

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2025
NAME OF PROVIDER OR SUPPLIER  Colonial Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  821 US Hwy 81 W New Braunfels, TX 78130	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33866</b></p> <p>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 and to help prevent the development and transmission of communicable diseases and infections for 1 of 5 residents (Resident #1) observed for infection prevention.</p> <p>The facility failed to ensure Enhanced Barrier Precautions (EBP) were implemented and used when CNA-A provided peri and catheter care for Resident #1.</p> <p>This deficient practice could place residents at-risk for spread of infection.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet dated 01/30/2025 revealed she was a [AGE] year-old woman, with an initial admitted [DATE], with re-admission on 12/25/2024 and with diagnoses which included: Non-traumatic subarachnoid hemorrhage (bleeding in the space between the brain and the tissue covering the brain); Gastrostomy status (presence of surgically created opening in stomach through which a feeding tube can be placed); Pressure ulcer of right hip, stage 4 (a severe wound that extends deep into tissue potentially with bone or muscle exposure on hip); Pressure ulcer of left buttock stage 4; and Neuromuscular dysfunction of bladder (condition where bladder muscles and nerves do not function properly).</p> <p>Record review of Resident #1's Quarterly MDS assessment dated [DATE] revealed a BIMS score of 15, indicating intact cognition. Further review revealed Resident #1 was assessed as having an indwelling catheter.</p> <p>Record review of Resident #1's Active Orders dated 01/30/2025 revealed a orders which included:</p> <ul style="list-style-type: none"> <li>- Enhanced Barrier Precautions start date 06/25/2024.</li> <li>- Foley Catheter: Provide catheter care every shift start date 01/26/2025.</li> <li>- Wound treatment Order: Location: Right Hip Clean with Normal Saline/Wound Cleanser Apply .QD/PRN start date 01/29/2025.</li> </ul> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #1's Care Plan dated 12/18/2024 revealed a Problem of General which included I require enhanced barrier precautions due to the following: I am at increased risk of a MDRO acquisition due to having a wound, edited 07/22/2024. This problem area included the following interventions:</p> <ul style="list-style-type: none"> <li>- A sign will be posted on my door that says, 'contact nurse before entering room'; and</li> <li>- PPE will be available (including gowns/gloves/face shield or goggles) will be available right outside my room, in the shower room.</li> </ul> <p>Observation on 01/30/2025 at 10:30a.m. revealed there was no sign of any type on or outside the door to Resident #1's room, and there was no supply of PPE available outside the door/room. Further observation revealed CNA-A put on gloves, but did not put on or wear a gown while performing peri-care and foley care for Resident #1.</p> <p>During an interview with CNA-A on 01/30/2025 at 10:43 a.m., CNA-A stated that she did not know what Enhanced Barrier Precautions (EBP) were and had not heard that term before. When Surveyor described what the Enhanced Barrier Precautions were, CNA-A stated that they did that during COVID, but not now. CNA-A stated she had received training in infection control and they get annual training, but did not recall ever having received training on EBP.</p> <p>During an interview with the DON on 01/30/2025 at 10:50 a.m., the DON stated that there should have been an EBP sign on or just outside Resident #1's door, as well as a supply of PPE available outside her door. The DON further stated that the CNA should have worn both a gown and gloves while providing peri-care and foley-care to Resident #1, but also confirmed that EBP were not included in the training provided to staff. The DON stated she viewed this as an opportunity for improvement and was taking immediate action to in-service all the staff on EBP and providing needed signage and PPE supply. The DON stated that not using Enhanced Barrier Precautions could cause the spread of infection.</p> <p>Record review of facility policy titled Enhanced Barrier Precautions revised 4/1/2024 revealed It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistance organisms. Further review revealed An order for enhanced barrier precautions will be obtained for residents with any of the following: 1. Wounds (e.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g. Central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO. Review of the section titled Implementation of Enhanced Barrier Precautions revealed Make gown and gloves available immediately near or outside of the resident's room . and PPE for enhanced barrier precautions is only necessary when performing high-contact care activities .which include: Providing hygiene .changing briefs or assisting with toileting . Device care or use: central lines, urinary catheters, feeding tubes .</p>		