STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675717	A. BUILDING _____ B. WING _____	10/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SAN RAFAEL NURSING AND REHABILITATION CENTER	3050 SUNNYBROOK RD CORPUS CHRISTI, TX 78415

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.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection for 8 of 14 (#1, #2, #3, #4, #5, #6, #7, and #8) residents reviewed and 3 of 13 staff members (CNA A, CNA B, and AA) observed in the facility for infection control in that: 1. CNA A carried un-bagged soiled linens in her arms and against her body down the facility's quarantine hall. 2. CNA A wore only a surgical mask instead of full PPE (N95 mask, gown, gloves, and eye protection) when entering Resident's #7 and #8's room on the quarantine hall. 3. CNA B and AA failed to perform hand hygiene between serving Residents #1, #2, #3, #4, #5, and #6's meal trays. These deficient practices placed residents at risk for contracting COVID-19 and other infections, decline in health status and death. The findings were: 1. Record review of Resident #7's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #8's medical record revealed an admission date of [DATE] and a [DIAGNOSES REDACTED]. An observation in the hallway of the facility's quarantine hall on 10/21/20 at 11:06 AM revealed CNA A walking approximately 20 feet down the hall holding un-bagged soiled linens against the front of her body and touching her bare left forearm. In an interview on 10/21/20 at 11:08 AM, CNA A confirmed she walked down the facility's quarantine hall holding loose soiled linens against the front of her body and touching her bare left forearm and placed them in a soiled linen barrel. Further interview revealed the expectation was she have all linens in a plastic bag and away from her body when transporting. In an interview on 10/21/20 at 1:05 PM, the ADON confirmed the expectation was staff placed soiled linens in a bag and carry them away from their body, linen should not touch the body. Record review of the facility's Laundry and Bedding, Soiled policy dated 10/2018 revealed all used laundry was handled as potentially contaminated until it was properly bagged, and contaminated laundry was to be placed in a bag at the location where it was used. Further review revealed contaminated laundry was not to be held close to the body. 2. An observation in the quarantine hall on 10/21/20 at 11:10 AM revealed CNA A in Residents #7 and #8's room CNA A placed trash in a bin. Further observation revealed CNA A had only a surgical mask on and no other PPE. In an interview on 10/21/20 at 11:12 AM, CNA A confirmed she was in Residents #7 and #8's room emptying trash, with only a surgical mask on. Further interview revealed she had only used a surgical mask while working the quarantine hall and no other PPE. CNA A stated she thought that was the expectation. In an interview on 10/21/20 at 11:15 AM the Administrator confirmed the facility used the HHSC COVID-19 Response for Nursing Facilities as policy for PPE utilized for COVID-19 positive or suspected residents. In an interview on 10/21/20 at 11:45 AM the DON confirmed the expectation was staff wore full PPE to include a N95, a gown, a face shield and gloves when entering a quarantine room. Further interview confirmed the quarantine or warm zone hall was for Residents with suspected COVID-19, had an unknown COVID-19 status, or were under investigation for COVID-19. Further interview confirmed Residents #7 and #8 were Residents on the quarantine hall due to new admission status. Record review of the facility's inservice attendance record dated 9/29/20 covered To Wear Complete PPE when Entering Warm Zone Rooms, revealed CNA A did not attend training. Record review of HHSC's COVID-19 Response for Nursing Facilities dated 10/8/20 revealed a facility must ensure staff are educated and trained on which PPE they should use, proper procedure for donning (putting on) and doffing (taking off) PPE, and how to determine if the PPE is contaminated or damaged. Record review of HHSC ' s COVID-19 Response for Nursing Facilities dated 10/8/20 revealed acceptable PPE to be used by staff caring for patients with confirmed or suspected COVID-19 were face shield, N95 Respirator mask, gloves and isolation gown; or an acceptable alternative of a face shield, facemask, gloves, and isolation gown. 3. Record review of Resident #1's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #2's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #3's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #4's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #5's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. Record review of Resident #6's medical record revealed an admission date of [DATE] and [DIAGNOSES REDACTED]. An observation during meal time in the 100 hall on 10/21/20 at 12:37 PM revealed AA picked up Resident #1's meal tray from the meal cart and took it to Resident #1's room. AA did not sanitize or wash her hands before or after delivering the meal tray. Further observation revealed AA picked up a meal tray and delivered it to the Resident #2. AA did not sanitize her hands before or after delivering the meal tray to Resident #2. Further observation revealed AA touched the meal cart, picked up Resident #3's tray and handed it to CNA B, then picked up Resident #4's meal tray and delivered it to him without cleaning or washing her hands. In an interview on 10/21/20 at 12:45 PM AA confirmed she failed to sanitize or wash her hands in between passing meal trays, further interview revealed the expectation was she had to clean or wash her hands in between each meal tray served. An observation on 10/21/20 at 12:40 PM revealed CNA B picked up a meal tray and delivered it to Resident #5's room and returned to meal cart and had not cleaned or sanitized her hands. CNA B took a tray from AA and delivered it to Resident #3's room. Further observation revealed CNA B picked up a meal tray and delivered to Resident #6's room without cleaning or sanitizing her hands. CNA B did not clean or wash her hands before or after handling the meal trays. In an interview on 10/21/20 at 12:47 PM CNA B confirmed she had not cleaned or washed her hands in between passing meal trays. Further interview revealed the expectation was she clean or wash her hands between each meal tray served. In an interview on 10/21/20 at 1:05 PM, the ADON confirmed the expectation was staff cleaned or washed their hands in between passing meal trays. Review of the facility's Handwashing/ Hand Hygiene policy dated 08/2015 revealed hand hygiene must be completed using an alcohol- based hand rub containing at least 62% alcohol, or alternatively soap and water before and after assisting a resident with meals.

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.