STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455904	A. BUILDING _____ B. WING _____	**05/26/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROWLETT HEALTH AND REHABILITATION CENTER	**9300 LAKEVIEW PKWY ROWLETT, TX 75088**

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	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for two (Resident #1 & #2) of 8 residents reviewed for infection control. 1. CNA A failed to perform proper hand hygiene and glove changes while providing incontinence care to Resident #1. 2. CNA A failed to perform proper hand hygiene in between resident rooms while serving dessert and meals to Resident#2 on Hall 100. This failure could place residents at risk for the spread of infection. Findings included: 1. Observation on 05/11/20 at 5:30 p.m., revealed CNA A coming out of Resident #1's room with gloves on and went to the clean linen cart. She took out wipes and briefs placed them in a plastic bag then went back to the resident's room with the gloves on. In Resident #1's room she took off the gloves and donned two pairs of clean gloves without any form of hand hygiene. Resident #1 was in bed and had a mask on her arm, she stated at times she would have the mask on. CNA A requested the resident to put on the mask. CNA A positioned the resident and unfastened the dirty brief placing the clean brief at the edge of the bed. CNA A cleaned the resident from the front going backwards with the wipes. Resident #1 was minimally soiled and noted redness to the peri-area. CNA A took off the top pair of gloves and proceeded to apply the cream that was in the room in the medicine cup. CNA A changed gloves without any form of hand hygiene and fastened the brief, repositioned the resident and left the room. No form of hand hygiene was completed. 2. Observation on 05/11/20 at 6:15 p.m., on hall 100 revealed CNA A with a tray of desserts going in residents' rooms serving the dessert. CNA A was observed going to Resident #2's room with a meal tray. CNA A removed the resident's personal items that were on the bedside table and moved the resident's wheelchair. CNA A came out of the room without any form of hand hygiene. CNA A got another tray from the meal cart and took it to Resident #1's room where she was also observed touching the table and moving the resident's personal items from the table and setting up the resident's tray. CNA A did not complete any hand hygiene between entering the residents' rooms for dessert service. During an interview with CNA A on 05/11/20 at 6:23 p.m. she stated she was aware she was supposed to wash her hands before and after incontinence care, but she forgot while providing care to Resident #1. She stated she double gloved so that during care she was able to take off the dirty gloves and continue with the clean gloves. She stated at times Resident #1 was uncooperative and in pain while providing care, so by double gloving she did not have to wash hands and delay the care. She stated hand washing was necessary for infection control when going from one resident to another. During an interview with the DON on 05/12/20 at 2:30 p.m., he revealed he was aware of some of the concerns raised about infection control. He stated he expected the aides to follow the facility protocols during care, one of which was to ensure hand washing and change of gloves as needed and using hand sanitizer of washing hands between residents when serving meal trays. He stated he would complete an in-service regarding hand washing. Review of the facility's Handwashing and Hand hygiene policy dated 03/09/20 reflected, HCP should perform hand hygiene by washing their hands with soap and water at least 20 seconds before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings can be performed by using ABHS (60% or > alcohol content).

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.