STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675414	A. BUILDING _____ B. WING _____	**08/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
RETAMA MANOR NURSING CENTER/EDINBURG	**1505 S CLOSNER EDINBURG, TX 78539**

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 establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for two Residents (R#1 and R#2) of three residents observed for infection control, in that: CNA A did not perform hand hygiene between resident care for R#1 and R#2. CNA A did not change gloves when providing incontinent care to R#2. These failures could place residents at risk for infection through cross contamination of pathogens. The findings were: Record review of R#1's electronic record revealed R#1 was a [AGE] year-old female who was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's Quarterly MDS assessment, dated 07/29/20, revealed R#1: -was sometimes understood by others, -was sometimes able to understand others, -required extensive assistance by one staff for bed mobility, transfers, dressing, toilet use, and personal hygiene, and -was always incontinent of bladder and bowel. Record review of R#2's electronic record revealed R#2 was an [AGE] years-old female who was admitted to the facility on [DATE]. R#2's [DIAGNOSES REDACTED]. Record review of R#2's Quarterly MDS assessment, dated 05/05/20, revealed R#2: -was rarely understood by others, -rarely/never understood others, and -was always incontinent of bladder and bowel. In an interview on 08/18/20 at 10:34 a.m., CNA A said R#1 was incontinent, so she was to check if R#1's disposable brief needed to be changed. Surveyor stayed outside the privacy curtain while CNA A checked R#1 for incontinence. CNA A said she removed R#1's blanket and checked R#1's disposable brief. CNA A said she did not need to provide incontinent care for R#1. Observation on 08/18/20 at 10:36 a.m. revealed CNA A doffed the disposable gloves she had used to check R#1 and, without performing hand hygiene, donned clean gloves to assist R#2. Observation on 08/18/20 at 10:37 a.m. revealed CNA A went to provide incontinent care for R#2, wearing the same gloves. Surveyor stayed outside the privacy curtain while CNA A provided incontinent care. CNA A described for surveyor what she was doing. CNA A said she checked R#2 for incontinence and R#2 needed incontinent care. CNA A opened R#2's privacy curtain. CNA A said she had finished R#2's incontinent care, and went to grab a pair of gloves from the nightstand. CNA A said she had forgotten an extra pair of gloves and needed a clean pair of gloves because she was going to touch R#2 upper body to readjust her gown. In an interview on 08/18/20 at 10:37 a.m., CNA A said she had not changed gloves during R#2's incontinent care when she removed soiled disposable brief and put on a clean one. In an interview on 08/18/20 at 10:52 a.m., CNA A said she had received training on incontinent care, but had been nervous and forgot to do hand hygiene after she checked R#1's disposable brief and before she went to assist R#2. CNA A said she forgot to change gloves when providing incontinent care for R#2. CNA A said she was aware that when incontinent care was provided she needed to change gloves when from dirty to clean areas. In an interview on 08/18/20 at 11:17 a.m., RN Consultant B said she was acting as DON because the DON and ADON were out sick. RN Consultant B said CNAs were aware that they needed to perform hand hygiene after the care and before assisting other residents. RN Consultant B said when staff performed incontinent care they were aware of glove donning and doffing procedures. RN Consultant B said gloves should have been changed after removing the soiled disposable brief to proceed with incontinent care. Record review of the facility's policy on, Glove Use, dated 02/20/18, revealed: Purpose: to provide guidelines for the use of gloves for resident and employee protection: .B. perform hand hygiene after removing gloves. .F. disposable gloves must be replaced as soon as practical when contaminated. Record review of the facility's policy on, Hand Hygiene, dated 02/20/18, revealed: Purpose; to decrease the risk of transmission of infection by appropriate hand hygiene. Washing with soap and water is appropriate when the hands are visibly soiled or contaminated with blood or other body fluids. Using an alcohol-based hand rub is appropriate for decontaminating the hands before direct patient contact, before putting on gloves; before inserting an invasive device; after contact with patient, when moving from a contaminated body site to a clean body site during patient care.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE