

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455627</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY-DENTON VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2500 HINKLE DR DENTON, TX 76201</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>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 to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of two residents reviewed for infection control practices LVN A failed to perform hand hygiene, clean the glucometer, and create a sterile field while checking Resident #1's blood sugar. This failure could affect the residents by placing them at risk for the spread of infection. Finding included: Review of Resident #1's Face Sheet dated 08/08/20 revealed an [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident#1's Medication Order summary dated 08/08/20 revealed he received [MEDICATION NAME] Solution (Insulin Asp art) subcutaneously before meals and at bed time per sliding scale related to type 2 diabetes mellitus. Observation of a blood sugar check on Resident #1 on 08/08/20 at 11:09 a.m. revealed LVN A washed her hands before the start of care. She did not prepare a clean field to place her supplies but held it on her hand. Additionally, LVN A did not clean her glucometer before using it for Resident #1. LVN A entered the resident's room, donned gloves and proceeded to prick the resident's middle finger with a fingerstick device. Resident #1's blood sugar was 165 mg/dl which required 2 units of insulin per the sliding scale. She walked out of room with gloves on and disposed it at the medication cart. LVN A drew the required amount of insulin with her bare hands. LVN A then donned gloves before giving the resident the insulin. LVN A did not perform hand hygiene after removing her gloves and started retrieving medication from the medication cart In an interview on 08/08/20 at 11:15 a.m. with LVN A revealed she had been employed in the facility [AGE] years and received infection control training 3 months ago. LVN A stated cross contamination was mixing clean with dirty. LVN A acknowledged she should have washed her hands before the start of care and cleaned the glucometer before use on Resident #1. She added Resident #1 could get sick or an infection from not following good infection control practice. In an interview with the DON on 08/08/20 at 12:15 p.m. he acknowledged he was aware of some of the concerns raised about infection control. He stated he expected the aides to wash their hands and gather supplies, knock on the resident's door before entering and to wash hands and don gloves before providing care to the resident. He also expected them to wash their hands before exiting the resident's room. Review of the facility's policy on hand hygiene and hand washing revised 04/14/20 reflected, the purpose was to ensure appropriate hand hygiene technique for clinical use. During patient care wash hands with plain soap and water or with anti-microbial soap and water: a) If hands are visibly soiled b) If hands are visibly contaminated with blood or body fluids c) Before eating . If hands are not visibly soiled or contaminated with blood or body fluids, use an alcohol-based hand rub for routine cleaning hands: a) Before having direct contact with residents, patients and children b) After having direct contact with another person's skin c) After contact with body fluids, wounds, or broken skin d) After touching equipment or furniture near the resident/patient e) After removing gloves . According to Center for Disease Control (CDC), Recommended Practices for Preventing Bloodborne Pathogen Transmission during Blood Glucose Monitoring and Insulin Administration in Healthcare Settings. Retrieved from <a href="https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html">https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html</a>. August 12, 2020. .Hand Hygiene (Hand washing with soap and water or use of an alcohol-based hand rub) .Wear gloves during blood glucose monitoring and during any other procedure that involves potential exposure to blood or body fluids Change gloves between patient contacts. Change gloves that have touched potentially blood-contaminated objects or fingerstick wounds before touching clean surfaces. Discard gloves in appropriate receptacles. Perform hand hygiene immediately after removal of gloves and before touching other medical supplies intended for use on other persons</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.