

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER MONUMENT REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 STATE LOOP 92 LA GRANGE, TX 78945	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview, observation and record review the facility failed to maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection during breakfast service on three (3) of four (4) halls. A. CNA A, CNA B, CNA C and CNA D and MA E failed to sanitize residents' hands (10 residents on 300 hall, 4 residents on 400 hall and 13 residents on 500 hall) for meal service. These failures could place all residents at risk for the transmission of infectious diseases. Findings Included: Observation on 05/14/2020 at 7:40 AM until 8:30 AM meal serviced revealed staff failed to sanitize hands of ten (10) residents on 300 hall (Resident number: 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10), four (4) resident on 400 hall (Resident number: 11, 12, 13, 14) and thirteen (13) residents on 500 hall (Resident number: 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, and 27). Observation on 05/14/2020 at 7:42 AM revealed Resident # 5 had brownish substance around the top of 3 fingers on his left hand. Observation on 05/14/2020 at 7:44 AM revealed Resident # 9 had brownish/yellowish substance around top of 2 fingers and near palm of his right hand. Observation on 05/14/2020 at 8:05 AM revealed Resident #12 had greenish/yellowish substance on the palm of his left hand. Observation on 05/14/2020 at 8:15 AM revealed Resident #20 had brownish substance around the middle part of 2 fingers of their right hand and had a brown substance under 2 fingernails on their right hand. In an interview on 05/14/2020 at 8:37 AM Resident # 11 stated My hands weren't washed before breakfast. In an interview on 05/14/2020 at 8:42 AM Resident # 12 stated Staff didn't wash my hands before or after breakfast. They (staff) don't ever wash my hands before meals. In an interview on 05/14/2020 at 8:48 AM Resident #13 stated My hands weren't washed this morning. In an interview on 05/14/2020 at 8:59 AM Resident # 14 stated My hands weren't washed by anyone before breakfast. If I had something near me to wash my hands, I could have washed my own hands. In an interview on 05/14/2020 at 9:05 AM Resident # 15 stated The people work here didn't wash my hands before I ate today. I needed to wash them before I eat. In an interview on 05/14/2020 at 9:12 AM Resident #16 stated I would prefer my hands to be washed before I eat. My hands wasn't washed this morning before breakfast. In an interview on 05/14/2020 at 9:18 AM Resident # 22 stated The employees doesn't (sic) wash my hands before meals. In an interview on 05/14/2020 at 9:22 AM Resident # 23 stated I didn't get my hands washed this morning by anyone who works here. If I had something near me I could have washed my hands. In an interview on 05/14/2020 at 9:30 AM Resident #24 stated The staff never washes our hands before we eat. We need something near us and we could do it ourselves since we are eating in our room. In an interview on 05/14/2020 at 9:41 AM CNA A stated I did not wash residents' hands before breakfast. We had an in service explaining to wash residents' hands before and after each meal. The staff is to clean underneath fingernails as needed. In an interview on 05/14/2020 at 9:50 AM MA E stated, I did not see anyone wash Residents hands and I didn't wash residents' hands when I served breakfast to residents. I remember an in-service about residents. I think it was reviewed during the meeting to wash residents' hands before and after meals. In an interview on 05/14/2020 at 10:05 AM CNA B stated, I don't recall washing residents' hands. I did not see anyone wash residents' hands before or during breakfast service. We did have an in service on washing residents' hands and cleaning fingernails. In an interview on 05/14/2020 at 10: 20 AM CNA D stated, I have been in serviced on washing residents' hands before meals. I didn't wash residents' hands this morning. I didn't see other staff wash residents' hands before breakfast. In an interview on 05/14/2020 at 10:50 AM the Administrator stated My expectations are every residents' hands required to be sanitized when they are soiled and definitely prior to each meal. In an interview on 05/14/2020 at 11:25 AM the Director of Nurses stated, All residents' hands to be sanitized before each meal. I thought the staff sanitized residents' hands this AM. I did see them sanitize residents' hands on hall 200. Record review of MDS on 05/14/2020 at 1:00 PM revealed all residents interviewed had a BIMS score of 12 or above. Record review of the facilities resident roster document on 05/14/2020 at 1:35 PM revealed The Director of Nurses highlighted all interviewable residents. The residents interviewed (Resident number: 11, 12, 13, 14, 15, 16, 22, 23 and 24) was highlighted on the resident roster by the Director of Nurses as being interviewable residents. Record Review of facilities Training Session document dated 04/06/2020 reflected Wash residents' hands with a warm cloth before and after each meal service. Hands should be washed and apply lotion as needed. Make sure that resident's fingernails are clean and trimmed as needed. This is not an option- it is mandatory.</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.