STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676291	A. BUILDING _____ B. WING _____	**05/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
OAKCREST NURSING AND REHABILITATION CENTER	**9808 CROFFORD LN AUSTIN, TX 78724**

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 0835 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	**Administer the facility in a manner that enables it to use its resources effectively and efficiently.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident for 61 of 61 residents (Residents #,[DATE]) reviewed for administration. The ADM and DON failed to comply with recommendations provided by QM and NP regarding policies and procedures to contain and control the spread of COVID-19 including COVID-19 screening of visitors, maintaining residents 6 feet apart, monitoring ambulatory residents who do not remain in their rooms for use of facemasks, social distancing and handwashing, monitoring residents for symptoms of COVID-19 and reporting and responding to presumptive COVID-19 positive cases. This failure resulted in an identification of an Immediate Jeopardy (IJ) on [DATE]. While the IJ was removed on [DATE] at 3:00 p.m. the facility remained out of compliance at a level of no actual harm with the potential for more than minimal harm with a scope identified as widespread due to a need for ongoing monitoring. This failure could place residents at risk for contracting healthcare-acquired infections. Findings: Observations on [DATE] at 12:00 p.m. surveyors were met by LVN A who was sitting at the nurse's station. The surveyors spoke to LVN A regarding the purpose of the visit and asked to speak to the ADM or DON. There was no evidence of a COVID-19 screening log or thermometer at the entrance or at the nurse's station that was located several feet from this entrance. At this time, both surveyors were not screened. LVN A stated that the ADM and DON were both out that day. LVN A then attempted to contact the ADM and/or DON via phone. After about 8 minutes of waiting, the surveyors informed LVN A they were going to make observations while LVN A continued to reach the ADM on the phone. LVN A acknowledged the surveyors notice, and again the surveyors were not screened at this time. Observation of lunch on [DATE] at 12:10 p.m. revealed that social distancing was not in place. The 7 residents needing assistance with their meals in the dining room, were placed around 2 crescent moon-shaped tables (approximately 35 inches wide by 65 inches long), with a staff member in-between each one, all side-by-side, less than 6 feet apart. There were 7 other residents observed eating lunch at card tables. A total of 14 residents eating and 4 direct care staff were observed in the dining room. Observation during lunch on [DATE] at 12:10 p.m. and 1:00 p.m. revealed approximately 12 ambulatory residents walking in and out of the dining room picking up/returning their lunch tray. No residents were observed to be wearing masks and no staff were observed in the hallways encouraging residents to wear masks, maintain social distancing or wash/sanitize hands. Observation on [DATE] at 5:05 p.m. revealed DM and DON passing out masks to residents. Interview on [DATE] at 1:00 p.m. when asked why the surveyors were not screened on entrance LVN A stated she was overwhelmed and got tied up trying to reach the ADM on the phone. Interview on [DATE] at 12:18 p.m. CNA A stated they were separating the residents when the COVID-19 outbreak first started, but had not done it for a while. When asked who had given them the instruction to return to normal, CNA A shrugged her shoulder and did not have an answer. Interview on [DATE] at 12:20 p.m. CNA B stated they had the residents and staff altogether during lunch because that was the only way to assist everyone at the same time so that everyone could finish lunch. CNA B stated she was aware that residents and staff should by 6 feet apart. Interview on [DATE] at 12:25 p.m. with CNA C and CNA D both stated they were aware they should have residents at least 6 feet apart. Interview on [DATE] at 1:00 p.m. regarding social distancing during meals, the DON stated usually the nurses are in charge of monitoring infection control and social distancing. He stated that not many residents eat in their rooms, and it is probably because there are only about 10 bedside tables in the facility. If a resident doesn't have one, they have to eat on their bed. They