

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COLONIAL MANOR ADVANCED REHAB &amp; HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1100 W MINNESOTA RD PHARR, TX 78577</b>	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Provide and implement an infection prevention and control program.</b> **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 control prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection, for one Residents (R#1) of four residents observed for infection control practice, in that: CNA A continually touched the outside of her N-95 mask, without performing hand hygiene. The findings were: Record review of R#1's Admission Record, dated 08/06/20, revealed R#1 was an [AGE] year-old male, who had an admission date of [DATE] and a re-admission date of [DATE]. R#1's [DIAGNOSES REDACTED], Coli, type 2 diabetes mellitus, muscle wasting and atrophy, and [MEDICAL CONDITION]. Record review of R#1's Quarterly MDS assessment, dated 06/04/20, revealed R#1: -had difficulty hearing (moderate), -had clear speech, -was able to make himself understood, -was able to understand others, and -required limited assistance by one staff for dressing, and bathing. Observation on 08/05/20 at 2:12 p.m. revealed CNA A continually pinched the outside of her N-95 mask, picking it up, when talking to surveyor, saying she could not breathe. CNA A walked to R#1's room to assist with shower. R#1 was in the shower and CNA A donned clean gloves. CNA A began to assist R#1 with shower and continued to pick up the outside of her N-95 mask, with gloved hands. CNA A did not perform hand hygiene. In an interview on 08/05/20 at 2:24 p.m., CNA A said she was adjusting her mask because she could not breathe. CNA A said she was not to touch the outside of her mask, and if did, she was supposed to clean her hands. In an interview, on 08/05/20 at 3:54 p.m., the DON said staff were trained not to touch the outside of their masks because it was an infection control issue. The DON said, if the outside of the mask was touched, staff was to perform hand hygiene. The DON said they just did a 100% in-service on the issue. Record review of CDC guidance on, Wear a Mask to Protect Others, at <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html</a>, updated 08/07/20, revealed: -wear a mask that covers your nose and mouth to help protect others in case you're infected with COVID-19 but don't have symptoms. -wear a mask correctly for maximum protection -don't touch the mask, and, if you do, wash your hands or use hand sanitizer to disinfect.</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.