

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455718	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER PEBBLE CREEK NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 11608 SCOTT SIMPSON DR EL PASO, TX 79936	
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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>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 disease and infections reviewed for infection control. Housekeeping Employee A failed to properly disinfect a room according to manufacturer's disinfectant specifications. This failure could place residents, staff and visitors at risk for illness, infections and COVID-19. The findings included: Observation on 06/04/20 at 2:31 PM, Housekeeping Employee A entered a resident's room to perform cleaning and disinfecting. She began by spraying surfaces in the bathroom with the disinfectant quaternary ammonium. She left the surfaces wet and proceeded to begin spraying the disinfectant on the top surfaces of bedside tables and dressers in the room followed by immediately wiping them off with a cleaning cloth. Housekeeping Employee A continued to clean the room but did not clean handles on the dressers or door handles on the door entering the resident's room. Housekeeping Employee A finished cleaning in the room by going back to the bathroom and wiping down the surfaces at 2:46 PM. Interview on 06/04/2020 at 2:49 PM Housekeeping Employee stated that they were finished cleaning the room, and proceeded to dispose of dirty cloths used to clean the room and floors. Observation and interview on 06/04/2020 with the Director of Housekeeping he provided a container of disinfectant for review. The disinfectant stated on the container that disinfectant use required a 10 minute wet time on surfaces. The Director of Housekeeping stated that employees had all been inserviced and instructed on how to properly use the disinfectant. Review of the procedure titled Daily Room Cleaning, undated, revealed in part on the first page that the first step was disinfecting. Instructions were to spray the surface, do not clean, leave for 10 minutes before cleaning the surface</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.