

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER MIDLAND MEDICAL LODGE		STREET ADDRESS, CITY, STATE, ZIP 3000 MOCKINGBIRD LN MIDLAND, TX 79705	
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>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 ensure an effective infection control program was in place to prevent the transmission of communicable diseases was provided for the facility regarding COVID-19. A. The facility failed to follow contact isolation interventions to prevent the potential spread of COVID-19 after gaining knowledge of positive staff members and placed all residents in contact isolation. The following day the facility allowed CNA A, dressed in a rabbit suit, go room to room delivering plastic eggs from a plastic basket without appropriate PPE, handwashing, glove changes, sanitizing between resident rooms and did not social distance (hugging and putting her arms around the residents) when interacting with the residents. This affected 7 (Resident #1, #2, #3, #4, #5, #6 and #7) of 22 residents observed in photographs taken with CNA A. The residents were tested [DATE] and showed positive for COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 4/24/20. While the IJ was removed on 4/28/20 the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy at a scope of pattern due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. As the investigation continued the following failures were identified: B. The facility failed to follow their infection control procedures when the Maintenance Staff J was observed entering the (cold/not infected) side of the facility from the (hot/infected) Hall 300 COVID-19 hall when the procedure was to exit the back hall door. Maintenance Staff J did not follow infection control procedures upon entrance to Hall 300 COVID-19 hall which included full PPE. This failure reinstated the Immediate Jeopardy on 06/01/20. While the IJ was removed on 06/05/20 the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy at a scope of pattern due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. These deficient practices could affect all residents and place the residents at risk for mental anguish, prolonged isolation time, coronavirus infections (COVID-19) and possible death. During the timeframe of the investigation from 4/17/20 until the exit on 6/05/20, 47 of 74 residents were confirmed positive with COVID-19 and 30 staff members confirmed positive with COVID-19. There were a total of 10 COVID-19 related resident deaths. Findings included: Review of a Provider Investigation Report dated 4/07/20 at 3:30 pm; indicated the facility had received confirmed positive [DIAGNOSES REDACTED]. Review of a Provider Investigation Report dated 4/10/20 at 7:30 pm; indicated there had been 5 facility staff tested and identified with COVID-19. The report stated the following: Since the first positive test result was confirmed, residents have been treated as if on contact isolation. Review of a Provider Investigation Report Addendum dated 4/16/20 indicated that three residents had been sent out to the local hospital on [DATE] and had been tested for COVID-19 and results had been confirmed as positive. During a telephone interview on 4/17/20 at 10:00 am; the Administrator stated all residents and staff at the facility would be tested for COVID-19. Review of a Provider Investigation Report Addendum dated 4/20/20 indicated there had been an additional 15 residents identified with COVID-19 positive diagnoses. Review of confidential complaint intake received 04/24/20 alleged the facility had posted pictures of staff in a bunny costume, with a plastic basket and plastic eggs with multiple residents. The complainant was concerned since there had been staff at the facility that tested positive for COVID-19. There were 22 residents identified in the pictures (Residents #1 - 7) were tested on [DATE] and showed positive for COVID-19 on 4/20/20. During an interview on 04/24/20 3:02 PM; the Administrator said the bunny was CNA A and had a rabbit costume on (4/12/20), said the plastic eggs were given to each resident to keep, said she did not know if the rabbit suit was being disinfected every time she went into each room, said CNA A had tested negative for [MEDICAL CONDITION], said they had contacted Dr. Y about the bunny thing and he said that due to brief interaction between bunny and the residents it was considered a low risk plus they did not know enough about [MEDICAL CONDITION], it was hard to tell when the residents were positive. Resident #1 Record review of Resident #1's admission record dated 09/18/19 indicated admission date of [DATE]. [DIAGNOSES REDACTED]. She was [AGE] years of age. Record review of Resident #1's MDS assessment dated [DATE] indicated her BIMS score was 11 (moderately impaired cognition). Resident #1 required staff supervision with bed mobility, transfers, walking (used a walker), eating, toilet use, personal hygiene and limited staff assistance with dressing/bathing. Review of Resident #1's comprehensive care plans since admission 09/12/19 indicated: 03/20/20 Resident #1 at risk for infections, signs/symptoms of COVID-19. Resident #1 required use of continuous oxygen therapy as evidenced by shortness of breath related to [MEDICAL CONDITION], acute/chronic [MEDICAL CONDITION] with hypercapnia, & acute/chronic [MEDICAL CONDITION] with [MEDICAL CONDITION]. