

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675162	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER BRIARCLIFF NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3201 N WARE RD MCALLEN, TX 78501	
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 - Few	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, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections, for one resident (R#4) of four residents observed for infection control, in that: Certified Nurse Aide (CNA) A did not perform hand hygiene prior to or after touching R#4's overbed table and then handling a lunch tray. This failure could place residents at risk for infection through cross contamination of pathogens. The findings were: Record review of R#4's Admission Record for August 2020 revealed R#4 was a [AGE] year-old female who was admitted to the facility on 10/24/19 with [DIAGNOSES REDACTED]. Record review of R#4's quarterly Minimum Data Set assessment, dated 06/16/20, revealed R#4: -had moderate cognitive impairment, -had difficulty focusing attention, and -required extensive assistance with activities of daily living. Observation on 08/12/20 at 11:57 a.m. revealed CNA A was passing out meal trays in hall 200. CNA A took a tray from the rack and tried to enter R#4's room, but R#4 was sitting in the doorway with an overbed table, working on a puzzle. CNA A asked R#4 if she could move the overbed table to take the tray in. R#4 consented and CNA A put the tray back on the rack. CNA A then removed the table and, without performing hand hygiene, took the tray from the rack, and went into R#4's room and left the tray. CNA A came out of the room and placed the table across R#4's lap. Without performing hand hygiene, CNA A proceeded to take another tray from the rack. In an interview on 08/12/20 at 12:01 p.m., CNA A said she should have used hand sanitizer between trays and after moving R#4's table. CNA A said they had in-services on hand hygiene often. In an interview on 08/12/20 at 4:06 p.m., the Director of Nurses (DON) said they did constant surveillance with the staff to make sure they were using the PPE correctly and were washing their hands. The DON said she worked on the floor in June and was able to check if staff were following correct procedures on PPE and hand hygiene. Record review of Infection Control Policy on Handwashing- Hand Hygiene revised on December 2017 revealed: The facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing transmission of healthcare-associated infections. Use an alcohol based hand rub containing at 62% alcohol: or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents' l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident.		
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.