also do not have a large tray cart to deliver meals. They have a small one that holds about 6 trays, but it's old and rickety. When asked about residents requiring feeding assistance not maintaining social distancing, the DON stated, We usually have 5 CNAs to assist with feeding but today we just have 4. He stated the CNAs have not been given any further guidance on how to assist these residents while maintaining safe distance during meals, particularly when short staffed. Interview on [DATE] at 1:00 pm the DON stated he believes they have passed out masks to residents, but they just don't wear them. He stated that they are low on masks due to budgetary reasons. DON stated, Facility is also down in staff number; usually have 5 CNAs but lost a CNA so today have 4. Interviews on [DATE] from 3:00 p.m. to 3:30 p.m. with ambulatory residents, Resident #1, #2, #3 and #4, revealed residents had not been offered a mask. All stated they would like one if offered one. Review on [DATE] at 3:00 p.m. of resident logs for COVID-19 monitoring for both East and West wings revealed only temperature logs. There was no evidence for the any of the 61 residents of monitoring for symptoms of cough, body aches, or sore throat. Interviews on [DATE] at 10:45 a.m. both LVN A on the east wing and LVN B on the west wing stated we are not monitoring for respiratory symptoms. LVN A added all our patients have [MEDICAL CONDITION] and smoke so they all have a cough. Interview with DON on [DATE] at 11:10 a.m. revealed staff were supposed to be doing daily monitoring for respiratory symptoms in addition to temperature. Interview on [DATE] at 1:00 p.m. when asked about the intake allegation that there had been positive staff in the facility that had not been reported, the DON stated that MA wasn't reported because the ADM told him Facility A was reporting it. The PRN LVN C wasn't reported because the facility wasn't able to get proof that LVN C actually was COVID positive, and believes it was just hearsay. When asked how he could confirm a positive COVID test, the DON did not know to call the LHA. Phone interview on [DATE] at 12:25 p.m. the ADM stated they had not had any positive cases - staff or residents. Interview on [DATE] at 2:30 p.m. the ADM stated they did not report the positive cases because as far as he knew these cases weren't confirmed positive. He stated as soon as he heard on the news about Facility A having positive cases on [DATE]th he notified the MA who worked at Facility A not to return. Interview on [DATE] at 12:35 p.m. NP stated the facility has had 2 positive staff members. One was a PRN MA who tested positive on [DATE]th. She encouraged the ADM to report it, but he stated that the MA's primary job was at Facility A, and they should be the reporting facility. She also stated that there was an LVN C who last worked at the facility in March. A few days later, a staff member showed NP a flier for a funeral service for LVN C who ended up in the hospital and shortly died due to COVID-19. This was not reported either as far as she knows. She stated, in either instance, the residents that had come in contact with either staff member, were not quarantined or monitored more closely. NP stated the facility had not been abiding by HHSC or CDC guidelines regarding COVID-19. NP stated she has made several infection control recommendations, for example, social distancing in the dining room, giving all residents a mask and encouraging them to use it, screening visitors, and monitoring symptoms but facility had not taken her recommendations even with all the policies she provided to the ADM and DON (pointing to the binder containing facility COVID-19 policies, procedures and memos). Interview on [DATE] at 12:08 pm QM stated she started working with the facility last [DATE] providing guidance, but administration has not been responsive. In terms of COVID specifically, she was assigned to conduct an ICAR the later part of April. DSHS specifically came out with an ICAR for COVID. On [DATE]st she called the facility and let them know what they needed to have for when she arrived onsite. This included screening staff/visitors on entrance, dining set up,

