

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTPOINTE AT LYTLE LAKE		STREET ADDRESS, CITY, STATE, ZIP 1201 CLARKS DR ABILENE, TX 79602	
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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to provide residents the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences for 3 (Resident #1, Resident #2 and Resident #3) of 3 residents reviewed for resident rights. 1. The facility failed to give reasonable notice to residents and resident representatives that the facility would no longer provide guest wifi. 2. The facility failed to make a reasonable accommodation when Resident #1's Representative wished to install a personal wifi into Resident's #1 room. This failure placed all residents at risk for not having accommodation of needs and preferences being met, placing undue stress on residents and their representatives. Findings: Record review of Resident #1 electronic face sheet accessed on 6/1/20 revealed a [AGE] year old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Resident #1 face sheet also revealed Family Member A as her guardian. Record review of Resident #1 most recent quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #1 had unclear speech with difficulty communication some words or finish thoughts and misses some part/intent of a message. Resident #1 was not able to complete a Brief Interview for Mental Status (BIMS) and had problems with both short term and long-term memory. Record review of Resident #1 electronic care plan accessed on 6/1/20 revealed the following: Focus- Resident is utilizing Electronic Monitoring Device; Goal- Resident wishes regarding electronic monitoring will be honored through the next review date; Interventions- Ensure roommate is in agreement/ consents if applicable, Obtain electronic monitoring consent, Post notice outside room, Revisit Electronic Monitoring device as needed with an initiated date of 3/24/20. Record review of Health and Human Services (HHS) form 0065 Information Regarding Authorized Electronic Monitoring for Nursing Facilities revealed the following: A resident or the resident's guardian or legal representative is entitled to conduct authorized electronic monitoring (AEM) under Subchapter R, Chapter 242, Health and Safety Code .When the resident's physician has determined the resident lacks capacity to request AEM, a person from the following list, in order of priority, may act as the resident's legal representative for the limited purpose of requesting AEM: 2) the guardian of the resident .The facility must make reasonable physical accommodation for AEM .If the facility refused to permit AEM or fails to make reasonable physical accommodation for AEM, you should report the facility's refusal to the local office of Long Term Care-Regulatory, HHS. This document was signed and dated by Family Member A on 9/17/19 at admission. In an observation on 5/28/20 at 11:15 pm Resident #1 who shared a room with Resident #2 had a small camera sitting on her over bed light. It appeared to be placed to capture her side of the room and not just her bed. In an interview on 6/1/20 at 7:30 pm Family member A stated since his wife's admission in to the facility he has had a camera in her room. Family member A stated it had brought him great comfort having the camera after being married for [AGE] years to Resident #1 he can leave the camera on at night and hear her breathing and getting to ensure she is ok during the COVID-19 event has brought him peace of mind. Family member A stated he has had issue with his wife not getting changed every two hours, having her teeth put in, and just some general care concerns. Family member A stated the he had notified the Administrator of his concerns. Family member A filed a grievance on 5/21/20 over his wife possibly not being checked on or having a brief change for over 10 hours and on 5/26/20 the camera would not work. Record review of facility self-report dated 5/26/20 Family member A reported possible neglect captured by the camera in Resident #1 room, but the facility chose not to view the footage for concerns of it being altered by Family member A. In an interview on 6/2/20 at 11:23 am the Ombudsman stated she was in a care plan meeting for Resident #1 via telephone on 5/29/20 with Family member A also present via telephone. In the meeting Family member A wished to provide his own wifi but would need to be within 10 to 15 feet of the camera to be able to reconnect the camera. Family member A never asked to enter the facility but to just be with range to connect the camera. To do this Family member A would have to access a patio that had been locked since COVID-19. The Ombudsman stated the Administrator would not agree to allow Family member A access to the patio. In an interview on 6/2/20 at 1:57 pm the Administrator stated Family member A wanted Resident #1's brief changed every 2 hours and there was no regulation that stated a resident had to be changed every 2 hours. The Administrator stated the wifi was stopped on 5/26/20 and a marked improvement with computer performance has been noted and they have no plans of allowing guest access to the wifi. The Administrator stated Family member A had expressed interest in getting his own wifi and she would allow him to drop a router at the door and would install it in Resident #1 room for the family, but she will not allow him access