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was standing in direct contact/side-to-side with Resident #1. Resident #1 was observed to have an oxygen cannula in place to her nose, no mask and holding three plastic eggs in her right hand. Record review of Resident #1's Laboratory Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:12 p.m. of the isolation hall, Resident #1 was resting in her bed with her eyes closed and appeared to be asleep. The resident did not appear to be in any distress and did not wake up when surveyor asked questions. Resident #2 Record review of Resident #2's admission record dated 06/17/19 indicated admitted [DATE]. [DIAGNOSES REDACTED]. Review of Resident #2's MDS assessment dated [DATE] indicated her BIMS score was 13 (cognitively intact). Resident #2 required extensive assistance for bed mobility, dressing, toilet use and personal hygiene. Total assistance for transfers, locomotion and bathing. Review of Resident #2's comprehensive care plans since admission 06/12/19 indicated: 03/20/20 Resident #2 is at risk for infections, signs/symptoms of COVID-19. Resident #2 has oxygen therapy related to shortness of breath. Experiences sleep apnea, assist with [MEDICAL CONDITION]/[MEDICAL CONDITION] equipment each night. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was leaning over to be photographed with Resident #2 who was lying in bed. Resident #2 had no facemask and was observed to be holding a plastic egg. Record review of Resident #2's Laboratory Report indicated on 04/17/2020, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. Resident #3 Record review of Resident #3's admission record dated 07/05/19 indicated she was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. She was [AGE] years of age. Review of Resident #3's MDS assessment dated [DATE] indicated BIMS score 9 (moderately impaired cognition). Resident #3 required extensive assistance with bed mobility, transfers, dressing, eating, toilet use and personal hygiene. Total assistance with locomotion and bathing. Review of Resident #3's comprehensive care plans since admission 07/03/19 indicated: 03/20/20 Resident #3 is at risk for infections, signs/symptoms of COVID-19. Resident #3 requires assist with ADL's/care daily. At risk for developing complications related to diabetes mellitus. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was observed to be leaned over toward the resident with her left arm over the resident's right wheelchair arm holding the plastic basket of plastic eggs over the resident's lap. Resident #3 had no facemask and was holding her cell phone up to her left ear. Record review of Resident #3's Laboratory</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 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:18 p.m. of the isolation hall, Resident #3 was resting in her bed and voiced no complaints. Resident #4 Record review of Resident #4's admission record dated 08/26/19 indicated admitted [DATE], [DIAGNOSES REDACTED]. She was [AGE] years of age. Review of Resident #4's MDS assessment dated [DATE] indicated BIMS score 6 (severe cognitive impairment). Resident #4 required extensive assist with bed mobility and transfers. Limited assistance with locomotion, dressing and personal hygiene. Review of Resident #4's comprehensive care plans since admission 08/20/19 indicated: 03/20/20 Resident #4 is at risk for infections, signs/symptoms of COVID-19. Requires assist with ADL's. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was leaning down with her arm around Resident #4. Resident #4 had no facemask and was seated in her wheelchair. Record review of Resident #4's Laboratory Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:22 p.m. of the isolation hall, Resident #4 was resting in her bed and had no complaints. Resident #5 Record review of Resident #5's admission record dated 05/08/19 indicated admitted [DATE], [DIAGNOSES REDACTED]. She was [AGE] years of age. Review of Resident #5's MDS assessment dated [DATE] indicated Resident #5 required extensive assistance with bed mobility and toilet use. Required total assist with transfers, locomotion, dressing, eating, personal hygiene and bathing. Review of Resident #5's comprehensive care plans since admission 03/21/19 indicated: 03/20/20 Resident #5 is at risk for infections, signs/symptoms of COVID-19. Requires total assist with all ADL's/care daily related to [MEDICAL CONDITION]. Hoyer lift for all transfers. