

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2020
NAME OF PROVIDER OF SUPPLIER THE VOSSWOOD NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 815 S VOSS RD HOUSTON, TX 77057	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**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 prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one resident (Resident #1) reviewed for infection control. -RN R failed to perform hand hygiene during medication administration to Resident #1 who was in reverse isolation (the purpose of reverse isolation is to protect the patient from any germs the staff or visitors are carrying). -This failure could affect any resident who is on reverse isolation. Findings Include: Resident #1 Record review of Resident #1's admission record revealed a [AGE] year old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #1's physician orders [REDACTED].#1's care plans revealed a focus: The resident has impaired immunity related to [MEDICAL CONDITION] dated on 03/09/2020. Interventions included; Maintain reverse isolation related to [DIAGNOSES REDACTED].#1's room. On top was a box of gloves, a box of masks, contact isolation and respiratory isolation instructions. The drawers had yellow gowns. During an observation on 03/11/2020 at 1045 AM RN R entered room with portable electronic BP machine, gloves and mask. He donned gloves and mask just inside the door. He walked out of room, removed gloves and mask and deposited in the trash at med cart. He said he will hold the Mitodrine. He opened med cart, gathered medications, put gloves and mask on, entered resident room and administered meds. RN R exited room, removed mask and gloves at the med cart. He opened a door to a storage room near by, returned to cart and began using the computer key board. In an interview on 03/05/2020 at 11:15 AM RN R said he should have put gown on as well as the gloves when entering Resident #1's room. He said she was in reverse isolation and the gown would be to prevent any splashes from getting onto scrubs. He said hand hygiene was done to remove unwanted microorganisms from hands. He said he did not perform hand hygiene before donning clean gloves and after removing gloves. He said he forgot to do this. In an interview on 03/11/2020 at 2:30 PM, the Regional Nurse said there was no policy and procedure for reverse isolation. Record review of facility policy on Hand Hygiene, Life Care Centers of America, last reviewed 07/25/19 revealed Purpose: to decrease the risk of transmission of infection by appropriate hand hygiene .Introduction using an alcohol-based hand rub is appropriate for decontaminating the hands before direct patient contact; before putting on gloves; after removing gloves Special considerations .Keep in mind that glove use doesn't eliminate the need for hand hygiene. Record review of facility policy on Transmission-based Precautions and Isolation Procedures, revised 02/11/2020 did not include procedure for Reverse Isolation.</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.