

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER UVALDE HEALTHCARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 535 N PARK ST UVALDE, TX 78801	
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 1 of 1 Clean Linen Cart, in that: One Linen Cart with clean linen was stored in the Hall 600 Shower Room. This deficient practice could place residents and staff at risk of transmission of communicable diseases and infections, including COVID-19. The findings were: Observation on 7/01/20 at 2:15 PM of Shower Room in Hall 600 revealed the presence of a linen cart stored in the Shower Room. Inside the cart was clean linen and at the bottom of the cart was stored a Hoyer Lift sling. Immediately upon seeing the Linen Cart in the Shower Room Hall 600, the DON removed the Cart. During interview on 7/01/20 at 2:15 PM with the DON, she stated, the cart does not belong in the shower room. She did not know who left the cart with clean linen in the shower room. The DON confirmed the cart with cleaned linen should not be in the shower room because of infection control issues. During interview on 7/01/20 at 3:38 PM with Laundry Staff D, the staff member stated, carts with clean linen are stored in the hallways .(and) the cart should not be stored in a shower room or bathroom because of the possibility of infection spread. Record review of facility policy titled Linens dated March 2010 read: All clean linen will be stored in a secured area .Transport bulk clean linen to residents' rooms in a clean, covered cart .		
F 0947 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to ensure nurse aides received resident abuse prevention training, for 1 of 3 nurse aides (CNA A) whose in-service records were reviewed for completion of the required training. The facility failed to provide the required resident abuse prevention training to CNA A. This failure could affect residents in the facility cared for by staff with inadequate training and could result in abuse . The findings included: Record Review of CNA A's personnel files and Employee Details Roster, undated, revealed the following date of hire of 6-19-15. Record review of CNA A's Employee in-service/Educational Attendance Record, undated revealed no in-service for resident abuse prevention. During an interview on 7/16/20 at 11:14 am, the BOM (Business Office Manager) stated that the training she sent through email are the only training's CNA A had on file. During an interview on 7/16/20 at 3:19 PM, the Interim Admin stated she confirmed with the BOM, owner, DON, and Receptionist, who keeps a record of all in-services, that the only in-services the staff members had were provided to the surveyor and CNA A did not have abuse training. The Interim Admin stated they did not have a policy on annual training requirements. The facility submitted a policy on New Orientation Training, undated, but did not have a policy on annual training requirements .		

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.