

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Merkel Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1704 N 1st Merkel, TX 79536	

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** 41871</p> <p>Based on observation, interview 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 and infections for 1 of 6 residents (Resident #1) reviewed for infection control practices.</p> <p>CNA A and Nursing Aid B failed to perform proper hand hygiene and change gloves while providing incontinence care to Resident #1.</p> <p>This failure could place residents at risk for the spread of infection.</p> <p>The findings include:</p> <p>Record review of Resident #1's Admission Record, dated 12/13/2024, revealed a [AGE] year-old female with an admitted [DATE]. Resident #1 had a primary diagnosis which included Vascular Dementia (problems with reasoning, planning, judgment, memory, and other thought processes caused by brain damage from impaired blood flow to your brain).</p> <p>Record review of Resident #1's Quarterly MDS, dated [DATE], revealed she was dependent for toileting hygiene in Section GG.</p> <p>Record review of Resident #1's Comprehensive Care Plan, dated as last revised on 09/08/2024, revealed: Focus: The resident has incontinence related to her dementia, decreased mobility. She has become incontinent, no longer able to toilet or request assist (progressive dementia). Interventions: Provide peri care after each incontinent episode.</p> <p>In an observation of incontinence care performed by CNA A and Nursing Aid B for Resident #1 on 12/12/2024 at 1:35 PM, revealed CNA A and Nursing Aid B performed hand hygiene and donned gloves. They removed Resident #1's brief which was soiled with feces. CNA A wiped the resident's urethral area and cleaned her buttocks and anal area. A new brief was placed on the resident. CNA A and Nursing Aid B did not perform hand hygiene and don new gloves before they placed a new brief on Resident # 2.</p> <p>In an interview on 12/12/2024 at 1:40 PM, CNA A and Nursing Aid B said they should have performed hand hygiene and put on new gloves before they placed the clean brief on the resident. They said they were nervous and forgot. CNA A said the failure to complete hand hygiene and put on new gloves between dirty to clean could possibly lead to infection.</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 12/12/2024 at 1:45 PM, the ADON said the DON was not at the facility. He said it was his expectation that hand hygiene was performed and gloves should be donned between the dirty and clean. The ADON said failure to perform hand hygiene and don new gloves from dirty to clean could lead to infection.</p> <p>Record review of the facility policy Infection Control Guidelines for All Nursing Procedures, dated as last revised August 2012, revealed the following [in part]:</p> <p>Purpose: to provide guidelines for general infection control while caring for residents.</p> <p>General Guidelines:</p> <p>3. Employees must wash hands for ten (10) to fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:</p> <p>c. After contact with blood, bodily fluids, secretions, mucous membranes, or non-intact skin.</p> <p>d. After removing gloves.</p>