

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675982 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Park Plaza Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2210 Howard St San Angelo, TX 76901 | |

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 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 to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of three residents reviewed for infection control practices.</p> <p>CNA A failed to perform proper hand hygiene and glove changes while providing incontinence care to Resident #1 on 03/29/24.</p> <p>This failure could place residents at risk for the spread of infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 04/01/24, revealed an 84- year- old female admitted to the facility on ,d+[DATE]/22 with diagnoses including Covid-19, overactive bladder, gastronomy (feeding tube) and dementia.</p> <p>Review of Resident #1's MDS assessment dated [DATE] revealed Resident #1 required total assistance with most activities of daily living (ADLs) and one-person physical assistance with transfer. Resident #1 was always incontinent of bowel and bladder.</p> <p>Review of Resident #1's Care Plan dated 02/15/22 revealed he had bowel and bladder incontinence related to over-active bladder.</p> <p>Observation of incontinence care for Resident #1 on 03/29/24 at 9:50 a.m. revealed CNA A used antiseptic and donned gloves (after retrieving the gloves her pocket) before commencing care. CNA A removed Resident #1's brief that was soiled with urine. CNA A wiped the resident from front to back. CNA A did not change gloves but continued to clean Resident #1. CNA A's gloves were visibly soiled with urine. CNA A used the same soiled gloves to apply skin protector to Resident #1. She did not wash her hands, change gloves, or perform hand hygiene before retrieving Resident #1's clean brief and placing it underneath the resident and fastening. CNA A washed hands before leaving Resident #1's room.</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675982 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/01/2024 |
| NAME OF PROVIDER OR SUPPLIER Park Plaza Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 2210 Howard St San Angelo, TX 76901 | |

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>In an interview on 03/29/24 at 10:03 a.m. with CNA A, she revealed she should have changed her gloves during care. CNA A also stated she should have changed her gloves before retrieving a clean brief and placing it underneath Resident #1. CNA A was asked why she did not change her gloves. She said she was nervous. CNA A stated she had infection control training (computer-based learning) about 2 weeks ago. She has been employed in the facility for 2 month and did not receive training with return demonstration from the facility. She said the resident could acquire an infection when she did not follow good infection control practices including not changing gloves before retrieving the resident's clean brief.</p> <p>During an interview with the RCN B on 04/01/24 at 4:58p.m., revealed she was aware of some of the concerns raised about infection control. She stated she expected the aides to follow the facility protocols during care, one of which was to ensure hand washing or sanitizing hand and change of gloves before retrieving clean brief. RCN B noted the facility conducts yearly competency training and periodic in-services if needed.</p> <p>Review of the facility's Perineal care policy created 04/25/22 reflected:</p> <p>Purpose:</p> <p>This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident skin condition.</p> <p>Important Points:</p> <ul style="list-style-type: none"> o If heavily soiled, use an incontinence pad, brief, towel, or wipes to remove soiling, from front to back, prior to performing perineal care. o Do not wipe more than once with the same surface o Doffing and discarding of gloves are required if visibly soiled o Always perform hand hygiene before and after glove use |