to the patio. The Administrator also added that she had called Resident #3 family to inform them of the wifi being turned off and she would be willing to assist them to install their own wifi or a camera that does not need wifi. The Administrator stated the patio door is 15 feet from Resident #1 room. The Administrator stated she will not allow access to the patio for the integrity of the building because it is a fire exit and direct access to the building but does have a key pad lock. The Administrator stated the residents' rooms that are blocked by the patio may do window visits in the foyer windows, dining room window, or glass fire exit door windows, and resident rooms who are not off the patio may do window visits in their rooms. (Note: This investigator was in the building from 5/28/20 through 6/2/20 and witnessed people visiting at windows with residents and people dropping off food and items such as hair care products to be given to residents.) Record review of the facility map provided on 6/2/20 revealed the following: 60 resident rooms with 12 resident rooms affected by the facility's only enclosed patio Resident #1 and Resident #2 room window was not accessible due to the locked patio. There were four resident halls in a wagon wheel configuration, at the end of all four halls there was at least one emergency exit with a total 8 points of entry or exit to the facility. Record review of Resident #2 electronic face sheet accessed on 6/1/10 revealed a [AGE] year old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Resident #2 face sheet also revealed Family Member B was the power of attorney for financial and care and was listed as the next of kin. Record review of Resident #2 most recent quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated a moderately impaired cognition. Record review of Resident #2 electronic care plan accessed on 6/1/20 revealed the following: Focus- Resident is utilizing Electronic Monitoring Device; Goal- Resident wishes regarding electronic monitoring will be honored through the next review date; Interventions- Ensure roommate is in agreement/ consents if applicable, Obtain electronic monitoring consent, Post notice outside room, Revisit Electronic Monitoring device as needed with an initiated date of 3/24/20. Record review of Health and Human Services (HHS) form 0065 Information Regarding Authorized Electronic Monitoring for Nursing Facilities revealed the following: A resident or the resident's guardian or legal representative is entitled to conduct authorized electronic monitoring (AEM) under Subchapter R, Chapter 242, Health and Safety Code . 2) the guardian of the resident .The facility must make reasonable physical accommodation for AEM .If the facility refused to permit AEM or fails to make reasonable physical accommodation for AEM, you should report the facility's refusal to the local office of Long Term Care-Regulatory, HHS. This document was signed and dated by Family member B on 3/12/19 at admission. In an observation on 5/28/20 at 11:00 pm Resident #2 had a small camera sitting on top of her over bed light that was directed at her bed. Record review of a photo taken on an unknown date provided by Family member B on 6/2/20 revealed a sign kept in the lobby of the facility that gave visitors the pass code to the wifi. In an interview on 5/31/20 at 7:55 pm Family member B stated she has had a camera</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.

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F 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>in her mother's room since she moved into the facility and was given the password to the wifi by the previous Administrator and the guest wifi password was posted in the facility as well. Family member B was very upset over not having notice of the guest wifi being removed. Family member B stated that during the COVID-19 changes the camera was a way to ensure the care and treatment of [REDACTED]. Family member B stated she would report those events to the Administrator and they would improve for a bit but then go back to what it was before. Record review of a grievance filled by Family member B on 5/28/20 revealed a concern that the camera had no wifi service. Under the section of follow up the Administrator informed Family member B that they now have a new server and guest wifi services will no longer be available and she could provide her own hot spot or a camera that doesn't need wifi to operate. The resolution since the Family member B was not happy was to schedule a care plan meeting for 5/29/20. This grievance was completed by the Administrator. Record review of Resident #3 electronic face sheet accessed on 6/1/20 revealed a [AGE] year old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Resident #3 face sheet also revealed her daughter as the resident's power of attorney for financial and care. Record review of Resident #3 most recent quarterly Minimum Data Set (MDS) revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 indicating a severely impaired cognition. Record review of Resident #3 electronic care plan accessed on 6/1/20 revealed the following: Focus- Resident is utilizing Electronic Monitoring Device; Goal- Resident wishes regarding electronic monitoring will be honored through the next review date; Interventions- Ensure roommate is in agreement/ consents if applicable, Obtain electronic monitoring consent, Post notice outside room, Revisit Electronic Monitoring device as needed with an initiated date of 3/24/20. Record review of Health and Human Services (HHS) form 0065 Information Regarding Authorized Electronic Monitoring for Nursing Facilities revealed the following: A resident or the resident's guardian or legal representative is entitled to conduct authorized electronic monitoring (AEM) under Subchapter R, Chapter 242, Health and Safety Code . 