STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	455510	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Castle Hills Rehabilitation and Care Center	8020 Blanco Rd San Antonio, TX 78216

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** 38511 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 disease and infection for 1 of 4 residents (Resident #1) reviewed for infection control, in that: 1. The facility failed to ensure CNA A changed her gloves when moving from a dirty to clean task and failed to use appropriate hand hygiene between glove changes when she provided incontinent care to Resident #1 on 09/10/2024. 2. The facility failed to ensure CNA A and CNA B wore gowns during incontinent care on 09/10/2024 for Resident #1 who had been identified as requiring enhanced barrier precautions (EBP). These deficient practices could place residents at-risk for infection due to improper care practices. The findings included: 1. Record review of Resident #1's face sheet dated 9/10/2024 reflected an admitted [DATE] and a readmitted [DATE] with diagnoses which included: metabolic encephalopathy (changes in how the brain works due to an underlying condition that can cause confusion and memory loss), pressure ulcer to sacral region stage 3 right heel stage 2 and left heel unstageable (deep tissue injury), and end stage renal disease (kidney failure in advanced stage typically reliant on renal dialysis). Record review of Resident #1's 5-day Medicare admission MDS assessment dated [DATE] reflected a BIMs score of 9 which indicated a moderate cognitive impairment. The MDS indicated Resident #1 was frequently incontinent of bowel and bladder and required maximum assistance for toileting/perineal care activities. Record review of Resident #1's Care Plan last revised on 4/12/2024 reflected the resident was incontinent of bowel and peri-care (incontinent care) should be provided after each incontinent episode. (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation of incontinent care to Resident #1 on 9/10/2024 at 1:48 p.m. revealed CNA A cleansed liquid stool from Resident #1's anus and buttocks and then without changing her gloves used her wrists and hands to reposition Resident #1 on her side touching the resident on her shoulder and legs and while also touching the resident's linen in multiple places before removing her gloves. CNA A then removed her gloves and without using any hand hygiene put on new gloves to continue with resident care. During an interview on 9/10/2024 at approximately 2:10 p.m., CNA A stated she knew she messed up during incontinent care on Resident #1 and acknowledged that she did not change her gloves after wiping stool from Resident #1 and before using the same gloves to reposition the resident. She also acknowledged that she then changed her gloves but did not wash her hands or use hand sanitizer before putting on new gloves. CNA A stated she had received training for infection control and incontinent care and had completed a return demonstration of skills. She stated she thought this had occurred in August but could not remember an exact date. She stated she was trained to change her gloves after cleaning a bowel movement and she was trained to use hand sanitizer or wash her hands between glove changes. During an interview on 9/10/2024 at 4:00 p.m., the ADON stated she was the certified Infection Preventionist. She stated staff should wash their hands before and after care, when changing gloves and they should wash if their gloves rip. She stated in general; gloves should be changed when they are dirty or after touching something dirty. She stated staff should not touch the resident with the same dirty gloves they used to change stool. During an interview on 9/10/2024 at 4:45 p.m., the DON stated staff should change their gloves anytime they touch anything dirty such as removing an old brief, after wiping and after throwing away trash. She stated they did not have to use hand hygiene during glove changes although she did consider it best practice to use hand hygiene between glove changes if gloves were visibly soiled. The DON stated it was ideal to use hand hygiene. The DON stated CNA A had been trained on infection control and hand hygiene and had completed a return demonstration of hand hygiene skills. The DON stated it was important to conduct hand hygiene to prevent cross contamination and because it was basic infection control. 2. Record review of Resident #1's Care Plan last revised on 8/16/2024 reflected the resident required EBP due to chronic wounds with interventions which included use of gowns and gloves during high-contact resident care including incontinent care. During an observation on 9/10/2024 at 11:20 a.m. revealed Resident #1's room was observed with a sign indicating the resident was on EBP with gown and gloves required for high contact resident care. A plastic bin with PPE was located just outside the resident room which contained disposable gowns and gloves. During an observation of incontinent care on 9/10/2024 at 1:48 p.m., revealed CNA A and CNA B were observed performing incontinent care on Resident #1 while she was in bed while wearing gloves. Neither CNA was wearing a gown to protect their clothing from contact with potentially contaminated items in the resident room. During incontinent care both CNAs were leaning against the bed and had contact with their scrub uniforms to the resident's bed and linens while proving care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/10/2024 at approximately 2:10 p.m., CNA A and CNA B stated they were aware Resident #1 was on EBP. They stated they were required to wear gowns and gloves when providing direct resident care which would include incontinent care. CNA A and CNA B stated they were told to provide incontinent care to Resident #1 by the ADON and they were told to hurry. CNA A and CNA B stated they were about to put on their gowns when they were instructed by the ADON not to wear the gowns because they needed to hurry. CNA A and CNA B stated they did not know why there was a rush but did what they were told. CNA A and CNA B stated they did not stop and tell the ADON they were required to wear a gown as they were trained and did not further question what they were told to do. During an interview on 9/10/2024 at 4:00 p.m., the ADON stated she was the facility Infection Preventionist and was certified for that role. She stated her job duties including infection control, staying on top of the nursing staff and some training. She stated she had she had provided staff with training on Infection Prevention, EBP and hand hygiene although she could not remember when she gave the training. She stated she herself had completed the trainings but could not remember when. The ADON stated her expectations for EBP included staff knowing how to read the signs for EBP and wearing gown and gloves for direct patient care which would include peri-care (incontinent care). The ADON stated gowns and gloves should be donned outside the resident room before care was provided. The ADON denied telling CNA A or CNA B to hurry or that they should not wear gowns before providing care to Resident #1. The ADON stated she was a [NAME] for Infection Control and her job included correcting staff. During an interview on 9/10/2024 at 4:45 p.m., the DON stated the ADON was the facility Infection Preventionist. The DON stated her expectations for isolation precautions for EBP included wearing gown/gloves when having direct contact with a patient. She stated she would expect staff to wear a gown and gloves during peri-care (incontinent care) for Resident #1 since she was on EBP. The DON stated EBP were important to minimize potential risk of transmitting infection. The DON stated she was responsible for supervising the ADON and for supervising infection prevention duties. She stated she had never told staff and does not believe the ADON would tell staff not to utilize EBP. The DON stated the ADON was particular with resident care and was very strict with infection control. Record Review of in-service training dated 6/06/2024 for hand hygiene and EBP, Isolation Precautions, Alcohol based hand rub, hand hygiene and infection prevention reflected the ADON and CNA A had signed the attendance sheet. Record review of in-service training dated 8/21/2024 for Infection control, Isolation/EBP, hand washing, and PPE given by the DON reflected CNA B completed the training. Record review of CNA A's Incontinent Care skills checklist dated 8/30/2024 reflected she had completed peri-care competency skills on a male resident which included hand hygiene 10. Cleanse the entire buttock area and surrounding hip area .11. Wash/sanitize hands, apply clean gloves 12. Position new brief under patient. Record review of in-service training for infection control, handwashing, and PPE given by the DON reflected CNA A had completed the training. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a facility policy titled Handwashing/Hand Hygiene last revised August 2019 reflected: This facility considers hand hygiene the primary means to prevent the spread of infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care j. after contact with blood or bodily fluids 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Record review of a facility policy titled Enhanced Barrier Precautions dated 3/28/2024 reflected: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. 2. EBPs employ target gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include: d. proving hygiene; f. changing briefs or assisting with toileting 5. EBPs are indicated during high-contact care activities for residents with chronic wounds .regardless of MDRO status .