STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676364	A. BUILDING _____ B. WING _____	**04/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MERIDIAN OF TEMPLE	**4312 S 31ST ST TEMPLE, TX 76502**

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	**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 maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for five of five residents reviewed for infection control. (Resident #1, Resident #2, Resident #3, Resident # 4, and Resident #5) A. CNA A touched Resident #1's call light with soiled gloves. B. MA C failed to disinfect blood pressure cuff before and after using it on Resident #2 and Resident #3. C. LVN D failed to properly disinfect a multi-use glucometer (with an EPA approved) disinfection agent before and after using it on Resident #4 and Resident #5. This deficient practice placed residents at risk for cross-contamination and the potential spread of bacterial and or blood-borne infections. Findings Include: A. A Review of Resident #1's face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident #1's Quarterly MDS assessment dated [DATE] reflected a BIMS of 15, which indicated intact cognitive response. A review of Resident #1's care plan dated 2/17/19 reflected Resident #1 required extensive assistance with bed mobility, transfers, and ADL's. Resident #1 was incontinent of bladder and monitoring was needed for incontinence care every two hours and PRN. Resident #1 was also at risk of developing a pressure ulcer due to incontinence and limited mobility. During an observation of incontinence care for Resident #1 on 4/8/20 at 10:25 am, CNA A touched Resident #1's call light with the same soiled gloves worn to wipe Resident #1's perineal area. During an interview on 4/9/20 at 2:00 pm, CNA A stated she knew she was supposed to wash or sanitize her hands before she touched items in Resident #1's room. CNA A stated she did not remember touching Resident #1's call light while performing incontinent care. CNA A stated it was important not to handle items in residents' rooms while wearing contaminated gloves because of the risk of spreading germs. CNA A stated she should have disinfected Resident #1's call light after handling it with contaminated gloves. B. Review of Resident #2's face sheet reflected a [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED].#2's MDS dated [DATE] reflected a BIMS of 15, which indicated intact cognitive response. A review of Resident #2's Care plan dated 1/8/20 reflected Resident #2 has a decreased heart output related to heart failure, is at risk for weight loss, requires limited assistance with ADL's, and has a higher risk for developing an infection and or skin issues related to restrictions imposed from COVID-19 precautions. A review of Resident #3's face sheet reflected an [AGE] year-old male admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's MDS dated [DATE] reflected a BIMS score of 15, which indicated intact cognitive response. Review of Resident #3's Care plan dated 6/25/19 reflected Resident #3 has potential for alteration in skin integrity, at risk for weight loss, dependent on staff for transferring to wheelchair and required extensive assistance for bed mobility, Is at risk for infection and skin issues related to restrictions imposed from COVID-19 precautions. During a continuous observation on 4/9/20 at 10:00 am, MA C took a blood pressure cuff into Resident #2's room and checked blood pressure, then wheeled blood pressure machine out of the room and left blood pressure machine beside the medication cart. At 10:15 am, MA C wheeled the blood pressure machine into Resident #3's room and took her blood pressure. MA C wheeled the blood pressure cuff to the side of the hall. MA C did not disinfect blood pressure cuff until the surveyor brought it to her attention. During an interview on 4/9/20 at 10:20 am MA C stated I know I did not sanitize the blood pressure cuff when I used it to check blood pressures on Resident #1 and Resident #2. I normally do sanitize the blood pressure cuff, but I just forgot. MA C stated it was important to disinfect the blood pressure cuff in between resident uses because she doesn't want to cross-contaminate. Review of Resident #4's face sheet reflected a [AGE] year-old male, date of birth 1/5/51, admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Review of Resident #4's Quarterly MDS assessment dated [DATE] reflected a BIMS of 15, which indicated intact cognitive response. Review of Resident #4's care plan dated 2/17/19 reflected Resident #4 required limited assistance with transferring and ADLs and is at risk for infection and skin issues related to restrictions imposed from COVID-19 precautions. Review of Resident #5's face sheet reflected a [AGE] year-old male with a date of birth of 2/7/49, admitted to the facility on [DATE] with [DIAGNOSES REDACTED].#5's Quarterly MDS assessment dated [DATE] reflected a BIMS of 15, which indicated intact cognitive response. Review of Resident #5's care plan dated 2/17/19 reflected he required limited assistance with transferring and ADLs and is at risk for infection and skin issues related to restrictions imposed from COVID-19 precautions. During an observation on 4/9/20 at 11:00 am RN D prepared supplies placing them on wax paper, and entered Resident #4's room then performed blood glucose test. RN D placed used supplies in the trash bin and the used lancet in the sharps container. RN D sanitized her hands; applied gloves and used alcohol 70% wipes to disinfect the multi-use glucometer. RN D then prepared supplies on wax paper and entered Resident #5's room. RN D performed blood glucose test, placed used supplies in the trash bin, and the used lancet in the sharps container. Upon observation of the treatment cart in RN presence no EPA approved disinfect wipes were found on the treatment cart. During an interview on 4/9/20 at 11:10 am. RN D stated she was not aware of needing to use an EPA approved disinfectant wipe to clean the glucometer. RN D stated since she uses alcohol-based sanitizer on her hands to kill germs, she reasoned it was acceptable to use this on the glucometer. RN D said she should use an EPA approved disinfectant wipe on the multi-use glucometer to prevent the spread of blood-borne infections. During an interview on 4/9/20 11:30 am, the DON stated the CNA should not touch the call light while wearing the same gloves worn while providing incontinence care. It is important not to do this because of infection control. If the CNA does touch call light with contaminated gloves, the CNA should disinfect the call light with disinfectant wipes. DON stated staff should also sanitize multi-use items in between using them for different residents. DON stated it is important to sanitize the blood pressure cuff because of infection control. DON stated the glucometer should be sanitized with Santi wipes in between uses. This facility uses Santi Wipes, which are an EPA approved disinfectant agent. The glucometer should be disinfected before and after each patient use. It is important to disinfect the glucometer with an approved EPA to prevent the spread of blood-borne infections. DON stated there are no residents in the facility with blood-borne infections. Review of the facility's policy on cleaning and disinfecting of multi-use resident care items revised and equipment (7/14) reflected that non-critical reusable items, such as blood pressure cuffs, should be disinfected or sterilized with an intermediate and low-level disinfectant. Review of the facility's undated policy on cleaning and disinfecting the multi-use glucometer reflected that the glucometer should be cleaned with an EPA approved cleaning agent before and after each resident use. Review of facility's policy on perineal care Nursing Policy and Procedure Manual (2003) reflected after the completion of incontinence care, reusable items should be cleaned and stored. Moreover, steps for perineal care reflected that during performing incontinence care, staff should not touch items such as barrier crme, call light, or bed linens until after they take off their gloves and wash or sanitize their 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.