

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455662	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2020
NAME OF PROVIDER OF SUPPLIER RETAMA MANOR NURSING CENTER/MCALLEN		STREET ADDRESS, CITY, STATE, ZIP 900 S 12TH ST MCALLEN, TX 78501	
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 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 diseases and infections, for one Residents (R#1) of three residents observed for infection control, in that: CNA A did not change gloves when providing incontinent care to R#1. This failure could place residents at risk for infection through cross contamination of pathogens. The findings were: Record review of R#1's electronic record revealed R#1 was a [AGE] year-old male who was admitted to the facility on [DATE] . R#1's [DIAGNOSES REDACTED].#1's Quarterly MDS assessment, dated 10/08/20, revealed R#1: -was not able to complete a Brief interview for Mental Status -required extensive assistance by one staff for bed mobility, transfers, dressing, toilet use, and personal hygiene, and -was always incontinent of bladder and bowel. Observation on 10/28/2020 at 11:30 a.m., Surveyor entered R#1's room accompanied by CNA A and CNA B. CNA A said were going to perform incontinent care for R#1. CNA A and B washed hands and donned gloves. CNA A asked R#1 if she could put a face mask on him due to them proving care. R#1 responded with a nod. Surveyor observed there were no clean gloves in R#1's night stand or where CNAs had placed clean disposable brief , clean plastic bags, and a box of wipes. Surveyor stayed outside the privacy curtain while CNAs provided incontinent care. CNA B opened the privacy curtain, doffed gloves, washed hands and donned clean ones. CNA A stayed with R#1, assisted with covering resident with his blankets, and touched R#1's arm and hands, then removed R#1's face mask. CNA A doffed gloves and washed her hands. In an interview on 10/28/2020 11:55 a.m., CNA A said she had not changed gloves during R#1's incontinent care when she removed soiled disposable brief and put on a clean one. She said had not doffed dirty gloves when she touched resident's arm, hands and when she removed R#1's face mask. She said was aware that she needed to change gloves between dirty and clean. She said forgot to do it because she was nervous. In an interview on 10/28/2020 at 12:55 p.m., DON said when staff performed incontinent care they were aware of glove donning and doffing procedures. DON said gloves should have been changed after removing the soiled disposable brief to proceed with incontinent care. Facility's policy on Hand Hygiene revised on 02/2018 revealed: Purpose: to decrease the risk of transmission of infection by appropriate hand hygiene. Policy: Handwashing/hand hygiene is generally considered the most important single procedure for preventing healthcare associated infections.</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.