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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676037	A. BUILDING ______ B. WING _____	**06/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESLACO NURSING AND REHABILITATION CENTER	**422 E 18TH ST WESLACO, TX 78596**

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 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 Resident (R#5) of seven residents reviewed for infection control issues. R#5's urinary catheter bag and tubing were hanging under his wheelchair and dragging on the floor. This failure could place residents with urinary catheters at risk for infections. Findings included: Record review of R#5's medical [DIAGNOSES REDACTED]. Record review of R#5's MDS assessment, dated 05/15/20, revealed R#5: - had a BIMS score of 0, indicating severely impaired cognition, and - required extensive assistance from staff for bed mobility, transfers, dressing, eating, toilet use, and personal hygiene. Observation on 06/05/20 at 4:00 p.m. revealed R#5 sitting in a wheelchair in the 100 hallway, wearing a mask. R#5's urinary catheter bag and tubing were hanging under the wheelchair and dragging on the floor. During an interview on 06/05/20 at 4:00 p.m., LVN A said R#5's catheter bag was not supposed to be dragging on the floor. During an interview on 06/05/20 at 5:10 p.m., the DON said residents' urinary catheter bags were not to be on the floor. Review of the DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES Urinary Catheter or Urinary Tract Infection Critical Element Pathway revealed the urine collection bag and tubing was to be kept off the floor at all times.

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.