

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER ALTA VISTA REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 510 PAREDES LINE RD BROWNSVILLE, TX 77821	
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 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assure the accurate administering of all drugs and biologicals, to meet the needs of each resident, for one Resident (R#1) of one resident observed for medication administration. MA A administered R#1's eye drops more than two hours after the scheduled administration time. This failure could affect residents that receive eye drops and place them at risk of not receiving the intended therapeutic benefits of their medications and a decline in health. The findings included: Record review of R#1's April 2020 electronic Physician order [REDACTED]. R#1's [DIAGNOSES REDACTED]. R#1's Physician order [REDACTED].#1's Medication Administration Record [REDACTED]#1's eyes, two hours and 16 minutes after the scheduled administration time. In an interview on 04/02/20 at 8:52 a.m., MA A said she was aware R#1's eye drops were administered late on 04/01/20. MA A said she had been running late because she had more than 40 residents who were under her care for medications. In an interview on 04/01/20 at 11:45 a.m., the DON said staff should have followed the order in the MAR for the administration of R#1's eye drops. Review of the facility's policy, Medication Administration, dated May 2007 revealed: It is the policy of this facility to accurately prepare and accurately administer medication.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	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 maintain an infection prevention and control program, designed to provide a safe, sanitary and comfortable environment, including hand hygiene, and to help prevent the development and transmission of communicable diseases and infections, for three Residents (R#1, R#8, and R#7) of three residents observed for infection control practices, in that: 1) MA A did not perform hand hygiene prior to taking R#1's blood pressure, administering oral medications and applying eye drops. 2) CNA D and CNA E did not perform hand hygiene between glove changes during incontinent care for R#8. 3) CNA F did not sanitize the shower chair before or after showering R#7 and placed clean towels and clean clothing on top of the dirty linen cart. These failures could affect residents dependent upon care and place them at risk for healthcare associated cross-contamination and infections. The findings included: 1) Record review of R#1's April 2020 electronic Physician order [REDACTED]. R#1's [DIAGNOSES REDACTED]. R#1's Physician order [REDACTED].#1's room without using hand sanitizer from the dispenser located outside R#1's room. Without washing her hands or donning gloves, MA A proceeded to take R#1's blood pressure. After taking R#1's blood pressure, MA A washed her hands and went outside R#1's room to prepare R#1's medications. MA A entered R#1's blood pressure reading in the computer and prepared R#1's medications, including R#1's eye drops. MA A placed the medication tray on R#1's bedside table. Without washing or sanitizing her hands or donning gloves, MA A gave the oral medications to R#1. Without washing or sanitizing her hands, MA A put on gloves to instill the drops into R#1's eyes. In an interview on 04/01/20 at 10:20 a.m., MA A said she had not washed her hands or used hand sanitizer before giving oral medications to R#1 and instilling drops in R#1's eyes. MA A said she did not know what happened, and she was aware of the policy to wash her hands before providing care to residents, including giving medications. In an interview on 04/01/20 at 11:45 a.m., the DON said staff should wash their hands before providing care, including administering medications. The DON said washing hands was required in order to prevent infection transmission. 2) Record review of R#8's Facesheet, dated 04/02/20, revealed R#8 was an [AGE] year-old female who was admitted to the facility on [DATE]. R#8's [DIAGNOSES REDACTED]. Record review of R#8's Minimum Data Set (MDS) assessment, dated 03/23/20, revealed R#8: -had adequate hearing, -had clear speech, -was able to make herself understood, -was able to understand others, -had adequate vision, -required extensive assistance from staff for bed mobility, transfers, locomotion, dressing, eating, toilet use, and personal hygiene, and -was totally dependent on staff for bathing. Observation on 04/01/20 at 2:13 p.m. revealed CNA D and CNA E provided incontinent care for R#8. CNA D cleansed R#8's pubic area in a downward motion, using her gloved hands. CNA D then removed her gloves and donned new gloves without performing hand hygiene. CNA E cleaned R#8's buttocks then removed her gloves and donned new gloves, without performing hand hygiene. CNA E proceeded to grab a clean brief and secured it on R#8. In interviews at the time of the observation, CNA D said you should wash your hands between glove changes. CNA E said you could also use hand sanitizer but she did not have any with her. 3) Record review of R#7's Facesheet, dated 04/02/20, revealed R#7 was an [AGE] year-old female who was admitted to the facility on [DATE]. R#7's [DIAGNOSES REDACTED]. Record review of R#7's MDS assessment, dated 02/07/20, revealed R#7: -had adequate hearing, -had clear speech, -was able to make herself understood, -was able to understand others, -had impaired vision, -required limited assistance from staff for bed mobility, transfers, walking in room, walking in corridor, dressing, toilet use, and personal hygiene, -required supervision for locomotion and eating, and -was totally dependent on staff for bathing. Observation on 04/01/20 at 3:12 p.m. revealed CNA E assisted R#7 into the shower room, with R#7's clean clothes and towels inside a clear plastic bag. CNA E placed the bag of clean clothes and towels on top of the dirty linen cart, opened the bag, and took out the clean towels. CNA E placed the clean towels on top of the dirty linen cart. CNA E grabbed a paper towel to dry off the shower chair, and assisted R#7 into the shower. CNA E did not sanitize the chair. After the shower, CNA E gave R#7 the towels that were on top of the dirty linen cart to dry her face and body with. Following the shower, CNA E, did not sanitize the shower chair. In an interview on 04/01/20 at 3:27 p.m., CNA E said housekeeping staff cleaned the showers and shower chairs. In an interview on 04/01/20 at 3:54 p.m., the DON said staff were to wash their hands when going from clean to dirty and CNAs were to sanitize the shower chairs after each use. The DON said clean clothes and towels should not be placed on top of a dirty linen cart. Review of the facility's Infection Control policy, last revised in July 2014, revealed: -The facility's infection control policies and practices are intended to facilitate a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. - .b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. Review of the facility's handwashing policy, last revised in May 2007 revealed: It is the policy of this facility to cleanse hands to prevent transmission of possible infectious material and to provide (a) clean, healthy environment for residents and staff.		
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.