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 0835 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) monitoring resident symptoms qshift. The ADM answered all the questions and was basically answering yes to all the questions. She advised they needed to get N95s because facility didn't have any - she gave the ADM all the resources through the health department. The DON was on this same phone call but he never spoke up. NP had reported to QM the facility had not stopped communal dining and were not wearing masks. QM stated another QMTA called to check in with facility DON on [DATE], [DATE], [DATE] and [DATE] to review all the issues to make sure facility was prepared for a COVID-19 outbreak. DON stated they were restricting visitors, dining max 15 at a time with social distancing, TV activity, if multiple residents, they would ensure social distancing. QM stated the NP told her that a MA was positive in April and that the NP had told the ADM he should report it to state. But the ADM told the NP they didn't need to report it because the MA also worked at Facility A and Facility A had already called it in. Review of a facility roster provided on [DATE] reflected 61 residents resided in the building. Review of a memo dated [DATE] from the ADM and DON to All Staff revealed: Visitors will be discouraged from entering the facility. If necessary to do so, they must be screened, including temperature check, wash their hands per CDC guidelines, and be provided access to hand sanitizer. Review of policies for Isolation of Residents Due to COVID-19 dated [DATE] reflected the following: Notify presumptive or confirmed cases to DSHS/HHSC. If there are cases of COVID-19 in the facility, residents should remain in their rooms except for medically necessary purposes. If residents leave their rooms, they must wear a cloth face covering, perform hand hygiene, limit movement in the facility, and perform social distancing. Review of policies for Isolation of Residents Due to COVID-19 dated [DATE] reflected Number 17: Residents are monitored qshift for COVID. This policy was accompanied by a log sheet entitled Daily Resident Monitoring of COVID Symptoms which included columns to document for SOB, Change in Cough, Sore Throat, Muscle Aches. While the ADM reported to surveyors that ADM had notified MA on [DATE]th, 2020 not to return to work, review of timesheets for March and [DATE] revealed MA worked on [DATE]th, 7th, 8th, 9th, 10th and 13th on either 2pm-10 pm shift or 6 am-2 pm shift. Review of a COVID-19 test dated [DATE] for MA revealed a positive COVID-19 result. Review of a memo from the LHA Health Authority Order dated [DATE], provided by the ADM, reflected a notice that MA is ill with, or has been exposed to, or is a carrier of COVID-19 and that MA is to remain confined to his home address. Review of the facility Infection control policy last revised [DATE] reflected a policy with the goal to help prevent the development and transmission of disease and infection in the community by following the CDC guidelines and the infection control coordinator is responsible for investigation, reporting, control and prevention of infections. The DON was notified on [DATE] at 11:46 p.m. an Immediate Jeopardy situation had been identified due to above failure. The IJ template was provided to the DON on [DATE] at 11:46 p.m. The following Plan of Removal was submitted by the ADM on [DATE] and accepted on [DATE] at 2:00 p.m. Actions Taken/Plan included: -The DON and ADON will meet with the ADM weekly to discuss the current infection control situation and if changes need to be made to current policy/procedures; review newest information from CDC, CMS, CMS HHSC, county and LHA. -Review and maintain PPE stocks The survey team monitored the plan of removal from [DATE] through [DATE] as follows: Review of Inservices conducted from [DATE] through [DATE] regarding masks, social distancing, masks for residents, meal time procedures and smoke break social distancing, and monitoring resident temperatures/symptoms. Observations from [DATE] through [DATE] for compliance with social distancing, particularly during meals and smoke breaks, use of face masks, screening employees/vendors, and monitoring for COVID-19 signs/symptoms, as well as staffing and staff redirection of residents. Review of facility documentation related to COVID-19 infection control policies/procedures to include guidance from HHSC, LHA, and CDC. The ADM was notified on [DATE] at 2:00 p.m. the Immediate Jeopardy was removed, and that the facility remained out of compliance at a severity of no actual harm with the potential for more than minimal harm and a scope identified as widespread due to a need for ongoing monitoring.