2) the guardian of the resident .The facility must make reasonable physical accommodation for AEM . If the facility refused to permit AEM or fails to make reasonable physical accommodation for AEM, you should report the facility's refusal to the local office of Long Term Care-Regulatory, HHS. This document was signed and dated by her daughter on 4/22/19 at admission. In an observation on 5/28/20 at 11:22 pm Resident #3 had a small camera mounted to the wall across from her bed directed at her bed. She was resting in bed. In an interview on 5/28/20 at 11:35 the Administrator stated guest wifi was no longer available to guests on 5/26/20 because they had to get a new server because the wifi was being slowed down by guest use. The Administrator stated they did not give the residents any notice that the guest wifi was no longer be available. The Administrator equated removing guest wifi to the facility receiving a refrigerator, stating she does not have to give residents or representatives notice when the facility gets a new refrigerator. The Administrator was not aware that Resident #3 had a camera in her room as well, but at this time she had not received a call from Resident #3 family asking why the camera was not working. In an interview and record review on 5/29/20 at 10:00 am the Administrator stated they do not have a policy covering facility guest wifi, but handed me a copy of Texas Administrative Code Title 40, Part 1, Chapter 19, Subchapter E, Rule 19.422 Authorized Electronic Monitoring (AEM) . (a) A facility must permit a resident or the resident's guardian or legal representative to monitor the resident's room through the use of electronic monitoring devices .(4) The facility must make reasonable physical accommodation for AEM . Record review on 5/29/20 at 10:00 am of Texas Administrative Code Title 40, Part 1, Chapter 19, Subchapter E, RULE 19.403 Notice of Rights and Services revealed the following . (i) The facility must inform a resident before, or at the time of admission, and periodically during the resident's stay (if there are any changes), of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate .(B) a change in resident rights under federal or state law or regulations as described in subsection (b) of this section. (B) those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services (3) inform each resident when changes are made to the items and services specified in paragraphs (2)(A) and (2)(B) of this subsection .</p> <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 the current threat of COVID-19. 1. The facility failed to ensure screening/or screening prior to entry of essential visitors and all staff including the Investigator (essential visitor) and for 11 of 79 employees reviewed for entry screening. 2. The facility staff failed to prompt the investigator to complete hand hygiene before entry into the facility. 3. The facility failed to ensure all staff wore face masks and properly wore face masks at all times. 4. The facility failed to ensure residents were wearing mask when out of their rooms or were social distancing. 5. The facility failed to monitor Resident #3 for signs and symptoms of COVID-19 (May 2020) and ensure the residents (Resident #1 and #2) were being monitored three times a day. 6. The facility failed to frequently disinfect high-touch surface areas. An Immediate Jeopardy (IJ) situation was identified on 5/29/20. While the IJ was lowered on 5/30/20, the facility remained out of compliance at a severity level of potential for more than minimal harm and a scope of widespread, due to the facility's need to complete in service training and evaluate the effectiveness of their plan of removal. This failure could place residents at a greater risk of being exposed to the COVID-19 virus and result in serious illness and/or death. Findings: In an observation on 5/28/20 at 10:00 pm three staff were observed 1 (CNA B) of the 3 were not wearing their masks properly. Certified Nurse Aide (CNA) B was walking by the nurse station with his mask below his nose. In an observation and interview on 5/28/20 at 10:09 pm entry by the investigator was allowed by CNA A and no entry screening was completed, no hand hygiene was requested, and no visitor teaching was offered. In an observation and interview on 5/28/20 at 10:15 pm LVN A arrived in the facility foyer to greet the investigator. No entry screening was completed, no hand hygiene, was requested, and no visitor teaching was offered. LVN A did not do an entry screening of investigator until prompted and she never requested hand hygiene of the investigator. LVN A stated she had been in serviced on entry screening, but no one had in serviced her on essential visitor education. In an interview on 5/28/20 at 10:25 pm CNA B stated when he was not in resident rooms he wears his mask below his nose because he has asthma. In an observation on 5/28/20 at 10:25 pm an unidentified female