gloves. With the first wipe down in the front, gloves were visibly soiled with BM. CNA B continued with incontinent care without changing soiled gloves or performing hand hygiene. CNA B rolled Resident #2 to the left side, leaving BM on Resident #2's right side. CNA B continued with cleaning Resident #2's buttocks, still wearing soiled gloves. CNA B removed soiled brief from under Resident #2, there was no bag to put soiled brief in. CNA B ran out to get bag for soiled brief. CNA B then got clean a brief to put on Resident #2, while fastening the brief. CNA B got BM on Resident #2's left side. CNA B started to clean the BM from Resident #2's left side and the surveyor showed CNA B the BM on Resident #2's right side which was also cleaned. CNA B stated, I did not see that. CNA B then removed soiled gloves, with no hand hygiene, CNA B gave Resident #2 her call light, CNA B felt her pocket for something, put packet of wipes and a clean brief in Resident #2's drawer. CNA B then performed hand hygiene, wore clean gloves and took the trash out of the room. In an interview on 08/14/2020 at 10:28am, CNA B stated, I think I messed up on the incontinent care. She also stated, change gloves when you finished with the soiled. She also stated, we do not have barrels in the rooms, I always have a bag, I didn't have one at the time. She then stated, that was an accident, I never saw the BM on my gloves. She also stated, I am supposed to wash my hands after I take off gloves for safety reasons, so as to not cross contaminate germs. In an interview on 08/27/2020, the ADON stated, CNA A told her about wiping in the wrong direction while performing catheter care on Resident #1. She also stated, it is not right to wipe towards the tip of the penis because you don't want to put infection in the inner part, bacterial will cause UTI. She stated, (CNA B) told she did not have trash bag while performing incontinent care on (Resident #2). She also stated, staff are expected to change gloves after coming in contact with something that is soiled, perform hand hygiene, don clean gloves, put clean brief on resident, remove gloves, perform hand hygiene and take trash out. She ended by saying, hand hygiene is performed after gloves changes to prevent infection. Review of Facility's policy titled Perineal Care revised August 2019 reflected: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. ---remove gloves and discard into designated container. ---wash and dry your hands thoroughly ---reposition the bed covers, make the resident comfortable. ---place the call light within easy reach of the resident --- wash and dry your hands thoroughly. Review of Facility's policy titled Handwashing/Hand Hygiene revised August 2019 reflected: This facility considers hand hygiene the primary means to prevent the spread of infection. --wash hands with soap and water for the following situation -----when hands are visibly soiled. --before moving from a contaminated body site to a clean body site during resident care. --after removing gloves Hand hygiene is the final step after removing and disposing of personal equipment. Review of facility's policy titled Catheter Care, Urinary revised September 2014 reflected: The purpose of this is to prevent catheter-associated urinary tract infections. Steps in the procedure: --retract the foreskin of uncircumcised male resident. --for male resident: cleanse around the meatus, cleanse the glans using circular [MEDICAL CONDITION] from the meatus outward. Return the foreskin to normal position</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.