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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676188 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Millbrook Healthcare and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1850 W Pleasant Run Rd Lancaster, TX 75146 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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>46403</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 one of five residents (Resident #23) reviewed for infection control.</p> <p>MA A dropped medication on the medication cart and then picked the medications without gloves and administered to Resident #23 on 01/08/24.</p> <p>These failures could place residents at risk for contamination and infection.</p> <p>The findings included.</p> <p>Observation on 01/08/24 at 10:40 AM reflected MA A preparing the medications for Resident #23 and putting them in the medication cart. Then the MA A when reaching out knocked the medication cup leading to medication falling on the medication cart. MA A then without gloves picked up the medications off the medication cart and placed them back in the medication cart and then administered to Resident #23.</p> <p>In an interview on 01/08/24 at 10:45 AM with MA A she stated when the medications fell on the medication cart, she was not supposed to administer the medications to the resident. MA A stated the cart was considered dirty and she was supposed to use gloves when touching resident medications because her hands were not considered clean. MA A stated she was not to administer medications because the medications were not clean, and she was supposed to use gloves to prevent cross contamination. MA A stated she had been in-serviced about one month ago on infection control.</p> <p>In an interview on a01/10/2t 4 01:01 PM with ADON she stated the MA A was not supposed to pick medications off the cart without gloves and administer the medications to the resident because they were assumed not clean. ADON stated the MA A was supposed to discard the medications due to infection control. ADON stated MA A had been in-serviced on infection control last week.</p> <p>In an interview on 01/10/24 at 01:30 PM with the Operations Manager she stated MA A informed her on Monday that she had messed up. The MA A informed the Operations Manager she had touched the resident's medications without gloves. The Operational Manager stated the MA A was supposed to throw away the medications that fell on top of the medication cart and use gloves when handling resident's medications for infection control.</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.

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| 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>Review of the facility policy revised 07/2014 and titled Hand Washing reflected, It is the policy of this facility to cleanse hands to prevent transmission of possible infectious material and to provide clean, healthy environment for residents and staff. Hand washing/ hand hygiene is generally considered the most important single procedure for preventing the transmission of infection.</p> | | |