

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER CARTHAGE LTC PARTNERS INC		STREET ADDRESS, CITY, STATE, ZIP 501 COTTAGE RD CARTHAGE, TX 75633	
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.</p> <p>Based on interview and record review, the facility failed to ensure an effective infection prevention and control program to prevent the development and transmission of communicable diseases was provided for the facility regarding COVID 19. This failure could place residents at risk for being exposed to COVID-19, health complications, and death. Findings included: A COVID-19 policy and procedure last updated 4/20/2020 indicated the following: * Consistent staff will take place as best as possible for resident assignments. *Positive COVID-19 patients will have consistent staffing and COVID-19 halls/areas as deemed necessary to facility containment area An undated policy titled Infection Control indicated the following: . 5. The Administrator or Governing Board, through the Quality Assessment and Assurance and the Infection Control Committees, has adopted our infection control policies and practices, as outlined herein, to reflect the facility's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA, OSHA, and CDC guidelines and recommendations. . The policy did not address designated staff for infectious units. The website https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html updated on 4/30/2020 and accessed on 5/21/2020 indicated the following: .Assign dedicated HCP to work only on the COVID-19 care unit. At a minimum this should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. HCP working on the COVID-19 care unit should ideally have a restroom, break room, and work area that are separate from HCP working in other areas of the facility During an observation and interview on 5/20/2020 at 9:20 a.m., the DON was screening staff in the dining room entrance. She stated she had worked both the positive COVID unit and the non-COVID (negative) unit because of staffing holes. She said she had no other choice but to work both sides. The DON said she wore all her PPE and did not see why it was a concern since she was wearing PPE, she said it was no different than if she or another staff went to the store after work and was contaminated there. During an interview on 5/20/2020 at 9:25 a.m., the administrator said he had just come back from being quarantined for COVID-19 and was unaware the DON worked both the positive COVID-19 unit and the non-COVID-19 unit. He indicated as long as the DON wore the PPE while on the positive side, he thought it was ok for her to work the other side. During an interview on 5/20/2020 at 9:40 a.m., the maintenance supervisor, said the time clock was in the COVID unit approximately 15 feet inside the doorway. He said all staff had to use the time clock. During an interview on 5/20/2020 at 9:55 a.m., the DON said she worked Sunday (5/17/20) night on the COVID unit and stayed over until approximately 12:00 p.m. Monday morning working in her office on the negative side. She said she doffed her PPE prior to being on the negative side and sanitized her hands. She said she shares an office with the ADON who does not work the COVID side and staff were coming into the office and talking to her that morning. She also said that while performing DON duties yesterday (5/19/2020) she entered the COVID unit and performed a peripheral venous catheter insertion for intravenous (IV) therapy on a resident and returned to the negative side to continue her DON duties. The DON indicated she wore a mask when on the non-COVID side. During an interview on 5/20/2020 at 10:00 a.m., the Regional Director of clinical services (RDSCS) said she thought if staff wore proper PPE on the COVID side, they could work the following shifts on the negative side. During an interview on 5/20/2020 at 10:29 a.m., the MDS coordinator said the DON has worked both the COVID unit and the non COVID unit. During an interview on 5/20/2020 at 10:56 a.m., the DON said the COVID unit was initiated on April 26th, 2020 but they had positive cases prior to that. She said when she goes on the COVID side she wears the white jumpsuit, face shield, N95 mask, gown, booties, and hair covers. During an interview on 5/20/2020 at 11:50 a.m., the ADON said the DON, LVN A, and LVN B are the only ones who have worked both sides (COVID-19 and non COVID-19). During an interview on 5/20/2020 at 1:29 p.m., the Regional Director of Operations (RDO) said he thought designated staff meant they could work both sides if it was not