staff in black scrubs at a medication cart moved her mask to below her chin while at the medication cart. In an observation and interview on 5/28/20 at 10:29 pm CNA C was observed walking through the halls with her mask down at her neck. CNA C stated it was down because she was hot and on her way to the breakroom where it was acceptable to remove the face mask. In an interview on 5/28/20 at 11:22 pm CNA C and an unidentified staff stated they were wiping down commonly touched surfaces twice a night, but they often do not have the time just like tonight they were a CNA short. In an observation on 5/29/20 at 10:00 am Employee J allowed the Investigator entry with the Administrator observing. A screening was completed but no hand hygiene was requested by Employee J or the Administrator. Record of review of employee clock in times provided by the Administrator compared to the facility entry screening tool for 5/28/20 and 5/29/20 revealed the following: 5/28/20- Employee I clocked in at 4:47 am but was not identified on the screening log; Business Office Manager (BOM) clocked in at 9:00 am but was not identified on the screening log; Dietary Manager (DM) clocked in at 8:00 am but was not identified on the screening log; the Administrator clocked in at 7:30 am but her spot on the screening log was between an employee who clocked in at 8:00 am and one who clocked in at 8:30 am; the Social Worker clocked in at 8:00 am but the employee on the screening log before her clocked in at 8:33 am and the one after her was the DON who clocked in at 7:30 am the employee whose entry screening was after the DON's clocked in at 8:12 am. There were several examples of employee screening not coordinating with the time of clocking in on the May 28th, 2020. 5/29/20- Employee E clocked in at 1:42 pm and was never identified on the screening log; BOM clocked in at 9:00 am and was never identified on the screening log; 4 out of 49 employee screenings did not follow in a logical and reasonable clock in to screening time on 5/29/20 such as with Employee G who clocked in at 8:00 am but the person who's screening was before hers clocked in at 2:00 pm. In total on day 5/28/20 3 employees did not have a screening and 10 employee screenings did not fall within a chronologically reasonable time frame compared to clock in times, and on 5/29/20 starting at 12:00 and ending at 2:00 pm 2 employees did not have a screening and 5 employee screenings did not within a chronological reasonable time frame compared to clock in times. In an interview on 5/29/20 at 12:25 p.m. the Administrator said that the employees should be coming in at the main entrance to be screened then go to the back of the building to clock in. In an observation on 5/29/20 at 10:09 am several residents were not in their rooms moving about the halls, dining area, sitting areas, and activity room. None of the residents had a mask on or even on their person. In an observation on 5/29/20 at 10:15 am 3 residents were observed in the activity room with no mask on. In an observation on 5/29/20 at 10:19 am Resident #4 and Employee A were in the sitting room at the end of hall 400 not observing social distancing by sitting 2-3 feet apart. In an</p>		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<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 the current threat of COVID-19. 1. The facility failed to ensure screening/or screening prior to entry of essential visitors and all staff including the Investigator (essential visitor) and for 11 of 79 employees reviewed for entry screening. 2. The facility staff failed to prompt the investigator to complete hand hygiene before entry into the facility. 3. The facility failed to ensure all staff wore face masks and properly wore face masks at all times. 4. The facility failed to ensure residents were wearing mask when out of their rooms or were social distancing. 5. The facility failed to monitor Resident #3 for signs and symptoms of COVID-19 (May 2020) and ensure the residents (Resident #1 and #2) were being monitored three times a day. 6. The facility failed to frequently disinfect high-touch surface areas. An Immediate Jeopardy (IJ) situation was identified on 5/29/20. While the IJ was lowered on 5/30/20, the facility remained out of compliance at a severity level of potential for more than minimal harm and a scope of widespread, due to the facility's need to complete in service training and evaluate the effectiveness of their plan of removal. This failure could place residents at a greater risk of being exposed to the COVID-19 virus and result in serious illness and/or death. Findings: In an observation on 5/28/20 at 10:00 pm three staff were observed 1 (CNA B) of the 3 were not wearing their masks properly. Certified Nurse Aide (CNA) B was walking by the nurse station with his mask below his nose. In an observation and interview on 5/28/20 at 10:09 pm entry by the investigator was allowed by CNA A and no entry screening was completed, no hand hygiene was requested, and no visitor teaching was offered. In an observation and interview on 5/28/20 at 10:15 pm LVN A arrived in the facility foyer to greet the investigator. No entry screening was completed, no hand hygiene, was requested, and no visitor teaching was offered. LVN A did not do an entry screening of investigator until prompted and she never requested hand hygiene of the investigator. LVN A