

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675677	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER DEL RIO NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 301 W MARTIN ST DEL RIO, TX 78840	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and interviews the facility failed to 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 1 of 1 facilities reviewed for reuse of N95 Face Filtering Respirators (FFR), in that: The facility issued each employee 1 N95 FFR and instructed the staff to wear the N95 FFR for five daily work shifts. This deficient practice could affect residents by placing them at risk of severe illness or death by transmitting and contracting COVID-19. The findings: Observation on 8/20/2020 at 8:40 AM of the facility's Personal Protection Equipment (PPE) donning area, located in the foyer entrance revealed brown paper bags on the wall labeled with employee names. Observation on 8/20/2020 at 8:41 AM of the Administrator and DON revealed they wore N95 FFR's. Observation on 8/20/2020 at 9:25 AM of the facility's COVID-19 isolation wing revealed Licensed Vocational Nurse (LVN) A wore a N95 FFR. Observation on 8/21/2020 at 9:30 AM of the Assistant Director of Nursing LVN B revealed she wore a N95 FFR. Interview on 8/20/2020 at 8:41 AM with the facility's Administrator confirmed the facility issued the employees 1 N95 FFR to wear for their daily shift and then reuse the N95 FFR for the next five work shifts. Further interview the Administrator confirmed the facility will issue a new N95 FFR to each employee after the employee has worn the mask for five daily work shifts or if the FFR becomes damaged or soiled. Further interview confirmed the facility utilized a PPE Burn Calculator and would reorder weekly based on the findings of the calculator. The Administrator confirmed the facility had a month's supply of N95 FFR's and was not in crisis status for resupply of N95 FFR's and was meeting the facility's need for N95 FFR's. Interview on 8/20/2020 at 8:50 AM with the Director of Nurses confirmed the facility's policy for extended use and reuse of PPE N95 FFR's was to issue each employee 1 N95 FFR and require the employee to wear the N95 FFR for five daily work shifts, then the employee will be issued a new fresh N95 FFR. Interview on 8/20/2020 at 9:27 AM with LVN A confirmed she was issued her current N95 FFR last week and further said, I will receive a new N95 FFR after I wear my N95 FFR for five work shifts. LVN A stated she wears her N95 FFR all shift and at the end of work shift she doffs the N95 FFR and places her N95 FFR in a paper bag, labeled with her name. LVN A confirmed the bags are stored by the entry foyer on the wall. LVN A stated she would don, at the entry foyer, the same N95 FFR on her next work shift. Interview on 8/21/2020 at 9:30 AM with the ADON LVN B confirmed the facility's policy requiring each employee to wear a N95 FFR during their daily work shift and then to doff the N95 FFR into a paper bag labeled with their name located at the entry foyer, and upon their next daily work shift the employee is to don the same mask and do so for five daily work shifts, where upon the employee would doff and discard the N95 FFR and would receive a new N95 FFR for their next daily work shift. Record review of the CDC's website, accessed 8/20/2020, revealed a webpage titled Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators which read N95 FFRs are meant to be disposed after each use. CDC developed contingency and crisis strategies to help healthcare facilities conserve their supplies in the face of shortages. When the availability of N95 FFRs become limited due to an expected shortage, supplies first should be conserved using contingency strategies. Further review of the CDC website revealed Contingency Strategies, With extended use, N95 FFRs are worn for a prolonged period, for multiple patient contacts, before being removed and discarded (unlike conventional strategies in which an N95 FFR is used for one patient contact then discarded). And Crisis Capacity Strategies, With limited reuse, an N95 FFRs is donned for one patient contact, then doffed and stored before being used for another patient contact for a limited number of donnings. The same CDC webpage revealed A limited reuse strategy to reduce the risk of self-contamination. One strategy to reduce the risk of contact transfer of pathogens from the FFR to the wearer during FFR reuse is to issue five N95 FFRs to each healthcare staff member who care for patients with suspected or confirmed COVID-19. The healthcare staff member can wear one N95 FFR each day and store it in a breathable paper bag at the end of each shift with a minimum of five days between each N95 FFR use, rotating the use each day between N95 FFRs. This will provide some time for pathogens on it to die off during storage (8). This strategy requires a minimum of five N95 FFRs per staff member, provided that healthcare personnel don, doff, and store them properly each day. Facility Policy on reuse of N95 FFR's was requested but not provided.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.