

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER PARK MANOR OF TOMBALL		STREET ADDRESS, CITY, STATE, ZIP 250 SCHOOL STREET TOMBALL, TX 77375	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to effectively maintain an infection prevention and control program designed to help prevent the development and transmission of infections for 1 of 4 residents (Resident #1) reviewed for infection control; in that: CNA A did not performed hand hygiene when she went between resident rooms and after direct contact with Resident #1. This failure affected one resident and placed the facility residents and staff at risk for transmission of infection. Findings include: Record review of Resident #1's face sheet revealed she was admitted to the facility on [DATE] and readmitted on [DATE]. The resident was [AGE] years old. Her admission [DIAGNOSES REDACTED].</p> <p>Record review of Resident #1's quarterly Minimum Data Set ((MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 5 out of 15 to indicate her cognitive skills were severely impaired. Resident #1 required limited assistance of one staff for his bed mobility, transfer, dressing, and toilet use. Record review of Resident #1's undated care plans revealed the following care plans: -Focus: Resident was at risk for alteration in psychosocial well-being related to restriction on visitation do to COVID-19. -Goal: Resident will not experience any diverse effects throughout the review period -Interventions: observe and report any changes in mental status caused by situational stressor. -Focus: Inability to control urination. Occasionally incontinent due to cognitive deficit and impaired mobility -Goal: Risk for [MEDICAL CONDITION] will be minimized/prevented via prompt recognition and treatment of [REDACTED]. The CNA walked into room [ROOM NUMBER] B and placed the water pitcher on the over bed table next to the resident. CNA A walked out of the room without performing hand hygiene and walked directly into room [ROOM NUMBER]. She picked up the water pitchers from 414 A and B beds. The CNA walked into the bathroom and emptied the water out of the pitcher then went to the hall and filled the two water pitchers with ice. She returned the water pitchers to room [ROOM NUMBER]. CNA A walked out of the room without performing hand hygiene and walked across the hall to room [ROOM NUMBER] A to help Resident #1 get from her wheelchair and into bed. CNA A walked out of the room and walked down the hall without performing any hand hygiene. In an interview in 4/30/2020 at 9:30 AM CNA A stated she did not do any hand hygiene but did not respond to why she did not do it. She stated she usually carried hand gel with her, but she did not have any now. CNA A stated she was trained on hand hygiene and she knew what was going on and that it was important. In an interview on 4/30/2020 with the DON she stated she expected hand hygiene by hand washing or sanitizing with alcohol to be done between each resident contact. Record review of facility policy titled Handwashing/Hand hygiene revised dated August 2012 read in part, .This facility considers hand hygiene the primary means to prevent the spread of infection . 5. Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: b. Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice). 6. a. Before and after direct contact with residents; i. after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident .</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.