stated she had been in serviced on entry screening, but no one had in serviced her on essential visitor education. In an interview on 5/28/20 at 10:25 pm CNA B stated when he was not in resident rooms he wears his mask below his nose because he has asthma. In an observation on 5/28/20 at 10:25 pm an unidentified female staff in black scrubs at a medication cart moved her mask to below her chin while at the medication cart. In an observation and interview on 5/28/20 at 10:29 pm CNA C was observed walking through the halls with her mask down at her neck. CNA C stated it was down because she was hot and on her way to the breakroom where it was acceptable to remove the face mask. In an interview on 5/28/20 at 11:22 pm CNA C and an unidentified staff stated they were wiping down commonly touched surfaces twice a night, but they often do not have the time just like tonight they were a CNA short. In an observation on 5/29/20 at 10:00 am Employee J allowed the Investigator entry with the Administrator observing. A screening was completed but no hand hygiene was requested by Employee J or the Administrator. Record of review of employee clock in times provided by the Administrator compared to the facility entry screening tool for 5/28/20 and 5/29/20 revealed the following: 5/28/20- Employee I clocked in at 4:47 am but was not identified on the screening log; Business Office Manager (BOM) clocked in at 9:00 am but was not identified on the screening log; Dietary Manager (DM) clocked in at 8:00 am but was not identified on the screening log; the Administrator clocked in at 7:30 am but her spot on the screening log was between an employee who clocked in at 8:00 am and one who clocked in at 8:30 am; the Social Worker clocked in at 8:00 am but the employee on the screening log before her clocked in at 8:33 am and the one after her was the DON who clocked in at 7:30 am the employee whose entry screening was after the DON's clocked in at 8:12 am. 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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>observation on 5/29/20 at 10:30 am two residents were in the dining room with no mask on. In an observation on 5/29/20 at 10:50 am 3 residents were gathered at the nurse station and one resident was using the phone. No social distancing was observed. The DON and two other staff were in observance of this and gave the residents no encouragement or reminder to practice social distancing. After the resident was done using the phone a home health nurse was observed using the same phone as the resident. The phone was not cleaned in between users. In an observation on 5/29/20 at 11:13 am staff assisted 4 female residents in wheelchairs moving them to a sitting area by the nurse's station. All four residents were sitting together less than 6 feet apart around a square table that was approximately three feet by three feet. In an observation on 5/29/20 at 11:19 am 7 residents were in the activity room with Employee B eating popcorn and watching a movie 6 of the seven residents were within two feet of one another. In an interview on 5/29/20 at 11:21 am Employee B was aware residents are to be observing social distancing. Employee B stated that not all the residents are 6 feet apart. In an observation on 5/29/20 at 11:50 am another staff and resident used the same phone at the nurse station as used previously. The phone was not cleaned in between users. In an interview on 5/29/20 at 11:54 am Employee C who was in housekeeping stated they are to be wiping down frequently touch surfaces every hour and that is assigned by halls. Employee C stated she had not wiped down the nurse station or the foyer today (5/29/20). In an interview on 5/29/20 at 12:01 pm Employee D who was in housekeeping said she was aware commonly touched surfaces should be wiped down every hour and even though the nurse station was assigned to her she had not cleaned the nurse station today, and the only time she was aware it was cleaned today was around 8:00 am by Employee H. Employee D stated she had not been able to keep up the cleaning of commonly touched surfaces because they were short staffed in housekeeping. Employee D stated housekeeping works an 8:00 a.m. to 4:00 p.m. shift with a one-hour lunch break. In an observation and interview on 5/29/20 at 12:08 pm CNA F was observed with her mask below her nose. CNA F stated she was aware her mask should cover her nose and mouth and only be removed in the break room, but her mask will not stay up. While CNA F was talking she kept pulling her mask down to talk. In observations on 5/29/20 from 10:00 am until 12:10 pm residents were not wearing masks when out of their rooms, no social distancing was being observed, masks were not being worn properly by staff working the floor, and masks were not being worn properly by administration on the floor and in their offices. Administration would remove their masks to talk on the phone or to one another, and food and drinks were observed sitting on their desk. No cleaning or disinfecting of commonly touched surface was observed. In an interview on 5/29/20 at 2:45 pm the Administrator stated they have been doing cleaning of commonly touched surfaces but could not provide any documentation to assignments of cleaning commonly touched surfaces or having staff have sign off as completing the task. Residents: Resident #3 Record review of Resident #3 