

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER ELGIN NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1373 NORTH AVENUE C ELGIN, TX 78621	
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 observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for two (2) out of seven (7) staff reviewed for infection control. ADON A and CNA B failed to follow the facilities PPE requirements when entering resident isolations room. These failures placed residents at risk of communicable diseases and infections and at risk for contracting COVID-19. Findings Include: Observation on 8/20/2020 from 8:15 AM - 9:20 AM revealed the following sign posted on the doors of isolation rooms, from CDC (not dated), Remove all PPE before exiting the patient room except respirator, if worn. PPE requirements: gloves, goggles, or face shield, gown, mask or respirator. Observation on 8/20/2020 from 8:15 AM - 9:20 AM revealed ADON A not donning gloves when entering isolation rooms and not doffing gowns when exiting isolation rooms: 204, 205, 206, 211 and 212 during meal service Observation on 8/20/2020 from 8:15AM- 9:20 AM revealed CNA B not doffing gown when exiting isolation rooms: # 203, 213, 214 and 216 during meal service. Interview 9:05 AM the ADON A stated, I did not wear gloves in the rooms I delivered meal trays. It was a requirement on the droplet precautions and on the warm isolation hall we are to wear gloves. Furthermore, ADON stated, I did not remove gown after leaving each room and I did enter other residents' rooms wearing same gown. I thought we could wear the same gown. We wore the same gown when we had the COVID unit. Interview 9:12 AM the CNA B stated, I didn't take off my gown when I left one residents room and entered another residents room. I didn't think about needing to change my gown. Interview 9:15 AM the DON stated, We have a policy stating the staff on the warm isolation unit caring for residents on droplet precautions isn't required to doff gowns but every third (3rd) room they enter. Staff is to wear gloves upon entrance a residents' isolation room and doff gloves prior to exiting the room. This is my expectation for this unit. Interview 1:45 PM the Regional Nurse Consultant for the facility stated, We do not have a policy stating the staff on the warm isolation unit to doff gown every third (3rd) room. I expect each staff to doff gown prior to exiting each isolation room. The staff is required to donn a new gown prior to entering another room on isolation hall. Furthermore, Regional Nurse Consultant stated, staff is required to donn gloves prior to entering an isolation room and doff gloves prior to exiting the isolation room. All residents on the warm isolation hall is on droplet precautions.</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.