

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675821</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MADISONVILLE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>411 E COLLARD MADISONVILLE, TX 77864</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<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></p> <p>Based on interview, observation 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 infection during lunch service on three (3) of four (4) halls and two (2) of three (3) dining rooms and three (3) staff observed not wearing masks. A. LVN A, Restorative Aide B, CNA C, CNA D, CNA E failed to sanitize residents' hands (4 Residents on hall C, 1 Resident in the A Hall dining room, 4 Residents in the Secured Unit dining room, 3 Residents on Hall A, 5 Residents on Hall B) prior to eating lunch. B. Cook F, LVN A and CNA C failed to wear masks near Residents and other staff according to CDC guidelines. This failure could place all residents at risk for transmission of infectious diseases. Findings included: A. An observation on 04/13/2020 from 12:00 PM through 12:45 PM revealed four (4) Residents on C Hall (Resident #1, Resident # 2, Resident #3, and Resident # 4), one (1) resident in A hall dining room (Resident #5), four (4) residents in dining room on secured unit (Resident #6, Resident #7, Resident #8 and Resident #9), three (3) residents on A Hall (Resident #10, Resident #11, and Resident #12) and five (5) residents on B Hall (Resident #13, Resident #14, Resident #15, Resident #16 and Resident #17) were served their lunch without staff sanitizing residents' hands. In an interview on 04/13/2020 at 12:15 PM Resident #1 and Resident #2 stated, staff didn't wash their hands or ask if their hands had been washed before they gave them their tray. In an interview on 04/13/2020 at 12:32 PM Resident #5 stated I haven't washed my hands since this morning before breakfast. No one has asked me about washing hands. In an interview on 04/13/2020 at 12:45 PM Resident #10 stated, I need to wash my hands. The workers didn't ask if I needed to wash my hands before I ate. They brought my tray and I began to eat in a hurry. I was hungry. In an interview on 04/13/2020 at 1:00 PM CNA E stated, We are to wash Residents' hands before meals and I forgot. I didn't see anyone wash Residents' hands during lunch or before trays were on the hall. In an interview on 04/13/2020 at 1:15 PM Restorative Aide B stated, I didn't wash Residents' hands in the dining room (on A Hall). We are to wash Residents' hands when needed and before meals. In an interview on 04/13/2020 at 1:25 PM CNA C stated, Residents' hands were not washed before lunch. I forgot to wash their hands. In an interview on 04/13/2020 at 1:40 PM LVN A stated I don't know if Residents' hands had been washed prior to lunch. I didn't wash Residents' hands today. In an interview on 04/13/2020 at 3:30 PM the Administrator stated Residents hands are to be washed prior to all meals. In an interview on 04/13/2020 at 3:45 PM The Director of Nurses stated Staff are required to wash Residents hands before meals. B. An observation on 04/13/2020 at 9:50 AM revealed CNA C was not wearing a mask in the dining room on secured unit. There were six (6) residents in dining room. An observation on 04/13/2020 at 10:10 AM revealed Cook F standing beside a nurse near the C Hall nurses desk without wearing a mask. An observation on 04/13/2020 at 11:20 AM revealed LVN A not wearing a mask according to CDC guidelines. LVN A was standing at the medication cart near C Hall nurses desk with a mask around her neck. In an interview on 04/13/2020 at 9:52 AM CNA C stated, I am to wear a mask in the facility and I did take my mask off in the dining room. We have been inserviced on everything about the mask. In an interview on 04/13/2020 at 10:15 AM the Patient Care Coordinator G stated Staff is to wear mask when in facility. All departments have been inserviced on the proper way to wear the mask by CDC guidelines and to wear it at all times when in the facility. In an interview on 04/13/2020 at 11:22 AM LVN A stated, I did pull my mask down off my face. I have been inserviced on how to wear mask and have it on when in the facility. In an interview on 04/13/2020 at 3:30 PM The Administrator stated, All staff has been inserviced to wear mask in the facility. In an interview on 04/13/2020 at 3:45 PM The Director of Nurses stated, Staff are required to wear a mask. Review of CDC guidelines dated 4/13/20 and titled Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs): reflected the following: Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. Review of facility policy Infection Control Guidelines reflected handwashing before and after eating. Review of the facility policy letter regarding mask use sent from Corporate Office on 04/02/2020 reflected Effective immediately until further notice we are asking all staff to wear a mask that covers their mouth and nose while at work.</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.