

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676323	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2024
NAME OF PROVIDER OR SUPPLIER The Crescent		STREET ADDRESS, CITY, STATE, ZIP CODE 11353 Sugar Park Lane Sugar Land, TX 77478	

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** 40249</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 infection for 1 of 4 residents (Resident #2) reviewed for infection.</p> <p>-The facility failed to ensure CNA JJ and CNA RR performed hand hygiene during incontinent care on Resident #2.</p> <p>This failure could lead to the spread of infection to residents, resident illness, and/or resident distress.</p> <p>Finding included:</p> <p>Record review of the admission sheet (undated) for Resident #2 revealed a [AGE] year old male admitted to the facility on [DATE] with diagnoses which included Alzheimer's disease (A progressive disease that destroys memory and other important mental functions), functional quadriplegia (the complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the spinal cord) and gastrostomy status (a surgical opening into the stomach for nutritional support or gastric decompression).</p> <p>Record review of Resident #2's Quarterly MDS, dated [DATE], revealed his staff assessment for mental status was conducted due to the resident was unable to complete the brief interview for mental status questions. He was assessed as having short term memory problems, long term memory problems, and cognitive skills for daily decision making was severely impaired never/rarely made decision. The MDS revealed he was dependent from staff with toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS revealed in section H0300: Urinary Incontinence was coded (3) always incontinent. section H0400: Bowel Incontinence was coded (3) always incontinent.</p> <p>Record review of Resident #2's care plan, initiated 05/09/2023 revealed the following:</p> <p>Problems: Toileting - (Resident#2) requires extensive assistance.</p> <p>Goals: (Resident#2) will have toileting needs met with the assistance of 1-2 people.</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>Interventions: Provide hygiene after voiding/BMs to prevent skin breakdown. Apply moisture barriers.</p> <p>Observation on 06/24/24 at 11:16a.m., revealed CNA RR and CNA JJ provided Resident #2 with incontinence care. CNA JJ did not complete hand hygiene prior to entering the resident's room, nor prior to donning (put on) clean gloves. CNA JJ removed Resident #2's brief and tucked it under the resident's buttocks. CNA JJ wiped x2. CNA RR assisted Resident #2 turn onto his left side to clean his buttocks. Resident had a small bowel movement. CNA JJ removed the soiled brief and discarded it into the clear bag sitting near resident's foot of bed. CNA JJ removed her soiled gloves without washing or sanitizing her hands donned clean gloves. At this time Surveyor asked CNA JJ if she had hand sanitizer that she could use prior to donning clean gloves. CNA JJ said, I wash my hands after every 3rd gloves change. CNA JJ completed incontinent care and with the same soiled gloves touched the Resident's clean shirt, brief, pants and transferred resident from bed to wheelchair via mechanical (hoyer) lift.</p> <p>In an interview on 6/24/24 at 11:39a.m., with CNA JJ, she said she worked PRN at this facility. She said she did not recall doing CNA competency checks for incontinent care. CNA JJ said she did not have a hand sanitizer in the resident's room. She said, I wash my hands after every 3rd gloves change. CNA JJ said her actions in not performing hand hygiene while changing gloves could result in cross contamination. She said she had completed in-service on infection control at her other job last Friday (6/21/24). She said she could not recall the exact date when she was in-serviced on infection control at this facility.</p> <p>In an interview on 6/24/24 at 11:43a.m., with CNA RR, she said she did good assisting CNA JJ. CNA RR said, I don't know why CNA JJ said she needed to wash her hands after every 3rd gloves change. CNA JJ should have changed her gloves, washed her hands, or used hand sanitizer before placing clean brief on. She said the failure placed the resident at risk for infections.</p> <p>In an interview on 06/24/24 at 2:48 p.m., with the DON, she said she expected staff to make sure they provided complete and proper incontinent care. She said CNAs should have either washed or sanitized their hands after touching a dirty area prior to moving to a clean area when performing incontinent care. She said these failures were risk for infection control. When asked who was responsible for training staff on infection control and how staff monitored to ensure they are following proper procedure/policy related to infection control. DON said staff received training/in-service on infection control often. She said CNAs were provided training and competency check offs quarterly and as needed.</p> <p>Record review of facility's In-Service Training Report dated 6/11/2024 Topic infection control was signed by CNA RR and CNA JJ.</p> <p>Record review of the Infection Control Policy (Revised November 2017) revealed read in part: .1. The facility must establish an infection prevention and control program (IPCP) that must include: a. A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all patients, under a contractual agreement based upon the facility assessment. b. Staff, volunteers, visitors and other individuals providing services will not be allowed to work if a communicable disease is diagnosed .</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>Record review of the facility's Hand Hygiene policy (Revised August 2019) revealed read in part: . Policy statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care; m. After removing gloves; 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections .</p>		