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was on the resident's right side, leaned over toward the resident, touching the bunny suit to the bedsheet, pink pillow and resident's right arm clothing. Resident #5 had a [MEDICAL CONDITION] to her neck and no facemask. Resident #5 was in bed, holding a pink pillow in her right arm; with a plastic basket full of plastic eggs sitting on the resident's blankets covering her legs. Record review of Resident #5's Laboratory Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:02 p.m. of the isolation hall, Resident #5 was resting in her bed. The resident was not able to answer any questions. The resident did not appear to be in any distress. Resident #6 Record review of Resident #6's admission record dated 10/07/19 indicated original admitted [DATE], [DIAGNOSES REDACTED], with late onset. He was [AGE] years of age. Review of Resident #6's MDS assessment dated [DATE] indicated BIMS score 13 (cognitively intact). Resident #6 required limited assist with bed mobility, transfers, dressing, toilet use and personal hygiene. Required supervision with locomotion and eating. Review of Resident #6's comprehensive care plans since admission 06/08/19 indicated: 03/20/20 Resident #6 is at risk for infections, signs/symptoms of COVID-19. Requires assist with ADL's/care daily. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was sitting on Resident #6's bed. Resident #6 was sitting on his bed with an oxygen nasal cannula in place in his nose and had no facemask. Resident #6 was in close enough proximity to CNA A to have his left arm around the CNA's shoulders. Record review of Resident #6's Laboratory Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:15 p.m. of the isolation hall, Resident #6 was resting in his bed and voiced no complaints. Resident #7 Record review of Resident #7's admission record dated 03/02/20 indicated admission 11/29/19, [DIAGNOSES REDACTED]. She was [AGE] years of age. Review of Resident #7's MDS assessment dated [DATE] indicated BIMS score was 03 (severe cognitive impairment). Resident #7 required extensive assistance with bed mobility, transfers, locomotion, dressing, toilet use and personal hygiene. Review of Resident #7's comprehensive care plans since admission 11/29/19 indicated: 03/20/20 Resident #7 is at risk for infections, signs/symptoms of COVID-19. Requires assist with ADLs. Review of a photograph later identified to have been taken on 4/12/20; CNA A was observed with a facemask, dressed in a hooded, onesie - bunny suit, with matching white mittens. CNA A was observed to be leaning down with her left arm over Resident #7's shoulder. Resident #7 had no facemask and was observed to be seated in her wheelchair holding a plastic yellow egg in her right hand. Record review of Resident #7's Laboratory Report indicated on 04/17/20, a nasopharyngeal swab was collected and tested for [DIAGNOSES REDACTED]-COV-2 (COVID19). On 04/20/20 the result showed positive for COVID-19. During an observation and interview on 04/21/20 at 6:06 p.m. of the isolation hall, Resident #7 was sitting up in her wheel chair. The resident said she was doing fine and had no complaints. Record review of the facility's Isolation Droplet policy/procedure, undated indicated the following, in part: Purpose: 1. To prevent the spread of infection. 2. To reduce the risk of transmission. Equipment: Gloves, gowns, mask. Procedure: - Place resident in isolation room or in an empty room or with another resident with the same type infection. - Wear gloves, gown and mask when coming into direct contact with resident, linens or body secretions. On 04/24/20 at 6:15 p.m., the Assistant Administrator was notified an IJ had been identified and a copy of the IJ template was provided. During an interview on 04/25/20 at 2:30 p.m., CNA A said on Easter Sunday 04/12/20 I put the plastic eggs together in the basket, sterilized eggs, I had clean eggs each time put in plastic day before, then placed in locked office, I got the rabbit suit out of the bag, I had gloves on under the suit, most of time I placed egg on beside table or laid them on the resident's chest then they picked it up, ADON (W) was with me and she handed the resident the eggs, I did get close to them and probably shouldn't have, we don't disinfectant the PPE gowns when go from room to room ? We did not disinfect the suit, I could not wash hands due to suit on, I was wearing face mask. During an interview on 4/27/20 at 8:20 p.m. the Administrator was shown the photographs of the 22 residents with CNA A dressed in the bunny suit. The Administrator said the pictures were taken on 04/12/20. The Administrator said when those pictures were taken there weren't any positive (COVID-19) residents only staff. The Administrator said