

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455940	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER LUBBOCK HOSPITALITY NURSING AND REHABILITATION CEN		STREET ADDRESS, CITY, STATE, ZIP 4710 SLIDE RD LUBBOCK, TX 79414	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who were incontinent of bladder or had a urinary catheter received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 2 of 3 Residents (Resident #2 and Resident #3) reviewed for incontinent and catheter care. -CNA #3 failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident #3. -LVN #1 failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident #3. -CNA #1 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #2. -CNA #3 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #3. -LVN #1 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #3. This failure has the potential to affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation of incontinent care on 6/17/20 at 2:50 PM, CNA #1, with the assistance of CNA #2 performed incontinent care on Resident #2. CNA #1 did not clean the suprapubic catheter site nor the catheter tubing. During an interview on 6/17/20 at 3:05 PM, CNA #1 stated that they are supposed to perform catheter care with incontinent care. Stated, I should have cleaned it. During an observation on 6/18/20 at 5:11 AM, LVN #1 assisted CNA #3 with incontinent care for Resident #3. CNA #3 wiped the groin area and the buttocks area. CNA #3 removed the dirty brief and placed a clean brief under resident without changing her gloves or washing hands. After the brief was secured to the resident, then CNA #3 removed gloves and washed her hands. The suprapubic catheter was not cleansed during incontinent care. During an interview on 6/18/20 at 5:24 AM, CNA #3 was asked they are instructed to provide catheter care with incontinent care. CNA #3 stated that yes, she should have cleaned the catheter as they are instructed to clean the catheter with incontinent care. Asked CNA #3 when they are supposed to change their gloves and wash their hands, and CNA #3 stated that she should have changed gloves and washed hands before putting the clean brief under the resident. During an interview on 6/18/20 at 5:26 AM, DON revealed that she expects the CNA's to clean around the catheter and then clean the catheter and the tubing when performing incontinent care. During an observation on 6/18/20 at 6:54 AM, LVN #2 and CNA #4 were turning Resident #3 on side for a skin assessment to her backside/buttocks. LVN #2 was observed removing the brief and cleansed the buttocks with a wipe. LVN #2 did not remove gloves and placed a clean brief under the resident. Resident #3 was then turned on her back and the brief was pulled through her legs and fastened. The catheter site was not cleaned. During an interview on 6/18/20 at 7:10 AM, LVN #2 revealed that she should have changed her gloves after removing the dirty brief and before applying the clean brief. LVN#2 was asked if catheter care is done at the same time as incontinent care and she stated that it is supposed to be. During an interview on 6/18/20 at 7:20 AM, DON was asked about the expectations for catheter care. DON stated that she expects catheter care to be done with incontinent care, unless the brief was dry. DON stated that if the brief was dry, then the catheter site does not need to be cleansed and the residents don't need to be wiped down. DON stated that the gloves only need to be changed between care if the brief was dirty. DON stated that if the brief was dry, then the gloves don't have to be changed since the brief was still clean. During an interview on 6/18/20 at 8:50 AM, ADON was asked about catheter care with incontinent care. Stated, Once the buttock area is wiped, it is now considered incontinent care and the catheter should be cleaned if they have one. Stated that she expects hand hygiene to be performed during incontinent care at the beginning of care, before the clean brief is applied and at the end of care. Record review of facility provided policy titled Perineal Care, revised August 2019, reflected in part: Steps in the Procedure 2. Wash and dry your hands thoroughly 6. Put on gloves For a female resident: a . 1) . (Note: If the resident has an indwelling catheter, gently wash the juncture of the tubing from the urethra down the catheter about 3 inches. Gently rinse and dry the area.) 8. Discard disposable items into designated containers 9. Remove gloves and discard into designated container. 10. Wash and dry your hands thoroughly 11. Reposition the bed covers. Make the resident comfortable. Record review of facility provided policy titled Suprapubic Catheter Care revised October 2010, reflected in part: Purpose: The purpose of this procedure is to prevent skin irritation around the stoma site and to prevent infections of the resident's urinary tract. Steps in the Procedure: 2. Wash and dry your hands thoroughly 4. Put on disposable gloves 6. Wash around the catheter site with soap and water. (Note: If the resident has a drainage sponge around the stoma site, remove the drainage sponge before washing with soap and water.) Wash the outer part of the catheter tube with soap and water. 8. Discard soiled linen in designated container. 9. Discard disposable items into designated containers. 10. Remove gloves and discard in designated container. Wash and dry your hands thoroughly.</p>		
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.</p> <p>Based on observation, interview and record review, the facility failed to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection in that: -CNA #3 failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident #3. -LVN #1 failed to maintain appropriate infection prevention and control practices to prevent the contamination of clean objects with soiled gloves while providing incontinent care to Resident #3. -CNA #1 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #2. -CNA #3 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #3. -LVN #1 failed to cleanse the suprapubic catheter site while providing incontinent care to Resident #3. This failure has the potential to affect residents by placing them at an increased and unnecessary risk for urinary tract infections. Findings include: During an observation of incontinent care on 6/17/20 at 2:50 PM, CNA #1, with the assistance of CNA #2 performed incontinent care on Resident #2. CNA #1 did not clean the suprapubic catheter site nor the catheter tubing. During an interview on 6/17/20 at 3:05 PM, CNA #1 stated that they are supposed to perform catheter care with incontinent care. Stated, I should have cleaned it. During an observation on 6/18/20 at 5:11 AM, LVN #1 assisted CNA #3 with incontinent care for Resident #3. CNA #3 wiped the groin area and the buttocks area. CNA #3 removed the dirty brief and placed a clean brief under resident without changing her gloves or washing hands. After the brief was secured to the resident, then CNA #3 removed gloves and washed her hands. The suprapubic catheter was not cleansed during incontinent care. During an interview on 6/18/20 at 5:24 AM, CNA #3 was asked they are instructed to provide catheter care with incontinent care. CNA #3 stated that yes, she should have cleaned the catheter as they are instructed to clean the catheter with incontinent care. Asked CNA #3 when they are supposed to change their gloves and wash their hands, and CNA #3 stated that she should have changed gloves and washed hands before putting the clean brief under</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.