electronic face sheet accessed on 6/1/20 revealed a [AGE] year-old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Record review of Resident #3 most recent quarterly Minimum Data Set (MDS) revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 7 out of 15 indicating a severely impaired cognition. A severely impaired cognition placed Resident #3 at a higher risk of not being able to identify and report signs and symptoms of any illness including COVID-19. Record review of Resident #3 electronic care plan accessed on 6/1/20 revealed COVID-19 was care-planned. Record review of Resident #3 electronic orders accessed on 6/1/20 revealed the following orders: Daily temperature three times a day with a start date of 5/30/20. (Note there is no order for assessing respiratory status.) Record review of Resident #3 Medication Administration Record [REDACTED]. In an observation on 5/28/20 at 11:22 pm Resident #3 was resting in bed. In an interview on 5/29/20 at 2:06 pm the DON stated they have not been doing COVID-19 screening on Resident #3, and she must have gotten missed. Resident #1 Record review of Resident #1 electronic face sheet accessed on 6/1/20 revealed a [AGE] year old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Resident #1 face sheet revealed Family Member A was her guardian. Record review of Resident #1 most recent quarterly Minimum Data Set ((MDS) dated [DATE] revealed Resident #1 had unclear speech with difficulty communication some words or finish thoughts and misses some part/intent of a message. Resident #1 was not able to complete a Brief Interview for Mental Status (BIMS) and problems with both short term and long-term memory. Resident #1 difficulty with communication and memory issues placed her at a higher risk of not being able to report signs and symptoms of illness which could have led to a late detection of any illness including COVID-19. Record review of Resident #1 electronic orders accessed on 6/1/20 revealed the following orders: Assess every shift respiratory status: Shortness of breath, cough or sore throat every shift for Screening for COVID-19 with a start date of 3/16/20 and Daily temperature every day and night shift for Screening for COVID-19 with a start date of 3/16/20. Record review of Resident #1 Medication Administration Record [REDACTED]. Record review of Resident #1 electronic care plan accessed on 6/1/20 revealed COVID-19 was care-planned. In an observation on 5/28/20 at 11:15 pm Resident #1 who shared a room with Resident #2 had a small camera sitting on her over bed light. It appeared to be placed to capture her side of the room and not just her bed. In an interview on 6/1/20 at 7:30 pm Family member A stated since his wife's admission in to the facility he has had a camera in her room. Family member A stated it had brought him great comfort having the camera after being married for [AGE] years to Resident #1, he can leave the camera on at night and hear her breathing and getting to ensure she is ok during the COVID-19 event has brought him peace of mind. Family member A stated he has had issue with staff not wearing mask, and some general care concerns. Family member A stated the Administrator when he had brought his concerns to the attention of the Administrator. Resident #2 Record review of Resident #2 electronic face sheet accessed on 6/1/10 revealed an [AGE] year-old female admitted on [DATE] with the following Diagnosis: [REDACTED]. Resident #2 face sheet also revealed Family Member B was the power of attorney for financial and care and was listed as the next of kin. Record review of Resident #2 most recent quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated a moderately impaired cognition. A moderately impaired cognition placed Resident #2 at a risk of not being able to identify and report signs and symptoms of any illness including COVID-19. Record review of Resident #2 electronic orders accessed on 6/1/20 revealed the following orders: Assess every shift respiratory status: Shortness of breath, cough or sore throat every shift for Screening for COVID-19 with a start date of 3/16/20 and Daily temperature every day and night shift for Screening for COVID-19 with a start date of 3/16/20. Record review of Resident #2 Medication Administration Record [REDACTED]. Record review of Resident #2 electronic care plan accessed on 6/1/20 revealed COVID-19 was care-planned. In an observation on 5/28/20 at 11:00 pm Resident #2 had a small camera sitting on top of her over bed light that was directed at her bed. In an interview on 5/31/20 at 7:55 pm Family member B stated she has had a camera in her mother's room since she moved into the facility. Family member B stated that during the COVID-19 changes the camera was a way to ensure the care and treatment of [REDACTED]. Family member B stated she would report those events to the Administrator and they would improve for a bit but then go back to what it was before. Family member B stated she had screen shots of staff not wearing masks properly or not at all. Family member B shared the photographs with the investigator and stated she was concerned with the facility's infection control practices. Record review of photos shared by Family Member B on 6/1/20 revealed 4 out of 6 facility staff on different occasions at different times in Resident #2's room with no mask or not properly wearing a mask. The photos were not date and