F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 61 of 61 residents (Residents #1-61) reviewed for infection control. 1. Facility staff failed to practice proper social distancing in the dining room while assisting residents with eating. 2. Facility staff failed to encourage ambulatory residents who were in the hallways to wear facemasks. 3. Facility staff failed to monitor/document residents for COVID-19 symptoms. 4. Facility failed to investigate, report and respond to a presumptive COVID-19 positive staff person. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 5/8/2020. While the IJ was removed on 5/15/20 at 3:00 p.m. the facility remained out of compliance at a level of no actual harm with the potential for more than minimal harm with a scope identified as widespread due to a need for ongoing monitoring. This failure could place residents at risk for contracting healthcare-acquired infections. Findings include: 1. Observation of lunch on 5/8/20 at 12:10 p.m. revealed that social distancing was not in place. The 7 residents needing assistance with their meals, were placed around 2 crescent moon-shaped tables (approximately 35 inches wide X 65 inches long), with a staff member in-between each one, all side-by-side, less than 6 feet apart. When one CNA turned around to face the surveyors, it was observed that the sides of her chair were touching the two chairs of the individuals on either side of her. A total of 14 residents eating and 4 direct care staff were observed in the dining room. Interview on 5/8/20 at 12:18 p.m. CNA A stated they were separating the residents when the COVID-19 outbreak first started, but had not done it for a while. When asked who had given them the instruction to return to normal, CNA A shrugged her shoulder and did not have an answer. Interview on 5/8/20 at 12:20 p.m. CNA B stated they had the residents and staff altogether during lunch because that was the only way to assist everyone at the same time so that everyone could finish lunch. CNA B stated she was aware that residents and staff should remain 6 feet apart. Interview on 5/8/20 at 12:25 p.m. with CNA C and CNA D both stated they were aware they should have residents at least 6 feet apart. Interview on 5/8/20 at 1:00 p.m. regarding social distancing during meals, the DON stated usually the nurses are in charge of monitoring infection control and social distancing. He stated that not many residents eat in their rooms, and it is probably because there are only about 10 bedside tables in the facility. If a resident doesn't have one, they have to eat on their bed. They also do not have a large tray cart to deliver meals. They have a small one that holds about 6 trays, but it's old and rickety. When asked about residents requiring feeding assistance not maintaining social distancing, the DON stated, We usually have 5 CNAs to assist with feeding but today we just have 4. He stated the CNAs have not been given any further guidance on how to assist these residents while maintaining safe distance during meals, particularly when short staffed. Review of policies for Isolation of Residents Due to COVID-19 dated 5/4/20 reflected the following: Notify presumptive or confirmed cases to DSHS/HHSC. If there are cases of COVID-19 in the facility, residents should remain in their rooms except for medically necessary purposes. If residents leave their rooms, they must wear a cloth face covering, perform hand hygiene, limit movement in the facility, and perform social distancing. 2. Observation during lunch on 5/8/20 at 12:10 p.m. and 1:00 p.m. revealed approximately 12 ambulatory residents walking in and out of the dining room picking up/returning their lunch trays and approximately eight other residents observed pacing the hallways. No residents were observed to be wearing masks and no staff were observed in the hallways encouraging residents to wear masks, practice social distancing or wash/sanitize hands. Interview on 5/8/20 at 1:00 pm the DON stated he believes they have passed out masks to residents, but they just don't wear them. He stated that they are low on masks due to budgetary reasons. DON stated, Facility is also down in staff number; usually have 5 CNAs but lost a CNA so today have 4. Interviews on 5/8/20 from 3:00 p.m to 3:30 p.m. with ambulatory residents, Resident #1, #2, #3 and #4, revealed residents had not been offered a mask. All stated they would like one if offered one. Review of policies for Isolation of Residents Due to COVID-19 dated 5/4/20 reflected a policy to Notify presumptive or confirmed cases to DSHS/HHSC. If there are cases of COVID-19 in the facility, residents should remain in their rooms except for medically necessary purposes. If residents leave their rooms, they must wear a cloth face covering, perform hand hygiene, limit movement in the facility, and perform social distancing. Observation on 5/8/20 at 5:05 p.m. revealed DM and DON passing out masks to residents. Observations throughout the evening revealed many residents wearing their masks. 3. Review on 5/8/20 at 3:00 p.m. of resident logs for COVID-19 monitoring for both East and West wings revealed only temperature logs. There was no evidence for any of the 61 residents of monitoring for symptoms of cough, body aches, or sore throat. Interviews on 5/12/20 at 10:45 a.m. both LVN A on the east wing and LVN B on the west wing stated we are not monitoring for respiratory symptoms. LVN A added all our patients have [MEDICAL CONDITION] and smoke so they all have cough. Interview with DON on 5/12/20 at 11:10 a.m. revealed staff are supposed to be doing daily monitoring for respiratory symptoms in addition to temperature. Review of policies for Isolation of Residents Due to COVID-19 dated 5/4/20 reflected Number 17: Residents are monitored qshift for COVID. This policy was accompanied by a log sheet entitled Daily Resident Monitoring of COVID Symptoms which included columns to document for SOB, Change in Cough, Sore Throat, Muscle

