

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455906	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Stephenville Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2601 Northwest Loop Stephenville, TX 76401	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33198</p> <p>Based on observations, interviews, and record review, the facility failed to establish and 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 for 1 (Resident #1) of 3 residents reviewed for infection control practice.</p> <p>CNA A and CNA B failed to perform hand hygiene and change their gloves while providing incontinence care for Resident #1.</p> <p>These failures placed residents at risk for the spread of infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet, dated 01/29/25, revealed the resident was a 78- year- old female admitted to the facility on [DATE] with diagnoses diabetes mellitus and Alzheimer's disease.</p> <p>Review of Resident #1's quarterly MDS assessment, dated 01/13/25, revealed she required dependent assistance with most activity of daily living (ADLs) and one-person assist. Resident #1 was always incontinent of bladder and bowel.</p> <p>Review of Resident #1's care plan undated revealed the Resident #1 is at risk for skin breakdown due to decreased circulation in the lower extremities relate to peripheral vascular disease.</p> <p>Observation of incontinent care for Resident #1 on 01/29/25 at 1:42 p.m. revealed CNA A and CNA B did not wash their hands before the start of care. Both CNAs donned gloves. CNA A and CNA B removed the resident's brief which was completely soiled with urine and fecal matter. CNA A wiped the resident from front to back. Her gloves were visibly soiled, but she continued to use it to clean the resident. CNA A did not wash her hands, change gloves, or perform hand hygiene but proceeded to retrieve Resident #1's clean brief. She placed the clean brief on the resident and fastened it. Meanwhile, CNA B was assisting CNA A to provide care to Resident #1. CNA B wore the same gloves for repositioning including touching the perineal area and fastened the clean brief to the resident. CNA A and CNA B doffed their gloves. Both exited Resident #1's room without washing hands or performing hand hygiene.</p> <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>In an interview on 01/29/25 at 1:55p.m with CNA A, she said she had been employed in the facility for 2 years but left and started again today. She could not remember the last time she received infection control training or in-services. CNA A stated cross contamination meant mixing clean with dirty. CNA A stated she should have washed hands and changed gloves before retrieving the clean brief and placing it on Resident #1. CNA A noted the Resident #1 could get sick for not following good infection control practice.</p> <p>Interview with CNA B on 01/29/25 at 1:58p.m revealed she had been working for the facility for 3-4 months and received infection control training during orientation. CNA B said cross contamination could be caused by not washing hands or changing gloves. CNA B stated she should have changed her gloves and washed her hands before assisting, after repositioning, and before fastening Resident #1's clean brief.</p> <p>During an interview with the DON on 11/29/22 at 3:59 p.m. she acknowledged she was aware of some of the concerns raised about infection control. She stated the staff were expected to wash hands before any care was provided and changed gloves at appropriate times. The DON stated the employee received infection control training annually and periodically as needed. She explained the facility monitored the employees by observing them give care to the residents.</p> <p>Review of the facility policy on hand washing/hand hygiene revised August 2015 reflected the following:</p> <p>Policy Statement:</p> <p>This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 3. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility. 4. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: <ol style="list-style-type: none"> a. When hands are visibly soiled; and b. After contact with a resident with infectious diarrhea including, but not limited to 		