

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2024
NAME OF PROVIDER OR SUPPLIER Ignite Medical Resort Round Rock, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 16219 Ranch Road 620 North Austin, TX 78717	

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** 45070</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection and prevention control program that included, at a minimum, a system for preventing and controlling infections for 1 of 3 residents (Residents #1) reviewed for infection control, as indicated by:</p> <p>CNA A and LVN B failed to wash hands and change dirty gloves while handling clean items while providing pericare to Resident #1.</p> <p>This failure could place the residents at risk of transmission of diseases and infection.</p> <p>Findings included:</p> <p>Review of Resident #1's face sheet dated 07/27/24 reflected, Resident #1 admitted to the facility on [DATE]. He was a [AGE] year-old male diagnosed with Fracture of first, second, third, fourth and fifth lumbar vertebra (the bone in the lower spine) , Fracture of other parts of pelvis, Multiple fractures of ribs, Alcoholic cirrhosis of liver(a type of late stage liver disease due to excessive alcohol consumption), Hypertension, Muscle weakness, Difficulty in walking and Need for assistance with personal care.</p> <p>Record review of Resident #1's quarterly MDS assessment dated ,d+[DATE] reflected her BIMS was 15 indicating his cognition was intact.</p> <p>Record review of Resident #1's care plan dated 07/17/24 revealed Resident #1 was incontinent and relevant intervention was changing disposable briefs as needed.</p> <p>An observation on 07/27/24 at 10:20 a.m., revealed CNA A was breaking infection control protocol by using soiled gloves while handling clean items while providing pericare to Resident #1. She used one pair of gloves for the entire procedure. CNA A and LVN B entered the room for pericare on Resident #1. CNA A and LVN B donned (to put on) gloves without washing or sanitizing their hands. CNA A removed the soiled brief and wiped Resident #1's perineal area and his back with wet wipes dispensing directly from the packet. She then picked up new brief with the soiled gloves. She also handled the packet of wipes with remaining wipes in it and kept it on the bedside table. She removed a wet wipe from it with the soiled gloves and given to Resident #1, when he requested one. He was about to wipe his face with that contaminated wipe when the investigator intervened and stopped him from doing so.</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>During an interview on 07/27/24 at 11:05AM, CNA A said she should have changed the gloves whenever handling fresh items while doing pericare on Resident #1. She continued, she was nervous and forgot to wash her hands before donning the gloves and change the dirty gloves with new one when handling clean items so that she would not have contaminated them. CNA A stated following infection control protocol was important to minimize spreading diseases from one resident to another. CNA A stated she did not remember if she received any in services on pericare.</p> <p>During an interview on 07/27/24 at 11:10AM, LVN B stated she forgot to wash her hands before donning the gloves. She also stated she did not correct CNA A as she failed to notice a breach of infection control protocol by CNA A by handling cleans items with dirty gloves. She stated she received infection control in services often however could not remember when she did receive the last one.</p> <p>During a telephone interview on 07/27/24 at 12:20PM, the interim CNO stated she started working at the facility as an RN about a year ago and for the last few weeks as the interim CNO. She stated it was important to dispose the dirty gloves and then wear new gloves when handling fresh items so that they will not be contaminated. She said strict infection control protocol is essential to control infection. She said there was a breach in infection control protocol if CNA A had handled clean items with soiled gloves. She stated she would be the new CNO at the facility from 07/29/24 and was committed to make sure all the staff members follow infection control policies and procedures.</p> <p>Review of Inservice records from 03/01/24 to 07/27/24 revealed an in service on Enhanced Barrier precaution conducted on 04/01/24 and both CNA A and LVN B had not participated in it.</p> <p>Review of facility's policy titled Infection control Policy revised in May2024 reflected:</p> <p>This facility will follow Standard Precautions for infection control and prevention to protect residents, staff, and visitors to ensure staff do not carry infectious pathogens on hands or via equipment during resident care including but not limited to:</p> <p>Hand hygiene</p> <p>Perform hand hygiene:</p> <p>Before and after contact with a resident</p> <p>Immediately after touching blood, body fluids, non-intact skin, mucous membranes or contaminated items (even when gloves are worn during contact Immediately after removing gloves</p> <p>When moving from contaminated body sites to clean body sites during resident care</p> <p>After touching objects and medical equipment in immediate resident care area</p> <p>Before eating.</p> <p>After using restroom</p> <p>After coughing or sneezing into a tissue</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>Gloves:</p> <ul style="list-style-type: none"> Touching blood Touching body fluids Touching non-intact skin/mucous membranes Touching any contaminated items <p>Always during activities involving vascular access.</p>