

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675277	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER CARE INN OF LA GRANGE		STREET ADDRESS, CITY, STATE, ZIP 457 N MAIN ST LA GRANGE, TX 78945	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview, observation and record review the facility failed to maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection during lunch services on one (1) of four (4) halls and for soiled gloves worn by staff. A. CNA A and LVN B failed to sanitize residents hands (10 Residents on 100 hall) prior to eating lunch. B. Housekeeper C failed to remove soiled gloves after cleaning Resident # 1's room. This failure could place all residents at risk for the transmission of infectious diseases. Findings included: A. An observation on 04/15/2020 from 11:00- 12:50 revealed staff served ten (10) residents on hall 100 lunch without sanitizing the residents hands. In an interview on 04/15/2020 at 12:45 PM The Director of Nurses stated, Staff are required to wash residents hands around 11:00. The residents' meals come on the halls around 12:30 PM. I expect all residents' hands to be washed prior to eating meals. In an interview on 04/15/2020 at 12:55 PM LVN B stated, I didn't see any staff wash residents' hands before the trays came out of the kitchen. I am aware we are to wash residents' hands prior to meals. I didn't wash residents' hands when we began delivering trays on 100 hall. In an interview on 04/15/2020 at 1:05 PM CNA A stated, I didn't wash any residents' hands on 100 hall. We began washing resident's hands after we left 100 hall. We were inserviced to sanitize residents hands before meals. I forgot until someone reminded me after I left 100 hall to wash residents' hands. I personally didn't see anyone sanitize residents' hands before meal carts came on the hall. In an interview on 04/15/2020 at 2:30 PM Infection Control Nurse D stated, All staff has been inserviced on hand washing , COVID-19 guidelines from CDC, information from Texas Health care website on COVID-19 and from CMS. All information I receive from any agency I inservice the staff. B. Observation on 04/15/2020 at 8:45 AM revealed Housekeeper C cleaning Resident #1's room. Housekeeper C exited Resident #1's room, walked to her cart on 100 hall wearing soiled gloves. Resident #1 asked Housekeeper C to return to her (Resident #1) room. Housekeeper C re-entered Resident #1's room wearing same soiled gloves. Resident #1's right hand touched housekeeper C's soiled gloves. Resident #1 wiped her mouth with right hand approximately 1-2 minutes after touching housekeeper C's soiled gloves. In an interview on 04/15/2020 at 8:55 AM Housekeeper C stated, I did have on dirty gloves. I didn't remove my dirty gloves after cleaning her (Resident #1's) room. I was to remove gloves immediately and not wear gloves in the hall. She (Resident #1) did touch the dirty glove on my hand. Record Review of Facility In-service on Resident handwashing/ hand sanitizing Before / After meals dated 03/17/2020 reflected: 1. CNA's it is your responsibility to assist resident's regarding hand hygiene before/ after all meals, may use soap and water or hand sanitizer or wipes. 2. Residents are to be observed daily in monitoring hand hygiene before/ after all meals and appropriated measures per facility protocol regarding COVID-19 Plan. 3. Nurse's should assist with hand hygiene and provide education regarding hand hygiene. 4. Hand Hygiene is very important in combating cross contamination and infection control prevention. Please continue to practice all hand hygiene technique and any questions refer to your Infection Preventionists: Sergio Flores Treatment Nurse. Record review of Facility COVID-19 Hand Hygiene dated 03/20/2020 reflected Hand Hygiene (even if gloves are worn) 1. Resident hand hygiene performed after toileting and before meals. 2. Resident hand hygiene performed after contact with objects and surfaces in the resident's environment.</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.