

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER MEADOWBROOK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 632 WINDSOR WAY VAN ALSTYNE, TX 75495	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</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 a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for three (Residents #1, #2, and #3) of three residents observed for wound care and blood glucose checks. 1. LVN B failed to change his gloves when providing wound care for Resident #1. 2. LVN A failed to cleanse the Glucometer machine using the disinfectant wipes after checking blood glucose on Residents #2 and #3. These failures could put the residents at risk of infection. Findings included: 1. Review of Resident #1's Quarterly MDS assessment dated [DATE] reflected she was a [AGE] year-old female admitted to the facility 03/19/20. [DIAGNOSES REDACTED]. Review of Resident #1's Care Plan edited on 04/27/20 reflected she had a shear wound to the right lateral foot and right heel unstageable deep tissue necrosis due to skin concern. Review of Resident #1's Active physician's orders [REDACTED]. Cleanse right heel, apply collagen and dry dressing. On the lateral right foot cleanse apply silver alginate and cover with dry dressing daily and PRN (as needed). On observation on 06/04/20 at 1:24 PM revealed Resident #1 was lying on her bed. LVN B donned gloves and removed the soiled dressing to Resident #1's right heel and with the same gloves retrieved the clean gauze and began to cleanse the wound with wound cleanser. LVN B did not change gloves but continued to apply the treatment and covered the wound with a dry dressing. On the wound at the right lateral foot he washed hands donned gloves, removed the soiled dressing to Resident #1's right lateral foot and with the same gloves retrieved the clean gauze and began to cleanse the wound with wound cleanser. LVN B did not change gloves but continued to apply the treatment and covered the wound with a dry dressing. An interview on 06/04/20 at 1:38 PM with LVN B revealed he did not change his gloves during Resident #1's wound care treatment and he did not have the reason for not doing it. An interview on 06/04/20 at 1:50 PM with the DON revealed wound care treatment should be done per their policy. She would have expected LVN B to change his gloves after removing the old dressing and wash hands before touching the clean supplies. Review of the facility's policy titled Performing a Dressing Change revised on 06/01/15 reflected the following: .Procedures: NOTE: (Wash hands before and after donning glove) . 2. Remove old dressing and packing (if present) (Change gloves) 3. Cleanse the wound of drainage, debris, or dressing/filler residue. (Change gloves) . Review of the CDC's Guidelines for Hand Hygiene in Health-Care Settings, dated 10/25/02, reflected: .Recommendations 1. Indications for handwashing and hand antisepsis .C. Decontaminate hands before having direct contact with patients (IB) (68,400). .F. Decontaminate hands after contact with a patient 's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient) (IB) (25,45,48,68). G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin, and wound dressings if hands are not visibly soiled (IA) (400). H. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care (II) (25,53). I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient (II) (46,53,54). J. Decontaminate hands after removing gloves (IB) 2. Review of Resident #2's MDS Assessment, dated 05/28/20, revealed the resident was an [AGE] year-old female admitted to the facility on [DATE]. The resident had [DIAGNOSES REDACTED]. Review of Resident #2's Care Plan edited on 05/28/20 reflected she was diabetic and at risk of infections. Review of Resident #3's MDS Assessment, dated 05/19/20, revealed the resident was a [AGE] year-old male admitted to the facility on [DATE]. The resident had [DIAGNOSES REDACTED]. Review of Resident #3's Care Plan edited on 05/19/20 reflected he was diabetic and at risk of infections. Observation on 06/04/20 at 11:24 AM revealed LVN A cleansed the glucometer machine with an alcohol pad instead of using disinfectant wipes after attending to Resident #2. Observation on 06/04/20 at 11:29 AM revealed LVN A cleansed the glucometer machine with an alcohol pad instead of a disinfectant wipe after attending to Resident #3. An interview with LVN A on 06/04/20 at 11:37 AM revealed he was supposed to use disinfectant wipes to clean the glucometer machine after use and between Residents #2 and #3. An interview with the DON on 06/04/20 at 1:50 PM revealed the facility expected staff to cleanse the glucometer between the residents and after contact with blood with disinfectant wipes and not alcohol pads. She also expected the nurse to follow their policy. Review of the facility's policy titled Bedside blood glucose monitoring revised on 07/01/16 reflected the following: Blood glucose monitoring machines must be disinfected with an EPA disinfecting wipe after each patient use, between patients and after contact with blood fluids. Refer to the directions for proper use of the disinfecting wipe</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.