the DON had texted her and told her what they had planned. She said at the time they thought they were going to make it through the 14 days (CDC estimated incubation period for COVID-19). The Administrator said on 4/12/20 they only knew about the 4 staff and the last day worked was 3/27/20. During an interview on 5/08/20 at 3:08 p.m. ADON W said on 4/12/20 she went with CNA A that was dressed in a bunny costume, to all of residents room's on halls 1, 3 and 4. She said some of the resident's would motion CNA A to come into the room and want a picture taken. ADON W said she was the photographer. The facility provided an acceptable revised Plan of Removal on 04/25/20 at 8:18 p.m. and included the following: The facility's action Plan to Remove Immediate Jeopardy 04/24/20 Purpose: The purpose of this action plan is to take steps to remove the immediate jeopardy in failing to ensure that a system was in place to monitor staff interaction with residents related to infection control practices to prevent the spread of infectious diseases, especially respiratory diseases. This action plan will ensure proper infection control procedures are followed to ensure residents' health and safety regarding social distancing during individual resident activities is maintained and required infection control procedures are in place and being maintained. All facility staff will receive infection control in-service training. All facility staff will not be allowed to care for residents in the facility until they fully understand the infection control policy and procedures which will include attestation/competency as it relates to performing essential care tasks for residents in contact isolation that have been tested either positive or negative for COVID-19. This will prevent the spreading of infectious diseases, specifically, respiratory infections. The facility currently has 16 positive residents. On April 3, 2020 the facility reported its first COVID 19 positive test result related to a staff member. On April 10, 2020 the facility reported an additional 5 staff members as being positive and at that time residents were placed in contact isolation in their rooms and staff members were required to wear PPE. On April 12, 2020 the facility allowed a staff member (CNA A) to dress up in an Easter bunny suit and deliver Easter eggs to residents who were found to be COVID-19 positive on 04/20/20. Photographs were taken of the event and verified that social distancing by the CNA was not being done, proper PPE was not being worn, and hand hygiene was not complied with as required by CMS/CDC guidelines or facility infection control policies/procedures. Action Plan incorporated to ensure systems are in place to ensure correction and removal of the Immediate Jeopardy: 1. The facility CNA, who was the Bunny involved in this incident is one of the facility employees going through re-training and in-servicing concerning facility infection control policies and procedures to ensure that this does not reoccur. 2. Corporate RN and Corporate LVN, and another designee will in-service train, to include competency, all facility staff on the facility's policy concerning: visitation requirements to include [MEDICATION NAME] situations; the facility screening process for employees/residents and all essential personnel entering the facility to including first responders who do not have to be screened; who will do the screening and attesting to their competency as to what signs and symptoms to look for; the policy on tracking and responding to staff that work at</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>jobs outside of the facility; PPE requirements; social distancing; and handwashing requirements. 3. An immediate in-service training was conducted and completed by RN Corporate nurse, LVN, Corporate nurse, and another designee to all facility staff on the following facility's infection control policy and procedures and guidelines implemented to reduce risk of transmission of COVID-19 on 04/24/20-04/26/20. All facility staff will not be allowed to work in the facility until their individual in-service training is done and the staff member attest to the understanding of the policies. The facilities goal is to protect our residents and staff from infectious diseases, and to maintain the highest level of care practicable by means of assessment and screening of residents, employees, and essential visitors. By these screenings and infection control practices, the risk of transmission of COVID-19 will be reduced. Preventing and ensuring that the spread of the COVID-19 virus is minimized will be obtained by team approaches, communication, and participation from our staff. The following policies and procedures will be in-service trained to all facility staff, with competency attested, to ensure staff are performing essential care tasks for all residents in the facility to prevent any spread of infectious diseases, such as, respiratory infections. Employee Per CDC guidelines universal facemasks must be worn by all employees when confirmed case in the community. Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different residents with the same infectious diagnosis, without removing the facemask between resident encounters. Per CDC guidelines/recommendations: The facemask should be removed and discarded if soiled, damaged, or hard to breathe through. Must take care not to touch facemask. If employee touches or adjusts facemask they must immediately perform hand hygiene. Employees must leave resident care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during shortage. The folded masks can be stored between uses in a clean sealable paper bag or breathable container. Employee Screening: All employees will complete the CMS/CDC guided screening directly upon entrance to the facility at the designated screening area, prior to clocking in for their scheduled shift, and then again mid-shift. Screening is completed by a facility designee that has completed the COVID-19 Screening Competency which deems that individual competent and proficient in the screening process. Screening/assessment to be documented on individual Employee Screening/Tracking Log, which includes; 1. Signs or symptoms: Fever (>100.0), Runny nose, Nausea/vomiting, Cough, Muscle aches, Confusion, Shortness of breath, Chest pain, Loss of smell (anosmia), Sore throat, Diarrhea, Loss of taste (ageusia). 2. Temperature (>100.0) 3. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. International travel within the last 14 days to countries with sustained community transmission. Those employees who have signs and symptoms of a respiratory infection should not report to work. Any staff that develop signs and symptoms of a respiratory infection while on the job, should: o Immediately stop work and self-isolate at home o Inform the facilities DON/Administrator, include: - Information on individuals, equipment, and locations the person came in contact with. Employee Education - Staff educated and kept up to date on new information pertaining to COVID-19 virus - Education to staff, residents, and resident representatives of the following measures they can do to prevent the spread of infections o Avoid touching your eyes, nose, and mouth o Avoiding close contact with those who are sick outside of the facility o Cover your cough or sneeze with a tissue, then throw the tissue in the trash, and complete hand hygiene o Wash your hands often with soap and water for at least 20 seconds - Especially when blowing your nose, coughing or sneezing, going to the bathroom, or eating/preparing food o Hand hygiene before and after contact with residents, after contact with possibly contaminated surfaces or equipment, and after removing PPE o Use of ABHR (containing 60-95% alcohol) - facility is equipped with alcohol-based sanitizers at each entrance to the facility and on each wing of the building to include the kitchen, activity area and multiple common areas - In-services to all staff with competencies and return demonstrations to be completed on; o Standard precautions/universal precautions o Social distancing o Hand washing o Donning on and off PPE o Reuse/reprocess of PPE o N95 test/seal check o Proper cleaning of equipment and surfaces REPORT ALL SUSPECTED AND/OR CONFIRMED CASES TO THE 24/7 NUMBER FOR IMMEDIATELY REPORTABLE - [PHONE NUMBER] For the most up-to-date information, visit www.cdc.gov/covid19 Texas Department of State Services: https://dsos.texas.gov/regions/2019-nCoV-Local-Health-Entities/ For questions for the general public about COVID-19 call: [PHONE NUMBER] Staffing When achievable facility should ensure consistent staffing assignments - Enhances staff familiarity with their assigned residents, helps detect emerging condition changes - Decrease number of staff interacting with residents Facility administrators to keep an up-to-date roster of all staff who work at multiple healthcare facilities - Reduce or completely eliminate if possible - Employees who work at multiple healthcare facilities to report to Facility Administrator/DON when there is a suspected or positive case of COVID-19 at their other place of employment o Administrative team will utilize the CDC Epidemiologic Risk Classification Chart to guide in making a decision if employee can continue to work or is placed on a work restriction of isolating/excluding from work for 14-days after last exposure. Environment - Signage posted at front door entry informing of complete visitor restriction - Limit entry to facility to front door for essential personnel only - Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances - Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette - Have adequate cleaning supplies that