STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676386	A. BUILDING _____ B. WING _____	**10/11/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WEST REST HAVEN INC	**503 MEADOW DRIVE WEST, TX 76691**

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 one CNA and one LVN (CNA A and LVN B) reviewed for infection control, in that 1. CNA A failed to perform hand hygiene in between eight resident rooms (rooms 200, 202, 204, 205, 206, 207, 208, and 209) after touching residents and their belongings. 2. LVN B failed to perform hand hygiene after medication administration for Resident #1 and before entering the room of Resident #2 to assist her by moving her wheelchair. This deficient practice could place residents at risk of transmission and/or spread of infection. Findings included: 1. Observation on 10/11/2020 at 11:31 a.m. revealed CNA A was in room [ROOM NUMBER] speaking to the residents about lunch options, and she used a paper towel to wipe up condensation from an ice water pitcher on one of the overbed tables. She then exited this room without performing hand hygiene and entered room [ROOM NUMBER], where she assisted a female resident inside by placing bare hands on the resident's wheelchair handles and moving the wheelchair, in which the resident was sitting, to another area of the room. She then picked up a cup of chocolate milk and offered it to her. She then exited the room without performing hand hygiene and did not perform hand hygiene before she entered room [ROOM NUMBER] and poured ice water from a pitcher into a cup for one of the residents there. She exited 209 and entered room [ROOM NUMBER] without performing hand hygiene. Once in that room, she hugged one of the residents inside before picking up his trash can and gathering trash in his room to throw into the wastebasket. She then offered him some cookies she found in his room. She then exited this room and entered room [ROOM NUMBER] without performing hand hygiene and picked up the resident's nebulizer mask to place on the bedside table atop the nebulizer. After that, she exited room [ROOM NUMBER] and entered 205 without performing hand hygiene. While there, she offered a cup of coffee to one resident, and leaned over the second to assist her in adjusting her clothing and moving her wheelchair. She then exited room [ROOM NUMBER] without performing hand hygiene and walked past an alcohol hand rub dispenser also without performing hand hygiene and went into room [ROOM NUMBER]. There, she opened the bathroom door for the resident inside and then picked up his water bottle and offered him more water. Finally, she left room [ROOM NUMBER] without performing hand hygiene and entered room [ROOM NUMBER] to check on the residents there. During an interview on 10/11/2020 at 11:31 a.m., CNA A stated she should perform hand hygiene every time she comes out of a room. She stated she should have been performing hand hygiene between the rooms she was just moving through, but she didn't. She stated she did it at the beginning but not between the rooms. She stated she gets lots of training about it, and she just forgot. During an interview on 10/11/2020 at 11:59 a.m., LVN C stated she is the charge nurse for the 200 hall, and she is the nurse supervisor for CNA A. She stated if a CNA touches the residents or their belongings such as wheelchair handles or water cups, then they should be performing hand hygiene. 2. Observation on 10/11/2020 at 11:44 a.m. revealed LVN B brought a small cup with medicine with bare hands to a female resident in room [ROOM NUMBER] and gave it to her along with a cup of water. She then took the two cups and brought them back to the medicine cart and threw them away. Without performing hand hygiene, LVN B then went to another resident in room [ROOM NUMBER] to address her trying to come out of her room and helped the resident back into the room by moving her wheelchair with are hands and closing the door. During an interview on 10/11/2020 at 11:52 a.m., LVN stated she should have performed hand hygiene between rooms but was anxious about the second resident who wanted to come out of her room and also about being observed during the process. She stated she should still be doing the hand hygiene, even if she is nervous. During an interview on 10/11/2020 at 1:19 p.m., the DON stated hand hygiene should definitely be part of the regular routine. She stated she would expect hand hygiene between rooms if the staff touched anything at all. She stated the scenarios with CNA A and LVN B warranted hand hygiene as a part of standard infection control technique, and it should have occurred. Review of facility policy dated 2009 and titled Hand Hygiene reflected the following: Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections. Antiseptics control or kill microorganisms contaminating scan and other superficial tissues and or sometimes composed of the same chemicals that are used for disinfection of objects. Although antiseptic similar handwashing/inpatient agents do not sterilize the skin, they can reduce microbial contamination depending on the type in the amount of contamination, the agent used, the presence of residual activity and the handwashing/hand hygiene techniques followed.

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