

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676095	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER WEST OAKS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3200 W. SLAUGHTER LANE AUSTIN, TX 78748	
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 establish and 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 infections and follow accepted national standards for one (1) of three (3) Residents (Resident #5) reviewed for isolation precautions and for one (1) of two (2) Residents (Resident #6) reviewed for incontinent care. A) The facility failed to ensure CNA A donned and removed PPE (Personal Protective Equipment) properly when entering and exiting Resident #5's room who was on isolation precautions. B) The facility failed to ensure CNA B and CNA C followed standard precautions during incontinent care for Resident #6 when they failed to sanitize their hands between glove changes. These failures could lead to the transmission of communicable diseases and infections that could lead [MEDICAL CONDITION] and death. Findings included: A) Review of Resident #5's Face Sheet reflected a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #5's Significant Change Minimum Data Set ((MDS) dated [DATE] reflected Resident was assessed to have a Brief interview for mental status score (BIMS) of 12 indicating moderate cognitive impairment. Resident #5 was assessed to be dependent on staff for Activities of daily living (ADLs). Resident #5 was assessed to be receiving IV medications. Resident #5's MDS did not indicate she was on isolation. Review of Resident #5's Comprehensive Care plan reflected a problem with the start date of 02/18/2020 The resident has a Respiratory infection. Interventions included Antibiotic therapy, [MEDICATION NAME][MEDICATION NAME] via nebulizer, change in position at least every two hours .Resident #5's plan of care did not indicate she was on isolation. Review of Resident #5's Consolidated Physician order [REDACTED].#5 door had a sign posted on it which indicated Resident #5 was on droplet precautions and everyone must clean their hands, including before entering and when leaving the room, and make sure their eyes, nose and mouth are fully covered before room entry. After CNA A donned the isolation gown she put on gloves without washing her hands. CNA A had on a surgical mask which covered her mouth, but her nose was completely exposed. CNA A then entered Resident #5's room picked up Resident #5's meal tray and placed it on the bed by the door. CNA A then went to the biohazard boxes located in the middle of the room between the beds and removed her gown and gloves then picked up the meal tray and exited the room without washing her hands. In an interview on 03/26/2020 at 1:40 PM Surveyor asked CNA A if her surgical mask should be covering her nose if she is going into an isolation room. CNA A stated yes. When CNA A was asked why the biohazard boxes were in the middle of the room and not by the door, she stated that she did not know. When asked if she should have washed her hands she stated she should have. In an interview on 03/26/2020 at 1:50 PM the DON was informed of the above observation and the DON stated that the CNA did not follow proper procedure. He stated she should have washed her hands when entering and leaving the room. The DON further stated the biohazard boxes should have been by the door, so staff can remove the PPE prior to exiting the room. He further stated the mask should have definitely covered her nose. B) Review of Resident #6's Face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #6's Quarterly MDS assessment dated [DATE] reflected she was assessed to have a BIMS score of six (6) indicating severe cognitive impairment. Resident #6 was further assessed to require extensive assist with all ADLs and was assessed to be incontinent of bladder and bowel. Review of Resident #6's comprehensive care plan reflected a problem with the start date of 07/25/2020 indicating she was incontinent and to provide peri care after each incontinent episode. Observation on 03/26/2020 at 1:15 PM revealed CNA B and CNA C in Resident #6's room to provide incontinent care. CNA B and C washed their hands and donned gloves. CNA B began incontinent care in the back and moved to the front. CNA B changed gloves but did not sanitize her hands. CNA B during care threw a dirty wet wipe across the bed in an attempt to hit the trash can located on the other side of the bed which hit CNA C on the shirt then fell to the floor. CNA C picked up the wipe off the floor and placed it in the trash can. CNA C changed her gloves but did not sanitize her hands. In an interview on 03/26/2020 at 1:28 PM CNA B and CNA C were asked if they should sanitize their hands between glove changes and they stated they should have, and CNA B stated she should have had the trash can next to her to dispose of the dirty wipes. In an interview on 03/26/2020 at 1:50 PM The DON stated staff should sanitize their hands during glove changes. In an interview on 03/26/2020 at 3:30 PM the Administrator stated he expected the staff to follow all CDC guidelines regarding infection control and staff should follow strict precautions with isolation residents. Review of the facility's policy for Isolation dated 2018 reflected Standard Precautions shall be used when caring for residents regardless of their suspected or confirmed infection status. Transmission-based precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others .droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing or talking . Review of the Center for Disease Control (CDC) Hand Hygiene Guidance dated 01/30/2020 reflected .Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications .after contact with blood, body fluids, or contaminated surfaces. Immediately after glove removal .</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.