

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER MIRA VISTA COURT		STREET ADDRESS, CITY, STATE, ZIP 7021 BRYANT IRVIN RD FORT WORTH, TX 76132	
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	<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 maintain an infection and prevention control program at a minimum, a system for preventing and controlling infections for two (Residents #3 and #4) of four residents reviewed for incontinence care. 1. CNA C failed to perform hand hygiene and change gloves during incontinence care for Resident #3. 2. CNA D failed to change gloves during incontinence care for Resident #4. These failures placed residents at risk for infections and cross-contamination. Findings included: 1. Review of Resident #3's MDS Assessment, dated 11/07/19, revealed the resident was an [AGE] year-old female readmitted to the facility on [DATE]. The resident had [DIAGNOSES REDACTED]. She had severe cognitive impairment and required extensive assistance with her activities of daily living. Observation on 04/03/20 at 12:07 p.m. revealed CNA C washed her hands and applied gloves after entering the room to provide incontinence care to Resident #3. After providing the resident with incontinence care, CNA did not remove her gloves or perform hand hygiene before touching the clean brief, the bedding, and the bed control button. Interview with CNA C on 04/03/20 at 12:36 p.m. revealed she knew she was supposed to change gloves and her wash hands when soiled and when applying a clean brief. 2. Review of Resident #4's MDS Assessment, dated 09/01/16, revealed the resident was a [AGE] year-old female readmitted to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. The resident was cognitively intact and required extensive assistance with her activities of daily living. Observation on 04/03/20 at 12:33 p.m. revealed CNA D provided incontinence care for Resident #4 while wearing gloves. While wearing the same gloves she wore to provide incontinence care, CNA D removed clean wipes from a wipes packet. Interview with CNA D on 04/03/20 at 12:45 p.m. revealed she used soiled gloves when removing clean disposable wipes from the packet. 3. Interview with the DON on 04/03/20 at 3:10 p.m. revealed the facility expected staff to wash their hands between the tasks performed during incontinence care. Review of the facility's current policy for peri-care, dated 07/01/16, reflected soiled gloves needed to be changed, wash hands, and don new gloves when providing resident peri care.</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.