

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIGHTPOINTE AT LYTLE LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 CLARKS DR ABILENE, TX 79602</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)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review the facility failed to implement a system for preventing, identifying and reporting communicable diseases for 1 of 3 (CNA A) staff observed passing medications. CNA A (a medication aide) did not wash her hands or use hand sanitizer gel (alcohol-based hand rub gel) between residents while passing medications. This failure could increase the risk of the spread of communicable disease to vulnerable residents. The findings included: During random observations of the facility on 03/26/20 at 1:41 PM on 400 Hall, CNA A was observed taking medications in a medication cup in to a resident room with bare hands, she came out of the room without washing her hands or using hand sanitizer gel. She then went to the medication cart and barehanded, pulled open a drawer, picked up medication cards, popped them into a medication cup and took them to another resident room. When leaving the room, she did not wash her hands or use hand sanitizer gel. All facility rooms had bathrooms and hand sanitizer dispensers by the doorway. In an interview with CNA A on 03/26/20 at 1:44 PM she confirmed that she did not use hand sanitizer or wash her hands between residents. She did not give a reason for not using the hand sanitizer or washing her hands. In an interview with the facility's corporate nurse consultant on 03/26/20 at 3:14 PM, she said that the expectation is that staff will use appropriate handwashing per the facility policy and that during medication pass handwashing or hand sanitizer should be used between residents. Review of the facility Infection Control policy Handwashing/Hand Hygiene dated August 2015 revealed the following: Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infection. Policy Interpretation and Implementation 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: b. Before and after direct contact with residents; c. Before preparing or handling medications		
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.