

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Bender Terrace of Lubbock		STREET ADDRESS, CITY, STATE, ZIP CODE 4510 27th St Lubbock, TX 79410	

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** 49279</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an infection control program designed to provide a safe, comfortable, and sanitary environment to help prevent the development and transmission of diseases for 2 of 2 residents (Residents #1 and #2) reviewed for infection control.</p> <ol style="list-style-type: none"> 1. LVN A failed to change her gloves during wound care for Resident #1 after cleaning each wound. 2. LVN A failed to use proper handwashing technique for a minimum of 20 seconds during wound care for Resident #2. <p>These failures could place residents at risk for infection and cross contamination.</p> <p>Findings included:</p> <p>Resident #1</p> <p>Record Review of Resident #1's face sheet revealed a [AGE] year-old male with an admitted [DATE]. Residents #1 had a history of peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow to the limbs), dementia, type 2 diabetes, metabolic encephalopathy (problem with the brain cause by chemical imbalance in the blood), hypertension (high blood pressure), and muscle weakness.</p> <p>Record review of Resident #1's MDS Section C- Cognitive Patterns dated 10/23/2023 revealed a BIMS summary score of 04 which indicated resident had severely impaired cognition. MDS Section M- Skin Condition revealed Resident #1 had a risk for pressure ulcer/injury.</p> <p>Record review of physician orders for Resident #1 revealed the following wound care orders:</p> <ul style="list-style-type: none"> - Wound care order initiated 4/9/2024 for the left hip: Clean with wound cleanser or NS . Pat dry with gauze. Pack with silver alginate rope, apply border gauze dressing daily, and as needed as needed for wound care. - Wound care order initiated on 3/06/2024 for the left ischium: Cleanse with Wound Cleanser or NS, pat dry with 4x4 gauze, pack with gauze saturated Dakin's solution 1/2 strength, cover with border gauze. <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>- Wound care order initiated on 4/09/2024 for the chest: Clean with wound cleanser and pat dry with gauze. Apply Bactroban, cover with border quake dressing daily and as needed.</p> <p>Resident #2</p> <p>Record review of Resident #2's face sheet revealed an [AGE] year-old female with an admitted [DATE]. Resident #2 had a history of Alzheimer's (brain disorder that slowly destroys memory), hyperlipidemia (elevated level of lipids), major depressive disorder, muscle weakness, and age-related physical debility.</p> <p>Record review of Resident #2' MDS Section C- Cognitive Patterns dated 2/26/2024 revealed no BIMS score which indicated resident is rarely/never understood. Section M- Skin conditions revealed resident was at risk for developing ulcers/injuries.</p> <p>,</p> <p>Record review of resident #2's physician orders revealed a wound care order for the coccyx with a start date of 4/9/2024: cleanse area with wound cleanser, pat dry with gauze, apply calcium alginate and hydrocolloid dressing every other day, and prn as needed for wound care.</p> <p>During a wound care observation on 4/18/2024 at 11:00 AM, LVN A did not change her gloves and wash her hands after cleaning a wound on Resident #1's chest. LVN A applied a new wound dressing with contaminated gloves.</p> <p>During a wound care observation on 4/18/2024 at 11:10 AM LVN A did not change her gloves and wash her hands after cleaning a wound to Resident #1's left hip. LVN A applied a new wound dressing with contaminated gloves.</p> <p>During a wound care observation on 4/18/2024 at 11:14 AM LVN A did not change her gloves and wash her hands after cleaning Residents #1's left ischium (lower and back part of the hip bone) wound. LVN A applied a new wound dressing with contaminated gloves.</p> <p>During a wound care observation for Resident #2 on 4/18/24 at 2:23 PM LVN A was observed dispensing soap to the fingertips of her right hand, placing the dispensed soap under running water, and rubbing the fingertips of both hands together before rinsing. LVN A utilized approximately less than 10 seconds to wash her hands. LVN A donned clean gloves and removed a dirty dressing to Resident #2's coccyx. LVN A removed her soiled gloves and washed her hands in the sink for 12 seconds, dispensing soap to her fingertips, and washing only the fingertips of her hands. LVN A donned on clean gloves, applied a new dressing to the wound, removed her contaminated gloves, and washed her hands in the sink for 8 seconds, applying soap to her fingertips and washing only the fingertips of her hands.</p> <p>During an interview with LVN A on 04/18/2024 at 2:27PM, she stated she had been trained on handwashing many times. She stated handwashing should occur for a minimum of 20 seconds. She stated risk of not handwashing, or changing gloves can lead to a risk of infection for the resident. She stated the DON and the ADON do in-services on handwashing. She stated she was nervous and does not do wound care as she was PRN.</p> <p>(continued on next page)</p>		

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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>During an interview with the DON on 4/18/2024 at 4:35 PM, he stated staff should perform handwashing before wound care begins, after removing soiled dressing, after cleaning the wound, and after applying a new dressing. He stated nurses should be changing gloves after removing a soiled dressing, and after cleaning the wound during wound care. The DON stated handwashing should occur for a minimum of 20 seconds. He stated there should be enough soap to cover both hands and create a lather. He stated the negative consequences for improper handwashing and glove changes could be infection risk spreading from one resident to another and spreading infection to the staff. He stated he does the training for handwashing yearly but will implement in-services twice a month. He stated the last handwashing in-service was 2/14/2024. The DON stated he conducts random observations throughout the facility and utilizes facility cameras to monitor for handwashing compliance. He stated he was not aware of staff not following facility policy for handwashing.</p> <p>During an interview with ADM on 4/18/2024 at 5:03 PM, she stated staff should wash their hands before wound care, after wound care, or any time between glove changes. She stated nurses should change gloves during wound care after cleaning the wound. She stated handwashing should occur for 20 seconds with enough soap to wash both hands entirely and between each finger, after rinsing, utilizing paper towels to dry their hands, and to turn off the faucet. She stated the negative consequence of improper handwashing is spreading infection. The ADM stated the DON was responsible for training on handwashing. She stated she began an in-service 4/18/2024 and the last one was 2/14/2024. She stated the DON was the infection preventionist and he monitors for compliance. She stated she believed staff was following handwashing policy and utilizing their nursing knowledge. She stated LVN A had been trained on infection control upon hire on 3/18/2024 and this was her 3rd shift at the facility.</p> <p>Record review of Handwashing Policy revised December 2009 revealed .</p> <p>Policy interpretation and Implementation</p> <p>.2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infection to other personnel, residents, and visitors.</p> <p>.5. Employees must wash their hands for at least 15 seconds using antimicrobial soap and water under the following conditions:</p> <p>7 .K. Before and after changing a dressing</p> <p>.R. After handling soiled or used linens, dressings .</p> <p>Procedure</p> <p>Washing Hands</p> <p>1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature.</p> <p>Record review of Infection control Guidelines for All nursing procedures revised August 2012 revealed .</p> <p>(continued on next page)</p>		

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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>General Guidelines</p> <ol style="list-style-type: none"> 1. Standard precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin and/or mucous membranes. 3. Employees must wash their hands for 10- 15 seconds using antimicrobial soap and water. 4. Alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations. <ul style="list-style-type: none"> .e. Before moving from a contaminated body site to a clean body site during resident care. <p>Record review of Internet CDC Handwashing Guidelines titled Hand Hygiene in the Healthcare Setting last revised January 1, 2018, revealed:</p> <p>The CDC Guideline for Hand Hygiene in Healthcare Settings recommends:</p> <p>When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.</p> <p>. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds.</p>