

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455676</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COMMUNITY CARE CENTER OF HONDO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2001 AVE E HONDO, TX 78861</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 of 5 Residents (Resident #3 and #5) observed for infection control, in that: 1. CNA A failed to wear PPE while in Resident #3's room, who was in isolation. 2. The facility failed to document Resident #3's and #5's oxygen saturation on 8/28/2020, 8/29/2020 and 8/31/2020. These deficient practices could affect residents at the facility and place them at risk of infection from transmission of communicable diseases and result in a decline in health and/or death. The findings were: 1. Review of Resident #3's face sheet, dated 9/2/2020, revealed she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Admission MDS dated [DATE] revealed a BIMS score of 5 which indicated severe cognitive impairment for daily decision-making skills. Review of Resident #3's September 2020 Physician orders revealed an order of isolation x 14 days with a start date of 8/28/2020 and end date of 9/4/2020. Observation on 9/2/2020 at 2:15 p.m. revealed CNA A sitting next to Resident #3 on her bed. Further observation revealed CNA A had Resident #3's phone in her hands and was wearing an N95 mask on and no other PPE. Interview on 9/2/2020 at 2:18 p.m. CNA A stated she was trying to help Resident #3 program something on her phone. CNA A confirmed she was not wearing PPE other than a mask and should have had all the PPE on. Observation on 9/2/2020 at 2:20 p.m. revealed a sign by the door of Resident #3's room that read Droplet Isolation Area - please don ALL PPE prior to entering quarantine room - gloves, masks, gown, and eye shield. Interview on 9/2/2020 at 3:17 p.m. ADON B stated before staff enter a resident's room who is in isolation they must sanitize hands and don PPE. ADON B confirmed CNA A should have worn all the PPE when in Resident #3's room. 2. a. Review of Resident #3's face sheet, dated 9/2/2020, revealed she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's Admission MDS dated [DATE] revealed a BIMS score of 5 which indicated severe cognitive impairment for daily decision-making skills. Review of Resident #3's August 2020 TAR did not reveal documentation for their oxygen saturations. Review of the daily vital signs log revealed Resident #3 did not have her oxygen saturation documented on 8/28/2020 and 8/29/2020 at 8:00 p.m. 2. b. Review of Resident #5's face sheet, dated 9/2/2020, revealed she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #5's Admission MDS revealed a BIMS score of 00 which indicated severe cognitive impairment for daily decision-making skills. Review of Resident #5's August 2020 TAR did not reveal documentation for their oxygen saturations. Review of Resident #5's vital signs log did not have her oxygen saturation documented on 8/28/2020, 8/29/2020 and 8/31/2020 at 8:00 p.m. Interview on 9/2/2020 at 12:03 p.m. LVN C stated she probably missed documenting it. LVN C confirmed it looked like it was not done. Interview on 9/2/2020 at 3:07 p.m. LVN D stated she documented the resident's oxygen saturation in the TAR and not on the daily vital signs log. LVN D confirmed the blanks in the daily vital signs made it look like it was not done. Interview on 9/2/2020 at 11:32 a.m. with ADON E stated the nurses should have documented on the vital signs log. Interview on 9/2/2020 at 3:17 p.m. with ADON B and E confirmed the oxygen saturation was missing for Resident #3 and #5 on 8/28/2020, 8/29/2020, and 8/31/2020 from the TAR and daily vital signs log. Review of the facility policy titled Section 1: Infection Prevention and Control Guidelines dated August 2020 revealed The staff must wear the following PPE: surgical mask, goggles/face mask, gown and gloves. The resident will be monitored two times a shift for signs and symptoms of COVID-19: fever, cough, shortness of breath, and other respiratory difficulties.</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.