

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675929	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER CEDAR CREEK NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 159 MONTAGUE AVE BANDERA, TX 78003	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to 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 5 of 5 Residents (Resident #1, #2, #3, #4, and #5) observed for infection control monitoring, in that: 1a. LVN A did not sanitize the pulse oximeter after using the equipment on Resident #1 and before placing the equipment back into the medication cart. b. MA C did not disinfect a bottle of eye drops after placing them on Resident #1's bedside table and then transported the eye drops in her own pocket then placed the eye drop medication bottle back into the medication cart. 2. CNA B did not wash or sanitize her hands between contact with Resident #2 and Resident #3 in the dining room. 3. LVN A and MA C did not ask residents to cover their mouths and noses with tissue when entering a resident room and performing care to help prevent the spread of Covid-19 as directed in CMS letter dated 4/2/20. These deficient practices could place residents at risk of transmission of communicable diseases and infections. The findings were: 1. Review of Resident #1's face sheet, dated 4/10/20 revealed an admission date of [DATE] with a readmission date of [DATE] with [DIAGNOSES REDACTED]. Observation on 4/9/20 at 11:00 AM revealed LVN A performed vital signs for Resident #1 which included the use of a pulse oximeter on Resident #1. LVN A then placed the pulse oximeter back into the medication cart without sanitizing the equipment with sanitizing wipes. In an interview on 4/9/20 at 1:30 PM, LVN A confirmed she did not disinfect the pulse oximeter probe with a disinfectant wipe after using the pulse oximeter. b. Observation on 4/9/20 at 12:06 PM revealed MA C placed Resident #1's eye drops on the bedside table and then placed the bottle of eye drops in her own pocket. MA C then transported the medication bottle in her pocket and placed it in the medication cart without disinfecting the bottle. In an interview on 4/9/20 at 12:15 PM, C confirmed she did not disinfect Resident #1's eye drop bottle after placing it in her pocket and before placing it back in the medication cart. 2. Review of Resident #2's face sheet, dated 4/10/20 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's face sheet, dated 4/10/20 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Observation on 4/9/20 at 11:20 AM revealed CNA B assisted Resident #2 in the dining room by touching the back of the wheelchair and placing a clothing protector on Resident #2 and then without washing or sanitizing her hands assisted Resident #3 by placing a clothing protector on the residents neck. In an interview on 4/9/20 at 1:15 PM, CNA B confirmed she did not wash or sanitize her hands between contact with residents during lunch service. CNA B stated she had been trained to wash her hands or sanitize with alcohol based hand sanitizer between resident contact. 3. Observation on 4/9/20 at 9:00 AM revealed LVN A entered Resident #1's room to perform vital signs and administer a nebulizer treatment (aerosolized procedure) and did not ask the resident or his roommate to cover their mouths and noses with a tissue while she was in the room and while she was performing care on Resident #1. Interview on 4/9/20 at 1:30 PM with LVN A confirmed she did not ask any residents to cover their mouths and noses with tissue prior to entering a resident room and while providing care. Observation on 4/9/20 at 12:06 AM revealed MA C did not ask Resident #1 to cover his mouth and nose with a tissue while she performed care on the resident including placing eye drops in the residents eye. Interview with MA C at 12:15 PM confirmed she did not ask any resident to cover their mouths and noses with tissue when entering a resident room and when providing care. In an interview on 4/9/20 at 2:30 PM, the DON confirmed staff should disinfect equipment and supplies after use and before placing items back into the medication cart. The DON further confirmed staff should sanitize or wash their hands before and after contact with residents. Further interview with the DON revealed she was familiar with CMS letter dated 4/2/2020 in regards to NF infection control guidelines related to COVID-19 but indicated she was not aware that staff should ask residents to cover their mouths and noses with tissues when staff enter the residents rooms and perform care. Review of a facility policy, titled Hand Hygiene undated, revealed: You may use alcohol based hand cleaner or soap/water for the following: before and after entering isolation precaution settings, before and after assisting a resident with meals, upon and after coming in contact with a resident's intact skin . Review of a facility policy, titled COVID-19 Pandemic Plan undated, revealed, Keys to an Effective Control Program: Residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Handwashing-Educate and observe staff performing hand hygiene. This facility will also: encourage and assist with resident hand hygiene before they come out of the room and frequently during the day.</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.