during the same shift/day. He said he did not think it was a big deal because they could not control what the staff did outside of work, so it should not matter if they worked both sides at the facility. During an interview on 5/20/2020 at 2:32 p.m., LVN A said she worked both sides of the facility (COVID unit and non COVID unit). She said when she worked the COVID unit, she did not interact with negative residents or staff. She said was not given a choice on where she worked, she just worked where she was assigned. She said LVN B also worked both units and she was unsure if any CNAs did. During an observation on 5/21/2020 at 9:25 a.m., a sign was posted on the entrance doorway indicating staff who worked on the negative unit will use paper sign in sheets for clocking in until further notice. Staff who worked on the COVID unit utilized the time clock. A facility staffing sheet indicated the DON worked the following shifts in the following locations: *April 26, 2020- North Wing (negative residents) *April 30, 2020- North Wing (negative residents) *May 13, 2020- North Wing (negative residents) *May 15, 2020- North Wing (negative residents) *May 16, 2020- COVID Unit *May 17, 2020- COVID Unit The DON indicated she performed IV insertions in the COVID Unit on the following dates while performing DON duties on the negative wings: *May 4, 2020 on one resident *May 5, 2020 on one resident *May 6, 2020 on two residents *May 19, 2020 on one resident A facility staffing sheet indicated LVN A worked the following day shifts in the following locations: *May 1, 2020- COVID Unit *May 4, 2020- South Wing (negative residents) *May 5, 2020- COVID Unit *May 6, 2020- COVID Unit *May 8, 2020- South Wing (negative residents) *May 9, 2020- COVID Unit *May 10, 2020- COVID Unit *May 11, 2020- North Wing (negative residents) *May 14, 2020- North Wing (negative residents) *May 15, 2020- COVID Unit A facility staffing sheet indicated LVN B worked the following night shifts in the following locations: *April 30, 2020- COVID Unit *May 1, 2020- COVID Unit *May 3, 2020- North Wing (negative residents) *May 5, 2020- COVID Unit *May 6, 2020- North Wing (negative residents) *May 8, 2020- North Wing (negative residents) *May 9, 2020- North Wing (negative residents) *May 10, 2020- COVID Unit *May 11, 2020- COVID Unit *May 14, 2020- North Wing (negative residents) *May 15, 2020- COVID Unit A facility staffing sheet indicated CNA C worked the following day shifts in the following locations: *April 30, 2020- COVID Unit *May 1, 2020- South Wing (negative residents) *May 2, 2020- COVID Unit *May 3, 2020- COVID Unit *May 7, 2020- COVID Unit *May 8, 2020- COVID Unit *May 9, 2020- COVID unit *May 13, 2020- South Wing (negative residents) *May 14, 2020- South Wing (negative residents) *May 15, 2020- COVID Unit *May 19, 2020- COVID Unit *May 20, 2020- COVID Unit *May 21, 2020- South Wing (negative residents) A facility staffing sheet indicated CNA D worked the following night shifts in the following locations: *April 14, 2020- COVID Unit *April 15, 2020- COVID Unit *April 16, 2020- South Wing (negative residents) *April 18, 2020- COVID Unit *April 19, 2020- South Wing (negative residents) *April 20, 2020- South Wing (negative residents) *April 22, 2020- South Wing (negative residents) *April 24, 2020- North Wing (negative residents) *April 25, 2020- South Wing (negative residents) *April 28, 2020- COVID Unit *April 29, 2020- South Wing (negative residents) *April 30, 2020- South Wing (negative residents) *May 2, 2020- COVID Unit *May 7, 2020- COVID Unit *May 8, 2020- COVID Unit *May 12, 2020- COVID Unit *May 13, 2020- COVID Unit *May 16, 2020- COVID Unit *May 17, 2020- COVID Unit *May 18, 2020- COVID Unit *May 21, 2020- South Wing (negative residents) During an interview on 5/21/2020 at 11:27 a.m., CNA C said she works the COVID unit and the negative unit as well. She said the last day she worked the COVID unit was yesterday and today she was working the negative side. She said she started using paper time cards today on the negative side. During an interview on 5/21/2020 at 11:29 a.m., the Activity Director (AD) said she performed hand hygiene after using the time clock when they were going in the COVID unit previously but now they were told they would be using paper time sheets until</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>further notice. During an observation on 5/21/2020 at 2:45 p.m., the time clock was located on the COVID Unit. A passageway to the time clock from the negative side entrance was indicated by red tape.</p>		