

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER PINE ARBOR		STREET ADDRESS, CITY, STATE, ZIP 705 HWY 418 W SILSBEE, TX 77656	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to help prevent the development and transmission of communicable diseases was established and maintained for 2 of 4 dietary staff reviewed for infection control. Dietary Staff A and the DM did not wear a mask properly while preparing lunch for the residents. This failure could place residents at risk for developing COVID-19 (a sometimes-fatal upper respiratory infection) or other infections. Findings included: An undated employee tracking document indicated 13 staff had been tested from 7/1/20 to 8/7/20 and were positive for COVID-19. A resident roster dated 8/9/20 indicated 10 residents were positive for COVID-19. During an observation and interview on 8/10/20 at 11:15 a.m., Dietary Staff A was helping preparing food for the lunch meal and was wearing a mask without the lower strap secured. The mask was loose around the mouth and chin area of the dietary staff's face. She said she had been trained and knew to use both straps. During an observation and interview 8/10/20 at 3:00 p.m., the DM was preparing a sandwich for a resident, and her mask did not cover her nose. She said it always slides down and said she had not requested a different type. During an interview on 8/11/20 at 1:58 p.m., the administrator said her expectation was for all staff to wear the mask correctly with all straps secured, and the mask should cover the nose and mouth while in the building. During an interview on 8/11/20 at 2:30 p.m., the DON said she was the infection control preventionist and the staff had been trained on the COVID-19/infection control policies and procedures. She said all staff should wear a face mask correctly and it should cover the nose and mouth while in the building. The Infection Control Coronavirus policy dated August 5, 2020 indicated . For the duration the state of emergency in your state, all personnel should wear a face mask while they are in the center . The CDC website <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> accessed on 8/13/20 indicated .Preparing for COVID-19 in Nursing Homes indicated Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility. When available, facemask are generally preferred over cloth face coverings for HCP as facemask offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others . The CDC website defined source control as use of a face covering or facemask to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. During the exit on 8/12/20 at 5:00 p.m., the facility was asked for any additional information related to these findings. No additional information was 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.