

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER LEGEND OAKS HEALTH AND REHABILITATION - EULESS		STREET ADDRESS, CITY, STATE, ZIP 900 WESTPARK WAY EULESS, TX 76040	
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	<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 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 one (Resident #185) of one resident observed for wound care. The Wound Care Nurse failed to change her gloves and practice proper hand hygiene when providing wound care for Resident #185. The failure placed residents at risk for infection. Findings included: Review of Resident #185's facesheet printed on 03/06/20 reflected he was a [AGE] year-old-male admitted to the facility on [DATE]. The resident's [DIAGNOSES REDACTED]. Review of Resident #185's Care Plan initiated on 03/05/20 reflected he was admitted with a diabetic ulcer to right inner ankle related to diabetes and vascular insufficiency. Review of Resident #185's TAR (Treatment Administration Record) for March 2020 reflected the following: Cleanse the right inner ankle with NS (normal saline). Pat dry. Apply santyl with calcium alginate and wrap with [MEDICATION NAME] once daily every day shift for diabetic ulcer. An observation on 03/06/20 at 12:26 PM revealed Resident #185 was lying in bed. The Wound Care Nurse washed her hands and began moving the bedside table, repositioning the resident, and removing the blanket from his leg. The Wound Care Nurse did not sanitize or wash her hands before donning gloves to begin wound care. The Wound Care Nurse got the scissors and cut and removed the dressing on the resident's foot. She then removed her gloves, washed her hands and donned new gloves. She cleansed the wound with saline-soaked gauze three times and then patted the wound dry. Without changing her gloves or performing hand hygiene, she applied santyl and the calcium alginate. She finished by opening the [MEDICATION NAME] package and wrapping the resident's foot/ankle. Interview on 03/06/20 at 1:45 PM with the Wound Care Nurse revealed she did not wash her hands and or change her gloves after cleansing Resident #185 wound and before applying the treatment during wound care. Interview on 03/06/20 at 2:25 PM with the DON revealed the Wound Care Nurse should have washed her hands or used sanitizer after repositioning the resident and before applying her gloves at the beginning of the wound care. She further stated that during wound care, gloves are changed after removing the old dressing and after cleansing the wound, and again after the treatment is completed. She said anytime hands were dirty staff should use hand sanitizer or wash hands before donning gloves. Review of the facility's policy titled Wound Care dated September 2017 reflected the following: Steps in the Procedure .2. Ensure resident positioned properly; 3. Wash hands and or/use hand sanitizer 4. Put on gloves. Remove dressing 5. Discard dressing and dirty gloves Wash hands and/or use hand sanitizer thoroughly. 6. Put on gloves .8. Clean wound with ordered solution 9. Remove gloves, wash hands and/or use hand sanitizer. Apply gloves 10. Complete treatment per order and apply dressing as ordered</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.