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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675635 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/15/2020 |
| NAME OF PROVIDER OF SUPPLIER EBONY LAKE NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1001 CENTRAL BLVD BROWNSVILLE, TX 77820 | |
| 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 | <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, including hand hygiene, 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#1) of three residents observed for infection control practices, in that: MA A did not perform hand hygiene prior to taking R#1's blood pressure. This failure could affect residents dependent upon care and place them at risk for healthcare associated cross-contamination and infections. The findings included: Record review revealed R#1 was a [AGE] year-old female who was admitted to the facility on [DATE]. R#1's [DIAGNOSES REDACTED]. Record review of R#1's April 2020 Physician orders [REDACTED]. #1's blood pressure.</p> <p>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. In an interview on 04/14/20 at 9:25 a.m., MA A said she had not washed her hands or used hand sanitizer before taking R#1 blood pressure. 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 when taking residents' blood pressure. In an interview on 04/14/20 at 10:42 a.m., the DON said staff should wash their hands before providing care, including when taking blood pressures. The DON said washing hands was required to prevent infection transmission. Facility's policy, Hand washing-Hand Hygiene, dated 01/2018 revealed: This facility considers hand hygiene the primary means to prevent the spread of infection.</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.