time stamped, but the family member hand-wrote the dates and times on each of the pictures. The dates on the pictures ranged from 5/15/20-5/27/20. In an interview on 5/29/20 at 10:36 am the DON stated to protect the residents during the COVID-19 threat they were isolating residents on [MEDICAL TREATMENT]. She said that the facility was isolating new and readmissions for 14 days. She said they had in room dining for those whom it is appropriate. She said the residents had in room activities or if the activity room was used less than 10 people would be in the room. She said the staff were doing temperature checks and oxygen saturation checks twice daily on all residents. (Note: the DON never stated they were having residents wear mask when out of their room, assessing resident three times a day, or having the residents social distance.) Recorded review of facility policy dated 3/2/20 with a most recent revision date of 4/20/20 revealed the following: Coronavirus, COVID-19- Infection Prevention strategies for Long-term care facilities. The purpose of the updates is to provide direction to our facilities and help improve the infection control and prevention practices to prevent the transmission of COVID-19. A healthcare personnel will screen all visitors (those allowed to enter based on above exception) at each visit. A screening tool is placed to monitor for compliance according to HHS, to include temperature checks for each healthcare personnel. We are following CMS, CDC, state and local guidance on who to screen and who may not enter our Center. All visitors will be instructed to follow respiratory hygiene and cough etiquette precautions. Screening visitors for symptoms of acute respiratory illness before enter the facility. Standard cleaning and disinfection procedure (e.g., using cleaners and water to pre-clean surfaces prior to applying disinfectants to frequently touched surfaces or objects for indicated contact times) will be used for [MEDICAL CONDITION] environmental control in all setting within the facility, including those resident-care areas in which aerosol-generating procedures are performed. Record review of Texas Health and Human Services (HHS) COVID-19 Response For Nursing Facilities 3.0 dated 5/22/20 revealed the following. VI. To Do's for Nursing Facilities. Comply with all CMS and CDC guidance related to infection control. (NFS</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTPOINTE AT LYTLE LAKE		STREET ADDRESS, CITY, STATE, ZIP 1201 CLARKS DR ABILENE, TX 79602	
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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 3)</p> <p>need to frequently monitor CDC and CMS guidance, as it is being updated often.)For the duration of the state of emergency, all NF personnel should wear a facemask while in the facility .Actively screen, monitor, and surveil everyone who comes into the facility .Immediate Prevention Measures .Active screening - The CDC and CMS recommend NFs screen all staff prior to entering the facility at the beginning of their shift for fever and symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, and sore throat. Environmental cleaning and disinfection .High-touch surfaces include items like doorknobs, light switches, handrails, countertops - clean and disinfect frequently. Workstations include items like computers, chairs, keypads, common-use items - clean and disinfect frequently .Monitoring - Ask residents to report if they feel feverish or have symptoms of respiratory infection. Actively monitor all residents upon admission and at least three times daily for fever and respiratory symptoms (including shortness of breath, new or change in cough, sore throat, and oxygen saturation). If the resident has fever or symptoms, implement recommended infection prevention and control (IPC) measures .Source control - Ill residents should wear a surgical mask when health care or other essential personnel enter the resident's room .All residents who are not ill should wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments .Social distancing - Remind residents to practice social distancing and perform frequent hand hygiene. Social distancing means avoiding unnecessary physical contact and keeping a distance of at least 6 feet from other people. Cancel communal dining and all group activities, such as internal and external activities. Control Measures for Staff Active screening - The CDC and CMS recommend NFs screen all staff prior to entering the facility at the beginning of their shift for fever and other symptoms consistent with COVID-19. The Administrator was notified on 5/29/20 at 12:15 pm an IJ had been identified due to the above failures. The IJ template was provided to the Administrator and signed at 12:25 pm. The facility's Plan of Removal was accepted on 5/29/20 at 9:50pm and revealed the following: 1.Facility initiated Texas Health and Human Service- COVID 19 Responses 3.0 2.Facility will allow only essential visitors in the facility; such as: employees, consultants, hospice nurse, attending physicians, medical director, First Responders EMT, phlebotomist, X-ray technician, HHS Surveyors, etc. All must enter the facility through the front entrance and participate in COVID-19 screen, proper sanitizing of hands and wear a mask while in the facility. 