

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675916</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARLINGTON VILLAS REHABILITATION AND HEALTHCARE CEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2601 W RANDOL MILL RD ARLINGTON, TX 76012</b>	
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)		
<p>F 0690</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>                      Based on observations, interviews and record review the facility failed to ensure that a resident who was incontinent of bladder received appropriate treatment and services to prevent urinary tract infections for one (Resident #1) of two residents reviewed for incontinence care. CNA B failed to perform hand hygiene each time she changed gloves and failed to use the proper technique while providing incontinent care for Resident #1. These failures could affect female resident's dependent upon incontinent care and place them at risk for urinary tract infections. Findings included: Review of Resident #1's electronic medical record on 09/03/20 revealed she was a [AGE] year-old-female admitted to the facility on [DATE]. Resident #1 had [DIAGNOSES REDACTED]. Review of Resident #1's quarterly MDS assessment dated [DATE] revealed she was totally dependent on two staff for bed mobility and was always incontinent of bowel and bladder. Observation on 09/03/20 at 2:05 PM of incontinent care for Resident #1 being provided by CNAs A and B revealed Resident #1 had a large liquid bowel movement. CNA B took the front of Resident #1's brief and used it to wipe down her vaginal area and rolled it and pushed it between her legs. CNA B changed her gloves without performing hand hygiene, wiped front to back down her left and right groin, down her labia major without spreading her labia to clean her labia minor. CNA B changed her gloves again without performing hand hygiene. Then CNA B and CNA A turned Resident #1 to her right side. CNA B pulled the old visibly soiled brief out, threw it away and began to wipe Resident #1's buttocks, inner thighs and anal area, rolled the old draw sheet which was visibly soiled with liquid stool under Resident #1's side which revealed the bottom fitted sheet on her bed also was soiled. CNA B changed her gloves without performing hand hygiene, moved Resident #1's call light (which was a touch sensitive pad), placed it on her bedside table, removed her overhead light chain from the bed, and two pillows away from the resident. CNA B then unhooked the soiled fitted sheet from the top and bottom of Resident #1's bed, rolled it up and under Resident #1, without changing gloves and performing hand hygiene, retrieved the clean fitted sheet and placed on the top of the bottom half of Resident #1's bed, then the clean draw sheet was and positioned it rolled together with the fitted one behind Resident #1. CNA B then changed her gloves and washed her hands, gloved and got a clean brief and placed it with the clean fitted sheet and draw sheet and positioned them under Resident #1's side. Together with CNA A, they assisted Resident #1 to roll to her left side. CNA A pulled the soiled linen out from under Resident #1 and placed in a plastic bag. Without changing her gloves or performing hand hygiene, CNA B lifted Resident #1's legs up and CNA A placed the fitted sheet over the bed, together they turned Resident #1 on her back and CNA B again wiped down her right and left groin and down her labia major but without opening her labia to clean the labia minor. Together without changing their gloves or performing hand hygiene, the CNAs fastened Resident #1's brief, pulled her up in bed, placed pillows under her feet and between her knees, and covered her with a sheet and blanket. During an interview on 09/03/20 at 2:28 PM, CNAs B and A were asked what they were supposed to do when they changed their gloves, CNA B said wash hands and CNA A nodded her head 'yes.' When asked about what they were to do when switched from a dirty area to a clean area, CNA B said change their gloves and wash their hands and CNA A nodded her head in agreement. Both CNAs went and washed their hands. During an interview with CNA B on 09/03/20 at 2:30 PM, when asked what she should have done while cleaning Resident #1's front perineal area, CNA B said she should have opened Resident #1's labia to clean inside well. During an interview on 08/03/20 at 3:26 PM, CNA C said she should wash her hands every time she entered and exited a resident room, between glove changes, and after incontinent care was completed. CNA C also said she should change her gloves any time they were visibly soiled and wash her hands. She stated to clean a female during incontinence care she should wipe down each side and open the labia to wash down from front to back. During an interview on 09/03/20 at 2:55 PM, LVN UM said staff should wash their hands between dirty to clean care. She also stated during incontinent care, when they were cleaning a female resident, they should wipe on each side top to bottom and then open her labia and wipe