

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER BANGS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1105 FITZGERALD BANGS, TX 76823	
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 - Many	<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 the current threat of COVID-19. The facility failed to ensure hand hygiene procedures were followed by staff involved in direct resident contact and when donning Personal Protective Equipment (PPE) during the COVID-19 threat. This failure placed residents at risk of infection, including COVID-19.</p> <p>Findings: In an interview on 4/3/20 at 10:40 am the DON stated she has in-serviced her staff over the recent changes with the COVID-19 threat, but she does not have any proof of ongoing monitoring of facility staff for compliance and understanding. In an observation on 4/3/20 at 11:55 am CNA A donned Personal Protective Equipment (PPE) to enter a resident room with no hand hygiene completed prior to donning the PPE. Observation of the PPE cart revealed instructions for donning PPE for standard, droplet, or airborne precautions, nowhere on the instruction page or the cart was there a reminder to complete hand hygiene prior to donning PPE. In an interview on 4/3/20 at 9:00 am the DON stated they have one person in isolation with pneumonia and a COVID-19 test for that resident is pending. (this was the resident CNA A worked with on 4/3/20 at 11:55 am) In an interview on 4/3/20 at 12:38 pm CNA A stated she has been in serviced to complete hand hygiene before donning PPE, but that she just forgot. In an observation on 4/3/20 at 12:02 pm the facility's Housekeeping and Laundry Manager was seen entering the building from the back door with no use of hand hygiene before moving about the facility and touching items. In an observation on 4/3/30 at 12:22 pm CNA B was observed removing lunch trays from at least 6 resident rooms with no hand hygiene between rooms. CNA B was also observed retrieving a fallen used dirty dish from the floor with no hand hygiene performed afterwards. In an interview on 4/3/20 at 12:27 pm CNA B stated every time they go in resident rooms they are to wash their hands, and if they are picking up trays they should at least use hand sanitizer. CNA B stated she didn't use hand sanitizer or wash her hands because she was in a hurry. In an interview on 4/3/20 at 1:00 pm the Administrator stated she expects hand hygiene to be done and Alcohol-based Hand Rub (ABHR) is appropriate if hands are not visibly soiled. The Administrator stated hand hygiene should be completed between resident room such as when retrieving meal trays, and hand hygiene should have been completed after picking up a used dirty dish off the floor. The Administrator also stated hand hygiene should be completed before donning PPE. The Administrator also stated they have been in-servicing staff of hand hygiene, but as far as he knows the only monitoring of compliance has just been with general observation.</p> <p>Record review of facility policy dated 2012 revealed a policy on Hand Hygiene Purpose: To decrease the risk of transmission of infection by appropriate hand hygiene .Using an alcohol-based hand rub is appropriate for decontamination the hands before direct patient contact; before putting on gloves . after contact with inanimate objects in the patient's environment . Record review of Centers for Disease Control and Prevention (CDC) statement for healthcare personnel on hand hygiene during the response to the international emergency of COVID-19 accessed on 4/2/20 revealed the following: CDC recommendations reflect the important role of hand hygiene for preventing the transmission of pathogens in healthcare settings for a wide range of pathogens. The ability of hand hygiene, including hand washing or the use of alcohol-based hand sanitizers to prevent infections is related to reductions in the number of viable pathogens that transiently contaminate the hands. Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% [MEDICATION NAME] and 70% [MEDICATION NAME], the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, the 2019-nCoV. While the exact role of direct and indirect spread of coronaviruses between people that could be reduced by hand hygiene is unknown at this time, hand hygiene for infection prevention is an important part of the U.S. response to the international emergence of COVID-19. CDC recommends the use of alcohol-based hand sanitizers with greater than 60% [MEDICATION NAME] or 70% [MEDICATION NAME] as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer. Health care providers who use alcohol-based hand sanitizers as part of their hand hygiene routine can inform patients that they are following CDC guidelines. https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</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.