

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675564	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER GIDDINGS RESIDENCE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1181 N WILLIAMSON GIDDINGS, TX 78942	
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	Provide and implement an infection prevention and control program. Based on interview, observation 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 communication diseases and infection for two (2) of seven (9) staff observed for infection control. AD and CNA A failed to don a gown and gloves when they entered Resident #1 and Resident #2 rooms while they were on droplet precaution isolation. This failure could lead to the spread of infections throughout the facility, decreased quality of life, hospitalization and death. Findings included: An observation on 07/20/2020 at 10:18 AM revealed a sign on Resident #1's door that indicated she was on droplet precaution and not to enter the room without appropriate PPE. An observation on 07/20/2020 at 10:20 AM revealed the AD entered Resident #1's room without donning a gown or gloves. In an interview on 07/20/2020 at 10:27 AM the AD stated, I was told if I didn't touch them, I didn't have to put it (PPE) on. If I'm not going to get in their face, then I don't put it on. An observation on 07/20/2020 at 10:31 AM revealed a sign on Resident #2's door that indicated she was on droplet precaution and not to enter the room without appropriate PPE. An observation 07/20/2020 at 10:33 AM revealed CNA A entered Resident #2's room without donning a gown or gloves. In an interview on 7/20/2020 at 10:35 AM CNA A stated, I didn't (don PPE) because I was just going in to pass snacks. When asked if she retrieved water for the resident while she was in the room she stated, Yes. In an interview on 07/20/2020 at 10:45 AM the DON stated her expectation, as well as facility policy was for anyone entering a room on droplet precaution is to have full PPE on. Review of facility's undated policy, Droplet Precautions reflected, Procedure for Droplet Precautions . 18. Wear gloves and disposable impermeable gown when entering the resident's room.		

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.