STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676457	A. BUILDING _____ B. WING _____	**06/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE BARTLETT SKILLED NURSING AND ASSISTED LIVING	**221 BARTLETT DRIVE EL PASO, TX 79912**

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 -** Few	**Provide and implement an infection prevention and control program.** 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 disease and infections reviewed for infection control. 1 of 6 employees (Business Office Coordinator) reveiwed for COVID-19 screening did not screen prior to working in the facility. This failure could place residents, staff and visitors at risk for illness, infections and COVID-19. The findings included: Review of the facilities employee screening logs for 6/8/2020-6/23/2020 revealed that the Business Office Coordinator did not have entries logged into the forms indicating that they had been screened for all of the days they had worked in the building. The logs revealed that the Business Office Coordinator had signed in on the screening form on 6/15/2020 and 6/22/2020. In a telephone interview on 6/26/2020 at 8:49 AM with the Business Office Manager, she stated that when she reports for work she had been instructed to be screened and sign in on the facility logs. She stated that she may have forgotten to sign in at the front office but stated that she always presented herself for temperature screening as she was usually in the front office before other staff. She concluded by stating that her normal working schedule was Monday through Friday and that her last day she had worked was 6/23/2020. In an interview on 6/26/2020 at 8:35 AM the Facility Administrator stated that all employees were required to be screened at the beginning of their shift without exception. He further stated that all facility staff had been instructed on screening and that the facility had screening logs for staff working at both of the nursing stations as well as for front office staff. Review of a facility communication document to all staff dated March 13th, 2020 revealed that the facility in accordance to the CDC and HHSC was implementing active screening of all individuals entering the building and restricting those with respiratory symptoms or with possible COVID-19 exposure.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE