STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675960	A. BUILDING _____ B. WING _____	09/23/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CASTLE PINES HEALTH AND REHABILITATION	2414 W FRANK AVE LUFKIN, TX 75904

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 prevention and control program to provide a safe, sanitary, and comfortable environment to help prevent the development and the transmission of disease and infection for 5 of 5 residents observed for blood pressure assessments and 2 of 2 residents observed for medication administration via gastrostomy tube. (Residents # 26, 34, 5, 77, 70) and (Residents # 76, 56). CMA A did not sanitize the blood pressure cuff and machine between Residents #70 and #5. CMA B did not sanitize the blood pressure cuff and machine after Resident #26. CMA C did not sanitize the blood pressure cuff and machine between Residents #77 and #34. LVN D did not clean the syringe and plunger after administering medications via gastrostomy tube to Resident #56. LVN E did not clean the syringe and plunger after administering medications via gastrostomy tube to Resident #76. This failure could place residents at risk for cross contamination and infections. Findings included: A review of the facility's policy: Enteral Medication Administration Policy & Procedure from a Pharmacy Policy & Procedure Manual 2003 revised 1/25/13 provided by the DON indicated under number 12. Change the medication syringe as directed by the manufacturer's label. If the syringe is used for 24 hours, clean after each use. A review of the facility's policy: Fundamentals of Infection Control Precautions Policy & Procedure from an Infection Control Policy & Procedure Manual 2019 provided by the DON indicated under number 6., item 3. Non-invasive resident care equipment is cleaned daily or as needed between use by the nursing assistant. 1.) A face sheet dated 09/23/20 indicated Resident #70 was a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #70 had severe cognitive impairment. During an observation on 09/21/20 at 02:30PM CMA A took the blood pressure on Resident #70. The cuff was placed around the Resident's arm and the device was placed on the Resident's bed. CMA A did not sanitize the blood pressure cuff or device before or after use. A face sheet dated 09/23/20 indicated Resident #5 was a [AGE] year-old male admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #5 had moderate cognitive impairment. During an observation on 09/21/20 at 02:50 PM CMA A took the blood pressure of Resident #5. CMA A used the same blood pressure device and cuff she used on Resident #70 without sanitizing it before or after use on Resident #5. During an interview on 09/21/20 at 03:00PM CMA A said there was nothing she would have done differently. 2.) A face sheet dated 09/23/20 indicated Resident #26 was a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #26 had moderate cognitive impairment. During an observation on 09/22/20 at 07:10 AM CMA B took the blood pressure of Resident #26. The cuff was placed around the Resident #26's arm and the device placed on the Resident's bed. CMA B did not sanitize the blood pressure cuff or device before or after it was used and placed it back into the bag. During an interview on 09/22/20 at 07:20AM CMA B she said she couldn't think of anything she did wrong. 3.) During an observation on 09/22/20 at 07:35AM CMA C took Resident #77's blood pressure. The cuff was placed around the resident's arm and the device was placed on the resident's bed. CMA C did not sanitize the blood pressure cuff or device before or after use. A face sheet dated 09/23/20 indicated Resident #34 was a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #34 was unable to complete the brief mental status assessment interview. During an observation on 09/22/20 at 07:50AM CMA C took Resident #34's blood pressure. CMA C used the same blood pressure device and cuff she used on Resident #77 without sanitizing it before or after use. During an interview on 09/22/20 at 08:00AM CMA C said she was satisfied with the way she too the blood pressure. 4.) A face sheet dated 09/23/20 indicated Resident #56 was a [AGE] year-old female admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #56 was unable to complete the brief mental status assessment interview. During an observation on 09/22/20 at 11:00AM LVN D administered medications via gastrostomy tube to Resident #56. After completion, LVN D placed the syringe and plunger back into the bag without cleaning them before or after use. During an interview on 09/22/20 at 11:25AM LVN D said she should have cleaned the syringe and plunger with warm water after use. 5.) A face sheet dated 09/23/20 indicated Resident #76 was a [AGE] year-old male and admitted on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] indicated Resident #76 was unable to complete the brief mental status assessment interview. During an observation on 09/22/20 at 11:15AM LVN E administered medications via gastrostomy tube to Resident #76. After completion, LVN E placed the syringe and plunger back into the bag without cleaning it before or after use. During an interview on 09/22/20 at 11:35AM LVN E said she should have rinsed the syringe. During an interview on 09/23/20 at 09:50AM the DON said a blood pressure assessment was to be done prior to administering blood pressure medications that had parameters. After taking the blood pressure, the staff were supposed to disinfect the device and cuff with the purple-top disinfectant. A container of disinfectant should be kept on each medication cart. She said after administration of [DEVICE] medications, the syringe and plunger used to administer the medications should be washed out using warm water before it was placed back into the bag that hangs on the stand. The bags, syringes and plungers were changed out every 24 hours.

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.