

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675624</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WHITEHALL REHAB &amp; NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1116 E LOOP 304 CROCKETT, TX 75835</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility did not maintain an infection prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 3 of 5 residents observed for medication administration. (Resident #33, #43 and #47) Certified Medication Aide A did not perform hand hygiene before or after med administration. This failure could place residents at risk for cross contamination and infection. Findings included: 1. Physician orders [REDACTED].#33 was a [AGE] year-old female admitted on [DATE]. Her [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #33 was cognitively intact. During an observation on 03/08/2020 at 8:05a.m., CMA A did not wash or use alcohol-based hand sanitizer on her hands before she entered Resident #33's room and administered her medication. She did not wash or use alcohol-based hand sanitizer on her hands when she exited Resident #33's room. 2. Physician orders [REDACTED].#43 was a [AGE] year-old male admitted on [DATE]. His [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #43 was cognitively intact. During an observation on 03/08/2020 at 8:10 a.m., CMA A went into Resident # 43's room to administer medications without performing hand hygiene. CMA A did not wash or use alcohol-based hand sanitizer on her hands when she exited Resident #43's room. 3. Physician orders [REDACTED].#47 was a [AGE] year-old female and admitted on [DATE]. Her [DIAGNOSES REDACTED].#47 was cognitively intact. During an observation on 03/08/2020 at 8:20 a.m., CMA A went into Resident # 47's room to administer medications without performing hand hygiene. CMA A touched Resident #47's mucous membranes when pouring pills into her mouth. During an interview on 03/08/2019 at 8:25 a.m., CMA A, said I did not wash or sanitize my hands until I realized I had touched the last resident. During an interview on 03/08/2019 at 10:45 a.m., the DON said staff were expected to perform hand hygiene before and after administration of medications. A Handwashing/Hand Hygiene policy with a revision date of November 2017 indicated .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . A Hand Hygiene Recommendation Table: within the above policy, lists hand hygiene should be performed between resident contacts. Medication Administration-General Guidelines Policy: Procedures, November 2017 Indicated .A. Preparation, 2) The person administering medications adheres to good hand hygiene, which includes washing hands thoroughly before beginning a medication, after coming into direct contact with the resident, prior to handling any medication . During an interview on 03/10/20 at 4:30 p.m., the facility was asked for additional information related to infection control. No additional information was provided.</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.