

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER CEDAR POINTE HEALTH AND WELLNESS SUITES		STREET ADDRESS, CITY, STATE, ZIP 1301 COTTONWOOD CREEK TRAIL CEDAR PARK, TX 78613	
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 observation, interview and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary environment and to help prevent the development and transmission of communicable diseases and infections for the current threat of COVID-19 for 2 of the 3 (CNA A, CNA B) review for infection control in that: CNA A and CNA B failed to perform hand hygiene while handing Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5's food trays and between resident contact. This failure could place residents at risk of transmission and/or spread of infection. Findings include: Review of Resident #1 face sheet reflected a [AGE] year old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1 care plan dated 06/25/2020 reflected that Resident #1 is at risk for nutritional declines as evidence by history of Alzheimer's with intervention of assistance with meals as needed. Review of resident #1 MDS dated [DATE] reflected a BIMS score of 05 which indicates severe cognitive impairment. Review of Resident #2 face sheet reflected an [AGE] year old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2 care plan dated 05/14/2020 reflected Resident #2 is at risk for nutritional declines due to history of depression with intervention of assistance with meals as needed. Review of Resident #2 MDS dated [DATE] reflected a BIMS score of 12 which indicates moderate cognitive impairment. Review of Resident #3 face sheet reflected a [AGE] year old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3 care plan dated 05/07/2020 reflected Resident #3 has a history of [MEDICAL CONDITION] and his at risk for chest pains and irregular pulses and is at risk for frequent infections. Review of Resident #3 MDS dated [DATE] reflected a BIMS score of 11 which indicated a moderate cognitive impairment. Review of Resident #4 face sheet reflected a [AGE] year old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4 care plan dated 05/07/2020 reflected Resident #4 has a history of [MEDICAL CONDITION] and is at risk for chest pains and irregular pulse. Resident #4 MDS dated [DATE] reflected a BIMS score of 12 which indicated a moderate cognitive impairment. Review of Resident #5 face sheet reflected a [AGE] year old female admitted on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #5 MDS dated [DATE] reflected a BIMS score of 03 which indicated severe cognitive impairment. Observation on 08/02/2020 at 11:48 AM reflected CNA A exited an unknown resident room without performing hand hygiene, grabbed a food tray from the food cart and entered Resident #1 and Resident #2 room to deliver tray. Further observation on 08/02/2020 at 11:49 AM revealed that CNA A exited Resident #1 and Resident #2's room without performing hand hygiene and grabbed a food tray from the food cart and entered Resident #3 and Resident #4's room. Observation on 08/02/2020 at 11:51 AM revealed that CNA A did not perform hand hygiene after she exited Resident #3 and Resident #4's room and then grabbed food tray from the food cart and entered another resident room to deliver the food tray. Observation on 08/02/2020 at 11:50 AM revealed that CNA B exited a different resident's room without performing hand hygiene, grabbed a food tray from the food cart and entered Resident #5's room to deliver a food tray. During an interview with CNA A at 11:57 AM, she stated that if you are going into a resident room you are supposed to perform hand hygiene. CNA A stated that you are supposed to perform hand hygiene between each resident or wash your hands if they were visibly soiled. During an interview with CNA B at 12:02 PM, he stated that you are supposed to perform hand hygiene between each resident interaction and you should always use hand sanitizer or wash your hand especially if you have to touch the resident. During an interview on 08/02/2020 at 2:25 PM, LVN A stated that hand hygiene should be performed any time staff performs care. She stated that hand hygiene should be performed in between passing food trays and between resident interactions. During an interview on 08/03/2020 at 10:50 AM, the DON stated that staff are supposed to perform hand hygiene several times during the day and are supposed to perform hand hygiene frequently. The DON stated that staff should perform hand hygiene between and after going into resident rooms and between and after glove changes and when they perform resident care. She stated that she expects staff to perform hand hygiene after delivering a food tray and before grabbing another food tray. During an interview on 08/05/2020 at 12:02 PM, the ADM stated that staff should perform hand hygiene in between all the required actions and in between resident rooms and interactions. He stated that it is preferred that staff use soap and water over sanitizer, but that sanitizer is provided throughout the building. Review of facility policy titled Infection Prevention and Control Policies and Procedures Hand Hygiene/Handwashing dated 09/2011 reflected Hand Hygiene/Hand washing is the most important component for preventing the spread of infection. Maintaining clean hands is important for patients/residents/visitors as well as staff. Further review reflected that hand hygiene/hand washing is done before patient/resident contact, before eating or handling food, before starting work, before smoking or eating, before taking part in a medical or surgical procedure. Hand hygiene/hand washing is done after patient/resident contact and contact with environmental surfaces in the immediate vicinity of patients/residents. Review of CDC guidelines dated 01/31/2020 titled Hand Hygiene in Healthcare Settings , under hand hygiene guidance reflected that Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: immediately before touching a patient . ,before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment.</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.