3.All residents that leave the facility must have a mask on upon leaving the facility and their mask is encouraged to remain on until they return to their assigned room and on until the return to the facility. Upon return each resident will be encouraged to shower and at a minimum hand will be washed and sanitized and temperatures will be monitored every shift. New admission/readmission's will be placed on 14 days droplet precaution quarantine and if no sign of COVID-19, they will be transferred out of quarantine into general population after day 14. 4. All employees or visitors will enter the facility through the front door and will be screened per CDC guideline. The screening process questionnaire will be completed, signed, temperature checked, hands sanitized, if screening is passed, they will be deemed safe to enter the facility with a mask. 5.PPE- All facility staff will wear a mask; all residents will be offered a mask when out of their rooms and care planned if they don't meet criteria or refuse to wear a mask. 6. In-services have been initiated with the facility staff on hand washing, COVID-19 screening process, infection control, Employee use of face mask, residents use of face mask, cleaning high touch areas and check list usage will be completed by their next shift. All employees will complete education prior to working their next scheduled shift. 7. Cleaning and Disinfecting- High touch surfaces including (doorknob, light switches, handrails, countertops, workstations, equipment and phones will be cleaned with Peroxide Multi-surface cleaners and disinfect. Housekeeping department is being in-serviced on cleaning high touch areas, chemicals that are to be used and technique to ensure a thorough cleaning of each area and housekeeping supervisor will ensure compliance with random audits of scheduled check off. 8. Facility will screen residents for sign and symptom three times a day. Investigator monitoring of the facility's plan of removal: In an observation on 5/30/20 at 8:30 am upon entry to the facility there was black tape that had been added on the floor to indicate not to move beyond that point until you are screened. The screener's desk had been moved closer to the door. The investigators screening was completed, and hand hygiene was requested by the Administrator. In an observation on 5/30/20 8:50 am housekeeping was cleaning and disinfecting at the nurse station counter tops and commonly touched surfaces. In an interview on 5/30/20 at 9:40 am Employee H stated they are increasing cleaning of commonly touched surfaces at night. It is currently being done by CNAs and LVNs but the company has given him the ok to hire a night cleaning person. Employee H could tell me the current changes in policy for the COVID-19 threat. In an interview on 5/30/20 at 10:50 the Administrator stated they now have 69 of 74 employees in-serviced on recent policy changes and she was actively calling all employees to come in to be in-serviced and they would not be allowed to work until the completed training on the policy changes. Record review of facility in servicing revealed on 5/29/20 about 44 of 74 employees had been in serviced on the following: Being a COVID-19 screener; All Residents are to wear a mask; Infection control; Personal Protective Equipment (PPE); Hand washing; All employees are to wear mask at all times and it also included the proper way to wear a mask; COVID screening on All employees; Abuse, Neglect, and Dignity; and Customer services. Interviews on 5/30/20 with Employee F, CMA A, and LVN C revealed they had been in-serviced and knew the recent changes in policy in place to protect the residents such as properly wearing mask and where it is ok to remove a mask, screening of residents and staff, social distancing, and cleaning/disinfecting of commonly touched surfaces. In an observation on 5/30/20 at 9:09 am administration offices just off the foyer no longer had food and drinks on their desk and no one was removing their mask inside their office. In an interview on 5/30/20 at 9:10 am the DON could explain to the current changes in policy to protect residents such as screening employees, proper wearing of face mask for employees and residents, resident assessments 3 times a day, and frequent cleaning of commonly touched surfaces. In an observation on 5/30/20 at 9:33 am residents outside of their rooms were wearing masks. In an observation on 5/30/20 at 10:49 am Residents in the activity room were observed wearing mask and observing social distancing. In an observation on 5/30/20 at 11:17 am an employee was seen cleaning nurse station with disinfectant wipes. The dining room, activity room, and all sitting areas have been set up to promote social distancing. In observation 5/30/20 from 8:30 am - 11:56 am staff and residents were properly wearing masks; disinfecting of commonly touched surfaces was observed often and all over the building; areas were set up to promote social distancing and social distancing was observed; and the screening area had been moved closer to the door and 6 employees were able to tell the investigator there was no entry unless you are screened. On 5/30/20 at 12:00 pm the Administrator was informed the IJ was lowered; however, the facility remained out of compliance at a severity level of potential for more than minimal harm and scope of widespread, due to the facility's need to complete in service training and evaluate the effectiveness of their plan of removal.</p>		