from top to bottom as well. During an interview on 08/03/20 at 3:10 PM, the interim DON said staff should wash their hands when they go into the room to provide care, whenever they change their gloves and between dirty to clean. She also stated when cleaning a female during incontinence care they were to wipe front to back and when cleaning the front perineal area, they should spread the labia and wipe down from front to back. During a telephone interview on 08/03/20 at 3:21 PM, LVN D stated they should wash their hands before and after care and in between care if they changed their gloves. She stated when cleaning a female during incontinent care they should wipe front to back down both sides and down the middle. When asked what else they needed to do when cleaning the labia, she said spread the labia apart to clean inside. Review of CNA B's C.N.A. Skills Checklist signed and dated by the RN Clinical Supervisor on 02/05/20 revealed CNA B knew to separate the labia and wash area downward from front to back. This document further reflected she knew that once she had completed the incontinent care she was to remove her gloves and wash her hands before repositioning the bed covers, making the resident comfortable and placing the call light within reach of the Resident. Review of the facility's Perineal Care policy and procedure dated revised February 2018 revealed: The purpose of this procedure are (sic) to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. . For a female resident: a. b. Wash perineal area, wiping from front to back. (1) Separate labia and wash areadownward from front to back. . Review of the Facility's Handwashing/Hand Hygiene policy and procedure dated, revised August 2019, revealed, This facility considers hand hygiene the primary means to prevent the spread of infection. 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: a. When hands are visibly soiled; and b. After contact with a resident with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella, and [DIAGNOSES REDACTED]jicile. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water in the following situations: a. . b. Before and after direct contact with residents; . h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with a resident's intact skin; j. After contact with blood or bodily fluids; . m. After removing gloves; . 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p>		
<p>F 0880</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>                      Based on observations, interviews 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 two (Resident #1 and #2) of three residents and three (CNA A, CNA B and CNA C) of four staff reviewed for infection control practices. 1. CNA A and CNA B failed to perform hand hygiene</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.

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<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p>(continued... from page 1) and proper care while providing incontinence care to Resident #1 2. CNA C failed to perform hand hygiene while providing incontinence care for Resident #2. These failures placed residents at risk for healthcare associated cross-contamination and infections. Findings Include: 1. Review of Resident #1's electronic medical record on 09/03/20 revealed she was a [AGE] year-old female admitted to the facility on [DATE]. Resident #1 had [DIAGNOSES REDACTED]. Review of Resident #1's quarterly MDS assessment dated [DATE] revealed she was totally dependent on two staff for bed mobility and was always incontinent of bowel and bladder. Observation on 09/03/20 at 2:05 PM of incontinent care for Resident #1 being provided by CNAs A and B revealed Resident #1 had a large liquid bowel movement. CNA B took the front of Resident #1's brief and used it to wipe down her vaginal area and rolled it and pushed it between her legs. CNA B changed her gloves without performing hand hygiene, wiped front to back down her left and right groin, down her labia major without spreading her labia to clean her labia minor. CNA B then changed her gloves again without performing hand hygiene, together with CNA A she turned Resident #1 to her right side. CNA B pulled the old visibly soiled brief out, threw it away and began to wipe Resident #1's buttocks, inner thighs and anal area. She rolled the old draw sheet which was visibly soiled with liquid stool under Resident #1's side which revealed the bottom fitted sheet on her bed was also soiled. CNA B changed her gloves without performing hand hygiene, moved Resident #1's call light (which was a touch sensitive pad), placed it on her bedside table, removed her overhead light chain from the bed, and two pillows away from the resident. CNA B then unhooked the soiled fitted sheet from the top and bottom of Resident #1's bed, rolled it up and under Resident #1, without changing gloves or performing hand hygiene, retrieved the clean fitted sheet and placed on the top and bottom half of Resident #1's bed, then the clean draw sheet was and positioned it rolled together with