

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>325132</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WELBROOK SENIOR LIVING LAS CRUCES, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>175 N ROADRUNNER PARKWAY LAS CRUCES, NM 88011</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and policy review, the facility failed to ensure staff wore gowns as part of the infection control precautions for one of 15 residents (Resident (R) R2) that was placed in the 14-day quarantine unit. R2 was placed in the 14-day quarantine unit after being admitted to the facility. This failed practice had the potential to affect 24 other residents in the facility by increasing the possible spread of infection by allowing the staff to care for residents without proper personal protective equipment (PPE). Findings include: During an entrance conference on 05/19/20 at 9:00 AM, the Infection Control Preventionist stated, All residents were assisted by the same staff whether they were in 14-day quarantine or not. During an interview on 05/19/20 at 11:53 AM, Certified Nursing Assistant (CNA)7 stated, Staff are given an assignment when they first start their shift. The assignment noted which residents were in 14-day quarantine and which were not. CNA7 was asked what PPE was worn when assisting the 14-day quarantine residents. CNA7 stated staff always wore masks and gloves. CNA7 was asked if staff wore gowns when assisting residents with personal care that were 14-day quarantine. CNA7 stated No. CNA7 was asked if residents in 14-day quarantine required assistance with dressing, toileting, and transferring. CNA7 stated, Yes. During an interview on 05/19/20 at 12:30 PM, Charge Nurse 8 was asked if staff wore gowns when working with the residents in 14-day quarantine. Charge Nurse 8 stated, Only if they are being tested for COVID-19. During observation on 05/19/20 at 1:13 PM, CNA12 was observed in R2's room setting up R2's lunch and CNA12 made R2's bed. CNA12 was not wearing a gown. During an interview on 05/19/20 at 1:15 PM, CNA12 was asked what assistance does R2 require. CNA12 stated R2 required assistance with getting dressed. CNA12 was asked if she wore a gown when assisting R2. CNA12 stated, No. Review of R2's electronic medical record (EMR) indicated an undated Admission Record which indicated resident was admitted on [DATE]. R2's admitting [DIAGNOSES REDACTED]. Review of the R2's EMR revealed a baseline care plan with an effective date of 05/17/20 revealed R2 required assistance of one staff member for bed mobility, transfer, walking, toileting, bathing, and grooming and hygiene. During an interview on 05/19/20 at 2:49 PM, the Administrator stated that he had learned from the State Department of Health on 05/18/20 that staff should wear a gown when staff worked with residents in the 14-day quarantine unit. The Administrator was asked why staff was not wearing gowns after learning this information prior to the surveyor entering the building. The Administrator stated, I don't know. Review of the facility's policy titled, Coronavirus Emergency Pandemic Policy Addendum, dated 05/06/20 indicated, Policy: The center recognizes that Coronavirus transmission has been a risk in healthcare settings. To try and prevent transmission of Coronavirus, our center has initiated a Coronavirus program .Prioritize gowns. Gowns should be prioritized for the following activities . During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of the healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use .</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.