

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER ST GILES NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 950 CAMINO DEL REY DRIVE EL PASO, TX 79927	
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. 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 disease and infections reviewed for infection control. CNA A failed to properly disinfect a hooyer lift according to manufacturer's disinfectant specifications. This failure could place residents, staff and visitors at risk for illness, infections and COVID-19. The findings included: Observation on 06/02/2020 at 11:13 AM, CNA A was observed disinfecting a hooyer mechanical lift. He utilized a disinfectant chemical called K-Quat Select. CNA A sprayed handles and the main lift bar of the hooyer lift. CNA A was not observed to have sprayed surfaces of the mechanical hooyer lift including a rubber sleeve covering a joint on the lift connecting the lift bar and the handles of the lift. CNA A waited 10 minutes before wiping down the lift with a clean cloth. At the time that CNA A wiped down the lift, the handles and main lift bar that had been sprayed were no longer wet. The rubber sleeve on the joint was not observed being wiped down and dust was observed still present on the sleeve as well as directly underneath it. In an interview on 06/02/2020 at 11:23 AM CNA A stated that he had been trained to clean the hooyer lifts in between uses with residents. He further stated that nursing was using the disinfectant K-Quat Select. He stated that housekeeping supplied the bottles of the disinfectant and that he had been trained to spray the disinfectant on surfaces and allow 10 minutes before wiping down. He stated he did not remember to ensure that the surface or equipment being cleaned be allowed to remain wet with the disinfectant prior to wiping down. In an interview on 06/20/2020 at 11:26 AM the Director of Housekeeping stated that the disinfectant that facility staff were using to disinfect surfaces required a 10 minute dwell time on surfaces in order to be effectively used for disinfecting surfaces. In an interview on 06/02/2020 at 11:40 AM the Director of Nursing stated that nursing staff had been instructed and were expected to apply disinfectants to surfaces according to their manufacturer's specifications and that specifically in the case of the K-Quat Select, the facility was using, allow it to dwell for 10 minutes. Review of the facility K-Quat Training Checklist dated 5/22/2020 revealed in part that, K-Quat Select has a 10-minute dwell time or contact time. This means K-Quat Select must remain wet on the surface for 10 minutes in order to kill (or inactivate) everything it's rated to kill.		
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.