the fitted one behind Resident #1. CNA B then doffed her gloves and washed her hands, gloved and got a clean brief and placed it with the clean fitted sheet and draw sheet and positioned them under Resident #1's side. Together she and CNA A assisted Resident #1 to roll to her left side. CNA A pulled the soiled linen from under Resident #1 and placed in a plastic bag. Without changing her gloves or performing hand hygiene CNA A rolled the clean linens and brief under the resident while CNA B lifted Resident #1's legs up and CNA A placed the fitted sheet over the bed, together they turned Resident #1 on her back and CNA B again wiped down her right and left groin and down her labia major without opening her labia to clean the labia minor. Together without changing their gloves or performing hand hygiene, the CNA's fastened Resident #1's brief, pulled her up in bed, placed pillows under her feet and between her knees, and covered her with a sheet and blanket. During an interview on 09/03/20 at 2:28 PM, CNAs B and A were asked what they were supposed to do when they changed their gloves, CNA B said, wash our hands and CNA A nodded her head 'yes.' When asked about what they were to do when switching from a dirty area to a clean one, CNA B said change their gloves and wash their hands and CNA A nodded her head in agreement. Both CNAs went and washed their hands. 2. Review of Resident #2's electronic medical record revealed he was a [AGE] year-old male admitted to the facility on [DATE]. He had [DIAGNOSES REDACTED]. Review of Resident #2's admission MDS assessment dated [DATE] revealed he required total dependence of 2 people for mobility and was always incontinent of bowel and bladder. Observation on 09/03/20 at 1:32 PM of incontinent care for Resident #2 being provided by CNA C and LVN D revealed after CNA C had cleaned Resident #2's front peri-area, she and LVN D assisted the resident to turn to his right side and CNA C continued to wipe and clean him anal area. After CNA C completed cleaning Resident #2's large loose bowel movement, she changed her dirty gloves but did not perform hand hygiene before retrieving a clean draw sheet, rolling it with the new brief and placing it under him. They then rolled resident #2 to his left side and LVN D pulled the old draw sheet and brief out from under him, placed it in a bag, then pulled the new draw sheet and brief out and together they fastened his brief, a pillow behind him and covered him up. During a telephone interview on 08/03/20 at 3:21 PM, LVN D stated she should have washed her hands before and after care and in between care when changing gloves. During an interview on 08/03/20 at 3:26 PM, CNA C stated she was to wash her hands every time she entered and exited a resident room, between glove changes, and after incontinent care was completed. CNA C also said she was to change her gloves any time they were visibly soiled. During an interview on 09/03/20 at 2:55 PM, LVN UM stated staff should have washed their hands between dirty to clean care. During an interview on 09/03/20 at 3:10 PM, the interim DON stated staff were to wash their hands when they went into a resident room to provide care, whenever they changed their gloves and between dirty to clean. Review of CNA B's C.N.A. Skills Checklist signed and dated by the RN Clinical Supervisor on 02/05/20 revealed CNA B knew that once she had completed the incontinent care she was to remove her gloves and wash her hands before repositioning the bed covers, making the resident comfortable and placing the call light within reach of the Resident. Review of CNA A's C.N.A. Skills Checklist signed and dated by the RN Clinical Supervisor on 02/07/20 revealed CNA A knew that once she had completed the incontinent care she was to remove her gloves and wash her hands before repositioning the bed covers, making the resident comfortable and placing the call light within reach of the Resident. Review of CNA C's C.N.A. Skills Checklist signed and dated by the RN Clinical Supervisor on 02/07/20 revealed CNA C knew that once she had completed the incontinent care she was to remove her gloves and wash her hands before repositioning the bed covers, making the resident comfortable and placing the call light within reach of the Resident. Review of the Facility's Handwashing/Hand Hygiene policy and procedure dated, revised August 2019, revealed, This facility considers hand hygiene the primary means to prevent the spread of infection 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: a. When hands are visibly soiled; and b. After contact with a resident with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella, and [DIAGNOSES REDACTED]icile. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water in the following situations: a. . b. Before and after direct contact with residents; . h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with a resident's intact skin; j. After contact with blood or bodily fluids; . m. After removing gloves; . 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p>		