

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER PARK MANOR BEE CAVE		STREET ADDRESS, CITY, STATE, ZIP 14058 BEE CAVES PARKWAY, BLDG B BEE CAVE, TX 78738	
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 0726 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</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 ensure that nurse aides were able to demonstrate competency in skills and techniques necessary to care for residents' needs for two of two residents (Residents #1 and #2) observed during incontinence care (peri-care). CNA A failed to change gloves and wash or sanitize her hands when moving from a dirty area to a clean area while providing incontinence care for Resident #1 and Resident #2. This failure could place residents at risk for contracting healthcare-acquired infections. Findings include: Review of records for Resident #1 reflected an [AGE] year-old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of an MDS dated [DATE] revealed a BIMS score of 99 and staff rated her as having memory problems. Resident #1 was also assessed as requiring two persons to assist with toilet use and she was rated as having Frequent incontinence of bladder and bowel. Review of a care plan dated 1/10/20 revealed Resident #1's care plan for ADL self-care performance deficit related to [MEDICAL CONDITION], and has the potential for pressure ulcer development due to incontinence. Interventions include Check for incontinence during rounds, provide care as needed, keep skin clean and dry. Observation on 3/27/20 at 9:15 a.m. revealed CNA A entered Resident #1's room, donned gloves and with assistance from another staff person, CNA A transferred Resident #1 from wheelchair to bed. With the same gloves, CNA A placed wipes on the side table, unfastened sticky tabs on resident's brief and then folded brief under the resident's buttock, exposing resident's genital area. CNA A wiped from front to back on left, middle, and right side. On the left and right side of the resident's labia, CNA used the same wipe without changing the position of the wipe, wiping multiple times. Then with dirty gloves CNA A turned resident to right side and wiped from back to front with multiple wipes right, middle, and left buttock. Then CNA A put dirty brief in trash can and then with dirty gloves placed clean brief on resident. Afterward, with dirty gloves, CNA A touched resident's linens and call light. CNA removed dirty gloves and performed hand hygiene. Review of records for Resident #2 reflected an [AGE] year-old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of an MDS dated [DATE] revealed a BIMS of 12 of 15 indicative of mild cognitive decline. Resident #2 was assessed as needing one person to assist with toileting and rated as Frequently Incontinent of bladder and bowel. Review of a care plan dated 3/27/20 for Resident #2 included interventions for toileting that included one person assist with toileting. Observation on 3/27/20 at 9:45 am. revealed CNA A entered Resident #2's room, performed hand hygiene and donned clean gloves. CNA A put the resident's shoes on her, then transferred resident to the wheelchair and to the toilet without changing gloves. She then pulled resident's dirty brief down to resident's ankles and disposed into trash can. CNA A took several wipes from package using the same dirty gloves and gave to resident to clean genital area. CNA A assisted resident to take off dirty clothes with dirty gloves and then with dirty gloves placed clean clothes on wheelchair. With dirty gloves CNA A touched the thermostat to turn it on, then assisted resident to shower chair and pulled the privacy curtain. CNA A removed dirty gloves and performed hand hygiene. In an interview on 3/27/20 at 10:45 a.m. CNA A stated when asked about the changing of gloves during peri-care, 'I did not know I was supposed to change gloves and perform hand hygiene after I touched dirty brief or touching dirty wipes in regards to Resident #1. I was not sure I was supposed to change gloves and perform hand hygiene after I touched resident #2's dirty brief. I was not aware that touching other items in the room would lead to the spread of bacteria. I do understand now why I need to wash my hand and donning clean gloves after I go from a dirty place to a clean place because of the risk of spreading bacteria.' In an interview on 3/27/20 at 10:30 a.m. LVN A, charge nurse, stated he expects CNAs to perform hand hygiene before and after peri-care. He stated he instructs CNAs to sanitize the bedside table and perform hand hygiene as well as putting on gloves. The CNA should perform hand hygiene after touching dirty briefs and before wiping the peri area and before putting on a clean brief. The CNA should not touch other things in the room with dirty gloves but should perform hand hygiene after incontinence care. In an interview on 3/27/20 at 12:30 p.m., the DON stated she expects CNAs to change gloves between dirty and clean areas and expects them to reposition or fold wipes when cleaning multiple areas during peri-care. Review of personnel file for CNA A revealed a Skill Competency on Hand Hygiene dated 1/23/20 which included training and demonstration on handwashing using soap and water. Record also included a Skill Competency on Perineal Care dated 1/23/20 which included training and demonstration of the steps required for proper pericare for both female and male resident. Both Skill Competencies were completed and signed by CNA A and DON on 1/27/20. Review of facility Infection Prevention/Control Policy last revised August 2016 revealed the following- Important facets of infection prevention include: educating staff and ensuring that they adhere to proper techniques and procedures. Review of Lippincott's Fundamentals of Nursing Practice, 9th edition reflected: Hand hygiene should be performed with soap and water and or hand sanitizer after moving from a contaminated-body site to a clean body site during patient care; after contact with body fluids, excretions, mucous membranes, nonintact skin, or wound dressings (if hands aren't visibly soiled); after removing gloves; and after contact with inanimate objects in the patient's environment. Requested Handwashing and Peri-care policies were not provided.</p>		
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to 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 two of two residents (Resident #1 and #2) observed during incontinence care (peri-care). CNA A failed to change gloves and wash or sanitize her hands when moving from a dirty area to a clean area while providing incontinence care for Resident #1 and Resident #2. This failure could place residents at risk for contracting healthcare-acquired infections. Findings include: Review of records for Resident #1 reflected an [AGE] year-old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of an MDS dated [DATE] revealed a BIMS score of 99 and staff rated her as having memory problems. Resident #1 was also assessed as requiring two persons to assist with toilet use and she was rated as having Frequent incontinence of bladder and bowel. Review of a care plan dated 1/10/20 revealed Resident #1's care plan for ADL self-care performance deficit related to [MEDICAL CONDITION], and has the potential for pressure ulcer development due to incontinence. Interventions include Check for incontinence during rounds, provide care as needed, keep skin clean and dry. Observation on 3/27/20 at 9:15 a.m. revealed CNA A entered Resident #1's room, donned gloves and with assistance from another staff person, CNA A transferred Resident #1 from wheelchair to bed. With the same gloves, CNA A placed wipes on the side table, unfastened sticky tabs on resident's brief and then folded brief under the resident's buttock, exposing resident's genital area. CNA A wiped from front to back on left, middle, and right side. On the left and right side of the resident's labia, CNA used the same wipe without changing the position of the wipe, wiping multiple times. Then with dirty gloves CNA A turned resident to right side and wiped from back to front with multiple wipes right, middle, and left buttock. Then CNA A put dirty brief in trash can and then with dirty gloves placed clean brief on</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.

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