

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2020
NAME OF PROVIDER OF SUPPLIER AMBROSIO GUILLEN TEXAS STATE VETERANS HOME		STREET ADDRESS, CITY, STATE, ZIP 9650 KENWORTHY ST EL PASO, TX 79924	
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	Provide and implement an infection prevention and control program. Based on observation, interview 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 disease and infections to 1 (500 Hall) of 4 halls reviewed for infection prevention and control. CNA A did not perform hand hygiene after touching dirty linen barrel and going into 2 residents room. CNA A went into 2 resident rooms, on 1st room making residents' bed touching linens and bedspread and 2nd touching dressers and tray tables. This failure could place residents at risk for infections from cross-contamination. The findings included: 500 Hall Observation on 03/12/20 at 9:23 AM, CNA A touched dirty linen barrel with bare hands and did not wash her hands after. CNA A was observed to immediately walk into resident's room and make residents bed touching linens. She left residents room and did not wash her hands or use hand sanitizer. She went in a second resident's room without washing or sanitizing hands and touched dressers and tray tables. In an interview on 03/12/20 at 9:25 AM, CNA A stated she did not wash her hands because she forgot. She stated she is to wash her hands after touching dirty linen barrel. CNA A stated she did not wash her hands before and after going into resident's rooms and did not use proper hand wash techniques. She stated it puts residents at risk for cross contamination and infections. In an interview on 03/12/20 at 12:55 PM, Infection Control Preventionist stated all staff were ins-serviced on proper procedures for Hand Washing. Staff are to wash hands before and after performing a task, handling dirty linen, and entering a resident's room. She stated staff are to hand sanitizer when appropriate. Review of facility's policy of Hand Washing dated 2013 documented in part; Policy: Staff will wash hands as frequently as needed throughout the day following proper hand washing procedures. When to wash hands; - After engaging in other activities that contaminate the hands.		

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.