

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/15/2024
NAME OF PROVIDER OR SUPPLIER Highland Meadows Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1870 S John King Blvd Rockwall, TX 75032	
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 47030 Based on observations, interviews, 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 three of three residents (Resident #21, #95, and #88) reviewed for infection control. 1. MA A touched medications without gloves and administered to Resident #21. 2. MA A failed to clean the blood pressure machine while checking the blood pressure for Resident #21 and #95. 3. CNA B failed to complete hand hygiene while providing incontinent care to Resident #88. These failures could place residents at risk for contamination and infection. The findings included: Observation on 02/13/24 at 09:45 AM reflected MA A checked Resident #21's blood pressure and then proceeded to prepare the medications for Resident #21 and put them in the medication cart. While getting the medications from the medication bottle, MA A picked up the medications without gloves. MA A then administered the medications to the resident. MA A completed hand hygiene then proceeded to Resident # 95's room and checked her blood pressure. In an interview on 02/13/24 at 10:14 AM with MA A stated she was aware that she was not supposed to touch the medications with ungloved hands, but she forgot. MA A stated her hands were considered contaminated, so she was not supposed to touch medications without gloves. MA A stated she was not supposed to clean the blood pressure machine unless she had residents who were in isolation. She stated since there were no residents on isolation, she did not need to clean the blood pressure machine. MA A stated she was supposed to maintain infection control to prevent the spread of infection from one resident to another. (continued on next page)		

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation on 02/14/24 at 01:43 PM revealed CNA B providing incontinent care to Resident #88. The resident was in bed, CNA B went in the room gloved and positioned the resident. CNA B proceeded to unfasten the resident's brief and positioned the resident on her side. Resident#88 had small amount of bowel movement, which was loose. CNA B cleaned the resident and then realized she did not have a trash bag. She then ungloved and left the room. CNA B came back in the room and gloved without any form of hand hygiene. She had a packet of wipes in her hands and trash bag. She then continued to clean the resident's bottom area with wipes and took off gloves after cleaning the resident and donned clean gloves without any form of hand hygiene. CNA B proceed to apply the clean brief, fastened the brief, and positioned the resident, then bagged the trash and left the room without any form of hand hygiene. In an interview on 02/15/24 at 12:34 PM with CNA B she stated she was to complete hand hygiene after taking off the dirty gloves before donning the clean gloves, and she forgot during incontinent care. She stated she was supposed to use hand sanitizer or wash hands after taking off the dirty gloves to prevent cross contamination. She stated she had an in-service on infection control last week, on Monday. In an interview on 02/15/24 at 12:42 PM with the (ADON), she stated she was the Infection Preventionist. The ADON stated the In-service for infection control was ongoing and she could not remember the last time the facility completed one. The ADON stated the staff was not supposed to touch medications without gloves, then it was considered contaminated, and the staff was to discard the medications. The ADON also stated the staff was to clean the blood pressure machine between residents. She stated while providing incontinent care, the staff was to complete hand hygiene before donning gloves. The ADON stated hand hygiene was to be completed to prevent the spread of infection and cross contamination. Review of the infection control/hand hygiene in-service reflected the staff were in-serviced on 10/30/23. In an interview on 02/15/24 at 01:01 PM with the DON, he stated the staff were not supposed to touch medications without gloves and give to the resident because it was considered contaminated. The DON stated regardless of the residents being in isolation or not, the staff was supposed to clean the blood pressure machine in between each use, and the staff were supposed to complete hand hygiene after taking off gloves. The DON stated the staff were supposed to maintain infection control to prevent the spread of infection. Review of the facility policy titled, Hand Washing, effective 05/2017 reflected, It is the policy of this home that hand hygiene is the primary means to prevent the spread of infection. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub) shall be readily available and convenient for staff use to encourage the compliance with hand hygiene. PROCEDURE Washing hands: 1. The use of gloves does not replace proper hand washing. Employees must wash their hands for at least twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: . o After removing gloves or aprons;		