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Wash and dry your hands thoroughly Record review of facility provided policy titled Infection Prevention and Control Program revised April 2020, reflected in part: Policy Statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. .11. Prevention of Infection a.(3) educating staff and ensuring that they adhere to proper techniques and procedures</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, the facility failed to maintain an effective pest control program so that the facility was free of pests and rodents, in that: a) Black rodent droppings were observed in 1 of 8 resident rooms (45) and the kitchen pantry. b) One live mouse was observed on 1 of 2 sticky mouse traps in resident room [ROOM NUMBER] and one dead mouse was observed on 1 of 3 sticky mouse traps in the kitchen pantry. These problems could result in spread of rodent transmitted infections in the facility. The findings include: ~ Observations: On 6/17/20 at 8:28 AM an observation was made in Resident #1's room revealed two sticky mouse traps with one being in the closet and one in the corner by the bathroom. One mouse observed moving on the sticky trap by the bathroom and approximately 5 black rodent droppings observed near the walls by the bathroom. On 6/17/20 at 9:48 AM an observation in the kitchen pantry revealed approximately 20 black rodent droppings on 6 of 17 boxes of corn starch, approximately 10 black rodent droppings on 3 of 12 cans of condensed milk, approximately 15 black rodent droppings on a case of Campbells soup, approximately 20 black rodent droppings on 6 of 8 cans of salt, approximately 10 black rodent droppings on 1 box of elbow pasta and approximately 5 black rodent droppings on 1 of 5 boxes of cornbread. One dead mouse observed in a sticky trap in the corner. ~ Resident and Staff Interviews: Residents: Two of four resident confidentially interviewed revealed that they had recently seen rodents in the facility. During a confidential interview with Resident A, the resident was asked if he has seen any mice/rodents in the facility. He stated, There is always a mouse on the trap by the bathroom every morning. There is usually a mouse on the sticky trap by the closet as well. The resident stated, Housekeeping comes to clean up every day, but the mice still come back. During a confidential interview with Resident C, the resident was asked about mice in the facility. She stated, We do have a mouse problem here. I usually see one or two here and there in the room. Not every day. Staff: On 6/17/20 at 10:04 AM an interview was conducted with Cook #1. She confirmed the rodent droppings in the pantry and the dead mouse on a sticky trap in the pantry. Stated, I try to come in and clean up the dead mice every morning, but I wasn't able to do it today. On 6/17/20 at 10:15 AM an interview was conducted with HSK #1. She was asked if she had seen any rodents/mice recently in the facility. She stated, I still see rodent droppings in some of the rooms, but now that we are moving the furniture to clean, I am not seeing as many droppings as there used to be. On 6/18/20 at 8:50 AM an interview was conducted with the ADON. She was asked if she was aware of a rodent problem at the facility. She stated, I know we have a problem with mice, but we are working on fixing the mice problem. I have not seen any mice myself, but I know others have seen them. On 6/18/20 at 9:35 AM an interview was conducted with the ADM. She was asked if she had seen any rodents in the facility. She stated, We do have a mouse problem at the facility. I have been working with our pest control services and they have been coming out more frequently than once a month since I have been working here and have placed traps around the facility. Record review of Pest Control Service #1's invoices from April 2020 to June 2020 revealed that the company had visited the facility four times in those three months. Pest Control Service #1 visited on 4/14/20, 4/16/20, 5/12/20 and 6/9/20. All were regular monthly visits except on 4/16/20 and 6/9/20 when the company brought two exterior (rodent control) boxes to the facility. ~ Policy: Record review the facility policy labeled Pest Control, Revised May 2008, revealed the following documentation, Policy Statement. Our facility shall maintain an effective pest control program. Policy Interpretation and Implementation. 1. The facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents .</p>		
F 0925 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some			