

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675958</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHRISTIAN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1008 CITIZENS TRAIL TEXARKANA, TX 75501</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure an infection prevention and control program was provided to help prevent the development and transmission of communicable diseases and infections for 1 of 1 laundry rooms and 5 of 5 resident rooms on the [LOC]. The facility did not ensure personnel handled and processed linen to help prevent the spread of infection in the laundry room. The facility did not ensure CNA B washed or sanitized her hands between resident rooms when refilling pitchers with water and ice. This failure could place residents at risk for airborne contaminants and at risk for infection. Findings included: During an observation on [DATE] at 2:41 p.m., the laundry room did not have a barrier between the dirty laundry handling side and the clean side. The door was propped open and did not provide a separation. There were 2 laundry carts with clean linen and the cart was uncovered. There was 1 linen cart with resident clothes and the cart was uncovered. There were 2 clear trash bags on the floor with clothing and toiletries visible. During an interview on [DATE] at 3:07 p.m. the housekeeping supervisor said the door separating the dirty side of laundry from the clean side should not be propped open. She said the clear trash bags sitting on the floor in the clean area contained personal belongings of a deceased resident and should not have been placed on the floor in the clean side of laundry. The housekeeping supervisor said the linen carts should be covered when clean clothes and linens were on the cart. During an observation and interview on [DATE] between 11:01 a.m. and 11:10 a.m., CNA B entered and exited room #'s 225, 224, 223, 221 and 219. CNA B obtained the resident's water pitcher in each room and refilled with ice and water. CNA B touched the door knob, residents water pitcher, the ice chest lid, ice scoop handle, the water (refill) pitcher and the cart. CNA B did not wash or sanitize her hands between resident rooms. She said she washed her hands with soap and water before she began passing ice and water. CNA B said she did not have any hand sanitizer in her pocket and she forgot she should wash or sanitize her hands between resident rooms. During an interview on [DATE] at 12:00 p.m., the DON said staff were expected to wash or sanitize their hands between resident rooms when passing water and ice. The DON said the linen carts should remain covered and the dirty side of the laundry room should be separated at all times from the clean side. A policy and procedure titled Infection Control-Prevention and Control Program indicated . to prevent and control infection within the facility hand hygiene ( hand washing) practices will be implemented and linen will be properly stored, handled and processed to minimize contamination.		
F 0883  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Develop and implement policies and procedures for flu and pneumonia vaccinations.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure documentation of influenza and pneumococcal immunization was complete for 2 of 5 residents reviewed for immunizations. (Resident #1 and Resident #2) Resident # 1's medical record had no information of influenza vaccine being administered or refused. Resident # 2's medical record had no information of influenza or pneumococcal vaccine being administered or refused. This failure could place residents at risk for infection. Findings included: 1. Physician orders [REDACTED].#1 was [AGE] years old, admitted on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #1 was able to make her needs known and had the ability to understand others. The MDS indicated Resident #1 required limited assist with bed mobility, transfers, dressing, and extensive assist with toileting and personal hygiene. The MDS indicated she was occasionally incontinent of bladder and frequently incontinent of bowel. The care plan dated 2/28/20 did not address immunizations for Resident #1. Resident # 1's electronic medical record and hard chart did not contain documentation indicating the influenza vaccine was administered or refused. 2. Physician orders [REDACTED].#2 was [AGE] years old, admitted on [DATE] with [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #2 was able to make his needs known and had the ability to understand others. The MDS indicated Resident #2 required extensive assist with bed mobility, dressing, and personal hygiene and total assist with transfers, eating and toileting. The MDS indicated he was frequently incontinent of bladder and bowel. The care plan dated 3/11/20 did not address immunizations for Resident #2. Resident # 2's electronic medical record and hard chart did not have documentation indicating the influenza and pneumococcal vaccine was administered or refused. During an interview on 3/12/20 at 9:53 a.m. the DON said she was unable to determine why Resident #1 and Resident #2 did not have documentation of receiving or declining the immunizations. She said the residents should be offered the vaccinations and if declined a form should be signed by the resident or representative. The DON said the tracking system for immunizations/vaccinations was incomplete. A policy titled Infection Control Immunization and Vaccination Tracking System indicated .the DON will maintain a system to track the immunization and vaccinations .on admission and annually the resident/responsible party will be given the current influenza vaccine information and pneumococcal general information the resident/responsible party will sign the consent or declination form related to the immunizations .after obtaining the signature of acceptance or decline the form will be kept in the residents health record .after completion of the vaccine the residents name should be placed in the tracking system . the DON will track vaccinations to assure they are completed in a timely manner.		
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.