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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676367 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/13/2020 |
| NAME OF PROVIDER OF SUPPLIER BELTERRA HEALTH & REHAB | | STREET ADDRESS, CITY, STATE, ZIP 2170 NORTH LAKE FOREST DRIVE MCKINNEY, TX 75071 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 two (Residents #1 and #2) of two residents observed for infection control. 1. CNA A failed to perform hand hygiene during incontinence care for Resident #1. 2. CNA B failed to perform hand hygiene during incontinence care for Resident #2. These failures placed residents at risk for the spread of infection through cross-contamination. Findings included: 1. Review of Resident #1's MDS assessment dated [DATE] reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. He was severely cognitively impaired, required extensive two-person assistance for ADLs and was incontinent of bowel and bladder. His active [DIAGNOSES REDACTED]. Review of Resident #1's care plan, updated [DATE], reflected, . (Resident #1 has) an ADL (activities of daily living) self-care performance deficit .Staff to provide physical assistance with ADLs as needed. Observation on [DATE] at 10:15 a.m. revealed CNA A entered Resident #1's room washed hands and donned gloves. She adjusted the bed, readied supplies and took the old brief down. She cleaned from front to back. She pulled the foreskin back and cleaned the penis. She took her gloves off and without performing hand hygiene donned new gloves. Resident #1 was turned to his left and cleaned from front to back. The soiled brief was removed, the gloves were removed, and without performing hand hygiene, new gloves were donned. The new brief was placed under the resident. CNA A went to put barrier cream on the resident and discovered it was the wrong cream. With her gloves on, she went to the dresser, opened the drawer and obtained barrier cream. She took off the right glove with her left hand and with the left gloved hand applied a new glove to the right hand. She applied the barrier cream. She changed the glove on the right hand, put the resident on his back, pulled up the brief and fastened it. She then took her gloves off and washed her hands. An interview with CNA A on [DATE] at 10:40 a.m. revealed she was supposed to wash hands or sanitize after taking off gloves. She stated she did not. She stated she was out of hand sanitizer. An interview with the ADON on [DATE] at 10:45 a.m. revealed staff were to wash hands or sanitize between glove changes. 2. Review of Resident #2's MDS assessment dated [DATE] reflected he was an [AGE] year-old-male admitted to the facility on [DATE]. He was slightly cognitively impaired, required extensive to total assistance for ADLs and was always incontinent of bowel and bladder. His active [DIAGNOSES REDACTED]. Review of Resident #2's care plan, updated [DATE], reflected, . Resident is incontinent of urine and bowel .Goal .will remain free of skin breakdown .Risk of [MEDICAL CONDITION] will be minimized/prevented .Intervention .incontinent care after each episode . Observation on [DATE] at 3:00 p.m. revealed CNA B entered Resident #2's room where she washed hands in the bathroom. She donned gloves, unfastened the resident's brief and brought the brief down. The front was cleaned without incident. She took her gloves off and without performing hand hygiene, donned a new pair. The resident was turned to the left side, fecal matter noted when she wiped. She changed gloves without performing hand hygiene . She changed gloves without performing hand hygiene for five more times. She wiped the buttock area again three more times changing gloves without performing hand hygiene. CNA B then sanitized her hands, put clean gloves on and placed the brief under the resident. She applied cream to the resident and changed gloves. CNA B then fastened the brief and changed gloves again. CNA B adjusted the resident, took gloves off and washed hands. In an interview with CNA B on [DATE] at 3:20 p.m., CNA B revealed she was supposed to wash hands or use sanitizer between glove changes. Interview with the DON on [DATE] at 3:35 p.m. revealed staff were to wash hands or use sanitizer between glove changes. Review of the facility's policy titled Handwashing/Hand Hygiene, revised [DATE], reflected, .This facility considers hand hygiene the primary means to prevent the spread of infections .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infection .Employees must wash their hands for at least (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions .When hands are visibly soiled .Before and after direct contact with residents .After contact with a resident's .body fluids or excretions .After removing gloves .The use of gloves does not replace hand washing/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.