STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455390	A. BUILDING _____ B. WING _____	**09/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BUENA VIDA NURSING AND REHAB-SAN ANTONIO	**5027 PECAN GROVE SAN ANTONIO, TX 78222**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, 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 1 of 4 Residents (Resident #1) and 2 of 4 staff (CNAs A and B) reviewed for infection control, in that: 1. CNA A did not wear face shield/goggles when she helped CNA B to provide incontinent care for Resident #1 who was in isolation for unknown COVID-19 status. 2. CNA B did not perform hand hygiene each time she changed gloves while providing incontinent care for Resident #1. These deficient practices could place residents dependent upon care at risk for healthcare associated cross-contamination and infections. The findings were: Record review of Resident #1's Admission Record, dated 09/10/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's physician order, dated 09/10/2020, revealed an order for [REDACTED].#1's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 12, which indicated the resident was moderately cognitively impaired for daily decision making. Further review revealed the resident was indicated to always be incontinent for urinary and bowel. 1. Observation on 09/10/2020 at 9:23 AM revealed CNA A entered Resident #1's room to help CNA B provide incontinent care for Resident #1. Further observation revealed CNA A did not wear a face shield or goggles when CNA A stood next to Resident #1 to assist the resident to turn while CNA B provided incontinent care. During an interview with CNA A on 09/10/2020 at 9:33 AM, CNA A confirmed she did not wear a face shield or goggles when she assisted CNA B in providing incontinent care for Resident #1. CNA A stated it was her first day working in the observation unit (unknown COVID-19 status unit) and her supervisor did not tell her if she needed to wear face shield/goggle. 2. Observation on 09/10/2020 at 9:24 AM revealed CNA B provided incontinent care for Resident #1. CNA B wiped Resident #1's groins and perineum, then CNA B took off her gloves and put on new gloves without performing hand hygiene in between glove changes. Further observation revealed CNA B wiped Resident #1's buttock and removed Resident #1's soiled brief, and then CNA B changed her gloves without performing hand hygiene after removing her soiled gloves and before putting on clean gloves. During an interview with CNA B on 09/10/2020 at 9:38 AM, CNA B confirmed she did not perform hand hygiene after she removed soiled gloves and before she put on clean gloves because she did not have hand sanitizer with her. During an interview with the DON on 09/10/2020 at 9:45 AM, the DON confirmed CNAs A and B should have worn full PPE: goggle or face shield on observation unit (unknown COVID-19 status unit where residents returned from hospital needed to monitor for sign and symptoms of COVID-19 for 14 days). The DON confirmed staff were supposed to known what PPE they should wear when working in the observation unit because the staff had received an in-service training. During an interview with the DON on 09/10/2020 at 12:47 PM, the DON confirmed CNA B should have sanitized her hands in between glove changes. Record review of In-Service Training Attendance Roster with training topic, Admission/Readmission Hall PPE Use, undated, revealed CNA A's signature as having received the in service. Record review of the facility's policy titled, Fundamentals of Infection Control Precautions, dated 2019, revealed: 1. Hand hygiene: Hand hygiene continues to be the primary means of preventing the transmission of infection. The following is a list of some situation that require hand hygiene: . after removing gloves or aprons . Gloving: wearing gloves does not replace the need for hand washing because gloves may have small unapparent defect or be torn during use, and hands can be contaminated during removal of gloves. .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE