

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676459</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SEDONA TRACE HEALTH AND WELLNESS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>8324 CAMERON ROAD AUSTIN, TX 78754</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  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 to help prevent the development and transmission of communicable diseases and infections for the current threat of COVID-19 for 2 of 3 (Resident #1 and Resident #2) reviewed for infection control. 1. LPN A failed to wear a gown while providing wound care to Resident #1 who resided on the quarantine unit. 2. PTA failed to wear a gown and gloves when entering Resident #2's room who resided on the quarantine unit. This failure could place residents at risk of transmission and/or spread of infection. Findings include:  1. Review of Resident #1 face sheet reflected a [AGE] year old man admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1 MDS dated [DATE] reflected a BIMS score of 14 which indicated Resident #1 is cognitively intact. Observation on 08/18/2020 at 12:18 PM, revealed LPN A provided wound care to Resident #1 right lower extremity in Resident #1's room with only gloves, mask and face shield on. Resident #1 resided on 300 hall and had a precaution sign posted on his door. Observation on 08/18/2020 at 12:19 PM revealed Resident #1 had instructions for donning and doffing PPE on his door and a sign to see nurse prior to entering. During an interview on 08/18/2020 at 12:22 PM, LPN A stated that when staff enter resident rooms on 300 or 400 hall they are supposed to wear gown, gloves, mask and face shield. LPN A stated that she did not have a gown on while providing wound care because she was almost done and had taken it off because she had to exit the room and then go back to the room. When asked why did not don another gown, LPN stated she just did not. Review of Resident #2 face sheet reflected an [AGE] year old male admitted on [DATE] with [DIAGNOSES REDACTED]. Review Resident #2 MDS dated [DATE] reflected a BIMS score of 10 which indicated Resident #2 moderate cognitive impairment. Observation on 08/18/2020 at 12:25 PM revealed PTA in Resident #2 room without gown and gloves talking to Resident #2 beside his bed. Observation on 08/18/2020 at 12:25 PM revealed Resident #2 had instructions for donning and doffing PPE on his door and a sign to see nurse prior to entering. During an interview on 08/18/2020 12:26 PM PTA stated that he is supposed to have a gown, face shield, mask and gloves on. When asked why he didn't have a gown or gloves on, PTA stated that he was not standing that close to Resident #2. PTA stated that he should have had PPE on. During an interview on 08/18/2020 at 12:28 PM, MA stated that staff entering resident rooms on the 300 and 400 hall are supposed to wearing their face shield, gown, mask and gloves. MA stated they should have full PPE on when providing patient care and when they are 6 feet of the residents. During an interview on 08/18/2020 at 12:30 PM, LPN B stated that staff working entering resident rooms on 300 and 400 hall should wearing gown, mask, goggles or face shield and gloves. She stated they should have this PPE on every time they enter the room. LPN B stated that every resident currently on 300 and 400 hall are still on precautions. LPN stated that even therapy staff entering resident rooms are supposed to don full PPE when they enter resident rooms. During an interview on 08/18/2020 at 1:38 PM, ADON stated all the residents on the 300 and 400 hall are still in their 14 period for quarantine. She stated that when staff are working in the resident rooms on 300 and 400 hall they are required to wear a KN-95 mask, face shield, gown and gloves. She stated that anyone entering the room should put on full PPE. She stated that even therapy staff should don full PPE. She stated that if a staff performed wound care they should don full PPE and if they had to leave and enter the resident's room again they should don PPE again. During an interview on 08/18/2020 at 4:40 PM, DON stated that anytime staff enter a room on 300 or 400 hall, they are supposed to have full PPE on including, mask, gown, gloves and face shield or goggles. DON stated even if staff is visiting a resident, they should have full PPE on. DON stated that any time the staff is bedside they are expected to have full PPE on. DON stated staff enter the room, don PPE and then perform care or take to the resident. DON stated therapy staff and staff performing wound care are expected to put on full PPE. When asked if a staff performing wound care was to leave the room and return if they are expected to don PPE again, the DON stated they are supposed to put on PPE again when entering the resident room. Review of facility policy Infection Prevention and Control Policies and Procedures Quarantine Units dated 08/12/2020 reflected facility will establish designated units/halls/ or sections of the facility for a quarantine unit to safeguard those residents who are new admissions, left the facility for appointments, and/or have an unknown status of COVID-19. The facility will provided full PPE to include gown, gloves, facemask, goggles, or face shield to the staff who is assigned to the quarantine unit to ensure safe interactions with residents of unknown status. Review of CDC guidance titled Nursing Homes &amp; Long-Term Care create a plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown . HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission.</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.