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) Aches. 4. Interview on 5/8/20 at 1:00 p.m. when asked about the intake allegation that there had been positive staff in the facility that had not been reported, the DON stated that MA wasn't reported because the ADM told him Facility A was reporting it. When asked how he could confirm a positive COVID test, the DON did not know to call the LHA. Phone interview on 5/8/20 at 12:25 p.m. the ADM stated they had not had any positive cases - staff or residents. Interview on 5/12/20 at 2:30 p.m. the ADM stated they did not report the positive cases because as far as he knew these cases weren't confirmed positive. He stated as soon as he heard on the news about Facility A having positive cases on April 6th he notified the MA who worked at Facility A not to return. Interview on 5/8/20 at 12:35 p.m. NP stated the facility has had a positive staff member. One was a PRN MA who tested positive on April 12th. She encouraged the ADM to report it, but he stated that the MA's primary job was at Facility A, and they should be the reporting facility. She stated the residents that had come in contact with the staff member were not quarantined or monitored more closely. Interview on 5/13/20 at 12:08 pm QM stated the NP told her that a MA was positive in April and that the NP had told the ADM he should report it to state. But the ADM told the NP they didn't need to report it because the MA also worked at Facility A and Facility A had already called it in. Review of timesheets for March and April 2020 revealed MA worked on April 6th, 7th, 8th, 9th, 10th and 13th on either 2pm-10 pm shift or 6 am-2 pm shift. Review of a COVID-19 test dated 5/13/20 for MA revealed a positive COVID-19 result. Review of a memo from the LHA Health Authority Order dated 4/30/20, provided by the ADM, reflected a notice that MA is ill with, or has been exposed to, or is a carrier of COVID-19 and that MA is to remain confined to his home address. Review of a facility roster provided on 5/8/20 reflected 61 residents resided in the building. Review of the facility Infection control policy last revised 6/1/2018 reflected a policy with the goal to help prevent the development and transmission of disease and infection in the community by following the CDC guidelines and the infection control coordinator is responsible for investigation, reporting, control and prevention of infections. Review of policies for Isolation of Residents Due to COVID-19 dated 5/4/20 reflected the following: Report presumptive or confirmed cases to DSHS/HHSC. Review of a document entitled COVID specific policies dated 5/5/2020 reflected the following: Upon first positive test of staff member or resident, work with local health authorities to coordinate testing of all NF staff and residents. The DON was notified on 5/8/20 at 11:46 p.m. an Immediate Jeopardy situation had been identified due to the above failures. The IJ template was provided to the DON on 5/8/20 at 11:46 p.m. The following Plan of Removal was submitted by the ADM on 5/10/20 and accepted on 5/10/20 at 2:00 p.m. Actions Taken/Plan included: -The ADM will investigate all presumptive positive results. -The DON will report all positive test results to the LHD, HHSC and CDC, and inservicing staff regarding social distancing, use of masks, and coordinating meals and smoke breaks appropriately. -The SW will notify family/guardian of positive test results. -The DON, ADON, SW, DM, BOM and ADM will monitor for compliance and log any noncompliance. -Facility will coordinate with LHA for testing of all staff and residents on 5/9/20. -Families/Guardians will be notified of presumptive exposure and of test results. -Positive cases will be managed by a designated team who will undergo training on full PPE use and disposal. -All staff and residents will wear masks starting immediately and ongoing. The survey team monitored the plan of removal from 5/12/20 through 5/21/20 as follows: Review of Inservices conducted from 5/10/20 through 5/12/20 regarding masks, social distancing, masks for residents, meal time and smoke break social distancing, and monitoring resident temperatures/symptoms. Observations from 5/11/20 through 5/21/20 for compliance with social distancing, use of face masks, screening employees/vendors, and monitoring for COVID-19 signs/symptoms. Review of reporting of presumptive positive staff to HHSC and notification to responsible parties regarding the presumptive positive staff. Interviews with family/guardians regarding notification of presumptive positive staff. Monitoring and observations for testing of all staff and residents by LHA on 5/12/20. The ADM was notified on 5/10/20 at 2:00 p.m. the Immediate Jeopardy was removed, and that the facility remained out of compliance at a severity of no actual harm with the potential for more than minimal harm and a scope identified as widespread due to a need for ongoing monitoring.