STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER **675980**	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED **10/14/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HILL COUNTRY NURSING AND REHAB	**1505 W HWY 290** **DRIPPING SPRINGS, TX 78620**

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 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and record review, the facility failed to meet the standards of professional food safety in the facility kitchen as evidenced by: - Bags of food were not properly sealed and dated - Containters of food were left uncovered - Unclean utensils were left in the clean utensil area - Undated and unlabeled food item were noted in the pantry This failure could place 50 of 50 residents who eat from the kitchen at risk for food borne illness. Findings: Observation on 10/14/20 at 10:50 AM of the kitchen revealed the following: --The refrigerator contained an open package of ham undated and unlabeled --The pantry contained powdered sugar open, not sealed in a closed container --One manual egg beater with dried residue hanging in the clean utensil area --One spatula with dried food residue in a jar with other spatulas --One scoop with rust inside the scoop in a drawer with other scoops Review of HCSG policies reflected the following: Policy 018 dated 9/2017- #5 All packaged and canned food items will be kept clean, dry, and properly sealed Policy 019 dated 4/2018- #5 All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination Policy 27 dated 9/2017- #3 All food contact equipment will be cleaned and sanitized after every use In an interview on 10/14/20 at 12:08 PM, the DSM said all packages should be dated and labeled. He said he knew utensils were to be clean before using. He said the utensils would be washed before using. During a interview on 10/14/20 on 12:08 PM the Administrator said all utensils are washed before use.
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**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 establish and maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infection by failing to follow their policy regarding droplet precautions in the following ways: Droplet Precautions signs were not in place for 5 of 8 isolation rooms; No PPE supply containers were outside of rooms for 4 of 8 isolation rooms; PPE supply containers had no gowns available for staff to use; and staff that did use PPE wore the same gown in and out of each room to deliver meal and used the previously used gown hanging on a resident's door from the morning. This facility failure could place all residents at risk for transmission-based infections. Findings Included: Review of the undated Infection Control Policy regarding Droplet Precautions reflected: Droplet Precaution -In addition to Standard Precautions, use Droplet Precaution Sign for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be transmitted by the resident sneezing, coughing, talking, etc., and drop from the air. .Maintain adequate supplies per policy and needs of resident . .Add signage to door - 'Contact Nurse Prior to Entering' .PPE Isolation Cart will be placed outside resident room . Observations on 10/14/2020: On Isolation for Presumption of Covid Hall 200: -There were no droplet precaution signs on rooms 202, 203, 204, 206, and 207 at 11:12 AM -There were no PPE supply containers outside of rooms 202, 203, 204, and 207 at 11:12 AM -There were no yellow isolation gowns available for staff to use when needed to pass hot food at lunch The observations of door signs and PPE supply remained the same at 1:37 PM and 3:30 PM. Two CNAs came to the 200 Hall at 12:21 PM and when CNA B looked and saw there were no gowns to wear she told CNA C she would have to go get one. CNA C said it would be okay to use her gown (yellow isolation gown) which was hanging off the door hinge of room [ROOM NUMBER]. She put it on and went into room [ROOM NUMBER] with food by taking the food on paper products off the tray that CNA B was holding for her. CNA C did not change her yellow isolation gown as she went into each room on Hall 200 with food. Interviews During an interview on 10/14/2020 with LVN A at 11:18 AM, he said he did not know why there were no signs on doors 202, 203, 204, 206, 207. He said he did not know why there were no PPE containers outside of doors 202, 203, 204, and 207. He said rooms [ROOM NUMBERS] were not on isolation and those residents did not want to move so that was why there were no signs or PPE containers outside of those rooms. In an interview with CNA B and CNA C, both said if there was only one passing they would still take the food off the tray to go into the room and wear a gown. CNA C said that gown was hers for the shift. When asked if she would change it at any time, CNA C said no. During an interview with the ADM at 1:36 PM, she said she did not have rooms to move the two residents who were not on isolation off Hall 200. When she was shown the census with empty rooms available she said she could probably move one but the other rooms had difficult roommates so only one room was really available.

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.