are appropriate for flu and [MEDICAL CONDITION] cleaning - Frequent cleaning of handrails, countertops, and any other high traffic contact area, common areas, furniture, and equipment on halls and in rooms - Increase cleaning of showers and shower equipment daily and PRN - Lysol or equivalent for disinfecting - Medication cart cleaning daily by nursing staff - Daily cleaning of resident's rooms - Linen barrels require daily disinfectant and cleaning - Ice carts and containers will be disinfected daily - Water pitchers will be cleaned daily by dietary staff and distributed to ensure hydration is maintained - Vital sign machines will be cleaned after each resident use - Daily (and as needed) cleaning of facility van after last resident transport Resident Assessment - Per Texas Health & Human Services, facilities are to utilize the Hospital to Post-Acute Care Transfer COVID-19 Assessment form when assessing a resident that is being admitted /readmitted from the hospital or returning from the emergency room. To ensure the facility can meet the residents' needs, an additional review is required and will be completed by the facility Director of Nurses along with the Director of Clinical Services or designee for any pending residents that are suspicious for [MEDICAL CONDITION] or have been diagnosed with [REDACTED]. Assessment includes; o Temperature (fever, equal to or greater than 100 degrees Fahrenheit) o Does resident have new or worsening cough o Does resident have a new or worsening runny nose o Does resident have a new or worsening shortness of breath o Does resident have a new or worsening sore throat o Does resident have new or worsening muscle aches o Does resident have new or worsening tiredness/fatigue o Does resident have nausea o Does resident have diarrhea - Notification of Physician for symptoms and potential orders - Notification of resident and resident representative of symptoms and orders received - Assessment of resident every shift and PRN until 24hrs post symptoms - Essential communication from hospitals and other transfer facilities on signs/symptoms and infection - 24hr report review - Nurse practitioner assistance for assessments PRN as indicated Visitors All non-essential visitation is restricted with the exception of certain [MEDICATION NAME] care situations such as end of life. Essential Health Care Professionals Healthcare workers, such as Hospice, EMS personnel, or laboratory/radiology technicians that provide care/services to residents are permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Permissible Essential healthcare personnel will complete screening/assessment per most recent CMS guidelines. To avoid potential risk of infection from outside, residents that require transportation to the hospital will be wheeled/brought to front lobby/entrance of the facility by employees if situation permits. EMS personnel are not required to be screened upon entrance into the facility in life threatening emergencies. Visitation in [MEDICATION NAME] Situations Decisions about visitation during [MEDICATION NAME] care situations (e.g., end-of-life care), will be made on a case-by-case basis in accordance with CMS guidelines. For individuals permitted entrance to the facility: - Must complete careful screening o Those with symptoms will not be granted access to the facility at any time (even in end-of-life situations): Fever (>100.0), Runny nose, Nausea/vomiting, Cough, Muscle aches, Confusion, Shortness of breath, Chest pain, Loss of smell (anosmia), Sore throat, Diarrhea, Loss of taste (ageusia) Required to perform witnessed hand hygiene Must use Personal Protective Equipment (PPE) Visitation restricted to resident's room, or other location designated by the facility Maximum of 2-visitors at a time Facility to set specific visitation hours, preferably between 7am-7pm Disinfect the area following a visitor's exit from the location Residents in-house will have a focused assessment completed twice daily to screen for signs/symptoms associated to the COVID-19 virus. Symptomatic/Suspected COVID-19 If a resident exhibits any suspicious symptoms: Immediately place resident in contact isolation/droplet precautions Notify Physician or Nurse Practitioner for orders and treatment Utilize COVID-19 FDA test kits when available with Physician orders [REDACTED]. Clinical judgement should be used to guide testing of residents in such situations. Confirmed Resident COVID-19 If COVID-19 transmission occurs in facility, healthcare personnel should wear full PPE (gown, facemask, face shield, gloves) when available for the</p>		

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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Many</p>	<p>(continued... from page 3)</p> <p>care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. Notification Notify the following within 12hrs of reported</p>		