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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676121 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/09/2020 |
| NAME OF PROVIDER OF SUPPLIER SILVER TREE NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 930 ROY RICHARD DR SCHERTZ, TX 78154 | |
| 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 - Few | Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to 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 2 of 3 Halls (Halls 400 and 700) observed for infection control practices, in that; Maintenance Assistant did not wash or sanitize hands after exiting a resident room in hall 400 and before entering a resident room in hall 700. This failure could affect residents residing in the facility and place them at risk for infections. The findings were: Observation of Hall 400 on 4/8/2020 at 11:29 a.m., revealed Maintenance Assistant exited a resident room on hall 400 and did not wash or sanitize his hands. The Maintenance Assistant then walked down halls 400, 500 and 700 and did not wash or sanitize his hands prior to entering a resident room in hall 700. Interview with the Maintenance Assistant at 4/8/2020 at 11:31 a.m. confirmed he had not washed or sanitized his hands after exiting a resident room in hall 400 and prior to entering a resident room in hall 700 when checking on resident equipment. Interview with the Maintenance Director on 4/8/2020 at 1:13 p.m. confirmed staff are expected to wash hands upon entering and exiting resident rooms. In an interview with DON on 4/8/2020 at 1:43 p.m. she stated all staff are expected to wash or sanitize their hands upon entering and exiting resident rooms. Review of the facility policy Fundamental of Infection Control Precautions, dated 2019, revealed in part .1. Hand hygiene continues to be the primary means of preventing the transmission of infection. | | |
| 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.