

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER TULIA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 714 S AUSTIN TULIA, TX 79088	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 3 of 9 Employees (AD, PT A and SE A)) observed for infection control and prevention practices. - AD failed to always wear a face mask in the facility as mandated during the COVID-19 Pandemic. - PT A failed to always wear a face mask in the facility as mandated during the COVID-19 Pandemic. - SE A failed to screen the surveyor for symptoms of COVID-19 upon entry to the building. - SE A allowed a visitor into the building who was not wearing a face covering. This failure has the potential to affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation on 7/17/20 at 11:25 AM, AD was observed using her mask as a fan instead of wearing it appropriately to cover her nose and mouth. During an interview on 7/17/20 at 11:55 AM, DON stated, I expect staff to be wearing their masks before coming into the building and keep their mask on at all times in the building. I expect staff to wear the masks at all times in the building and if the staff member is hot or needs to cool down that they go to the bathroom cool down in there. During an interview on 7/17/20 at 12:03 PM, ADM stated, I expect them to always be wearing a mask inside the facility. I expect them to have the mask on before entering the building if for some reason they don't have a mask they need to get one as soon as they enter the building and put it on. When asked what the proper way to wear a mask he stated, the proper way to wear a mask is so that it covers both the mouth and nose. During an observation on 8/3/20 at 10:50 AM, PT A was in the therapy room with Resident #25. PT A's mask was hanging off of one ear and was not covering her nose and mouth. During an observation on 8/3/20 at 10:51 AM, AD was observed pulling down her mask below her chin to talk at the nurse's station and pulling it back over her nose and mouth when she was not talking then repeating pulling her mask down below her chin to talk. When asked about the facility's expectations on wearing masks she stated, I know that I am supposed to be wearing my mask. During an interview on 8/3/20 at 10:53 AM, PT A was asked about the facility's expectations on wearing a mask she stated, I know I need to be wearing my mask. When asked what the proper way to wear a mask she stated, so it covers your nose and mouth. During an observation on 08/07/2020 at 8:53 AM, the surveyor entered the building and SE A measured the surveyor's temperature. SE A took down the surveyor's name and wrote it on log but asked no questions of the surveyor and conducted no further screening. During an observation on 08/07/2020 at 9:15 AM, SE A was observed opening the front door and allowing a visitor who was not wearing a mask or face covering of any kind to enter the facility into the lobby. There was a resident, wearing no mask or face covering, in the lobby at the time of the observation. SE A measured the visitor's temperature and asked him questions regarding COVID-19 symptoms and exposure. It was only after conducting this screening that SE A then asked the visitor to don a mask. During an interview on 08/07/2020 at 9:18 AM, SE A was asked what her process of screening visitors includes. She reported that she was supposed to measure visitors' temperatures and ask them screening questions for COVID-19. When asked if visitors are supposed to wear masks, she stated, Everybody is supposed to have a mask before they come through. SE A reported that visitors must have a mask to walk in the front door. She confirmed that she let a visitor in who was not wearing a mask and continued to report that she asked him to put one on after screening him. She reported that the visitor was a family member of a resident during end of life. During an interview with the ADM and DON on 08/07/2020 at 11:28 AM, the ADM reported that the facility has a screening questionnaire for COVID-19 that should be administered to everyone who comes in the facility. The ADM reported that visitors should have a mask on when coming into the building and the DON stated, Any time they are in the facility they should be wearing it. The ADM replied, yes when asked if visitors should put on a mask before walking in the door to the facility. Record review of staff in-service dated 7/17/20 titled In-service: mask states, Before coming into building mask should be worn. Anytime that you are in the facility your mask should be worn properly. Do not take it off your face for any reason. If you are getting hot and need to cool down you can go to the bathroom and fan yourself or cool yourself off, but mask should be put back on when coming out of the bathroom. This practice is to ensure that our residents stay safe and to prevent the spread of infection. Both PT A and AD signed the in-service showing that they had received the in-service titled In-service: masks. Record review of sign on the front door of the facility titled End of Life: Rules for Visitation, not dated, revealed in part: Visitors will be asked to wear a mask, gown, and use hand sanitizer. PPE should be worn at all times while in the facility. Record review of facility provided policy titled COVID-19 Preparedness, dated 03/13/2020, revealed in part: Visitors: Follow CMS Guideline on restricting and limiting visitors letter dated March 9, 2020. Record review of CMS Guidance on Visitation, dated 03/09/2020 (as mentioned in facility policy), revealed in part: Screening Criteria Nursing homes have been instructed by the federal government to screen all visitors for the following revised criteria: 1. Signs and symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. 2. Contact, within the last 14 days, with someone who has a confirmed [DIAGNOSES REDACTED]. 3. International travel within the last 14 days to countries with sustained community transmission. 4. Residing in a community where community-based spread of COVID-19 is occurring. Record review of CDC web page titled Preparing for COVID-19 in Nursing Homes, dated 06/25/2020, accessible at https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, revealed in part: Implement Source Control Measures Visitors, if permitted into the facility, should wear a cloth face covering while in the facility. Have a Plan for Visitor Restriction Screen visitors for fever (>100.0F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.</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.