STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675501	A. BUILDING _____ B. WING _____	**10/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LEGACY WEST REHABILITATION AND HEALTHCARE	**3300 W 2ND AVE CORSICANA, TX 75110**

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 0773 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record reviews, and review of the facility's policies the facility failed to follow standards of practice by ensuring physician's orders were written and executed from a prescribing medical provider prior to providing or obtaining laboratory services related to COVID-19 testing for three of three sampled residents (Resident (R) 1, R2, and R3). The facility conducted routine COVID-19 testing on the residents; however, there was no documented evidence of a physician's order for specimen collection; and the facility's policy failed to address standing orders for routine testing and specimen collections. The facility's failure affected and had the potential to affect all residents who resided at the facility. The census was 62 at the time of the survey. Findings include: Review of the facility's policy titled, Culture Tests, revised January 2012, revealed Culture tests will only be performed when ordered by a physician . Review of the facility's policy titled, COVID-19, Prevention and Control, revised 10/05/20 revealed This facility follows current CDC guidelines and recommendations for the prevention and control of COVID-19 .Admissions/Readmissions .5. New Admissions: a. All new admissions will have a COVID 19 PCR test upon admission to the facility if they have not already been tested at the hospital according to state and local guidance .b. If a new admission has had a previous Negative COVID 19 PCR test, it must be within the last 30 days. If not within the last 30 days, a new PCR test must be done at admission . Review of Nursing Practice Act, Nursing Peer Review, & Nurse Licensure Compact Texas Occupations Code; Texas Board of Nursing, amended September 2019 revealed .Subchapter A. General Provisions .This chapter may be cited as the Nursing Practice Act .Professional nursing means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principals of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical [DIAGNOSES REDACTED]. Professional nursing involves: .(C) the administration of a medication or treatment as ordered by a physician . Review of R1's undated Admission Record, located in the resident's Electronic Medical Record (EMR), revealed the resident was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. Review of R1's undated Order Summary Report, provided by the facility, revealed no documented evidence of an order related to COVID-19 testing. Review of R1's Progress Notes, since the resident's admission, revealed no documented evidence the resident's COVID-19 test was ordered by a medical prescriber. Review of R1's Results Reporting (laboratory results), with a test and collection date of 09/28/20, revealed the resident tested negative for COVID-19. Review of R1's Results Reporting, with a test and collection date of 10/01/20, revealed the resident tested negative for COVID-19. Review of R1's Results Reporting, with a test and collection date of 10/05/20, revealed the resident tested negative for COVID-19. Review of R2's undated Admission Record, located in the resident's EMR, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of R2's undated Order Summary Report, provided by the facility, revealed no documented evidence of an order related to COVID-19 testing. Review of R2's Progress Notes, since the resident's admission, revealed no documented evidence the resident's COVID-19 test was ordered by a medical prescriber. Review of R2's Results Reporting, with a test and collection date of 10/05/20, revealed the resident tested negative for COVID-19. Review of R3's undated Admission Record, located in the resident's EMR revealed the resident was admitted to the facility on [DATE]. Review of R3's undated Order Summary Report, provided by the facility, revealed no documented evidence of an order related to COVID-19 testing. Review of R3's Progress Notes, since the resident's admission, revealed no documented evidence the resident's COVID-19 test was ordered by a medical prescriber. Review of R3's Results Reporting, with a test and collection date of 09/07/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 09/14/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 09/17/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 09/21/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 09/24/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 09/28/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 10/01/20, revealed the resident tested negative for COVID-19. Review of R3's Results Reporting, with a test and collection date of 10/05/20, revealed the resident tested negative for COVID-19. Interview on 10/06/20 at 1:46 PM with the Director of Nursing (DON) confirmed there were no physician orders for COVID-19 testing in the residents' EMRs. Continued interview with the DON revealed, to her knowledge, there was no documented evidence of verbal orders and had a verbal order been given, it should have been documented in the residents' EMRs. The DON stated she notified the facility's Medical Director who put a standing order in place effective today (10/06/20). Interview on 10/06/20 at 2:53 PM with Licensed Vocational Nurse (LVN) 1 revealed she was one of the nurses of the facility who performed COVID-19 tests on residents by obtaining nare specimens. When asked if she confirmed if there were physician's orders prior to obtaining specimens for COVID 19 testing of residents, the LVN stated she was informed by the Assistant Director of Nursing (ADON) that testing of residents would be twice a week, so she assumed there was a call from the Medical Director that residents needed to be tested . LVN1 also stated she did not confirm if there were physician orders prior to obtaining specimens. Further interview with LVN1 revealed there should have been a physician's order in place prior to test specimen collection. Interview on 10/06/20 at 3:44 PM with the ADON revealed there should have been a standing physician's order in place for COVID-19 testing; however, she took the policy addressing testing as an order. The ADON reviewed the physician orders for R1, R2, and R3 and confirmed there were no orders for COVID-19 testing. Interview on 10/06/20 at 4:07 PM with the Administrator revealed she had only been the administrator at the facility for one week. Continued interview revealed she reviewed the facility's QA (quality assurance) minutes for the prior couple of months and testing protocols were discussed. The Administrator stated she called the laboratory today and even they (laboratory) were under the impression there were physician orders for COVID-19 testing. The Administrator also stated she felt testing was covered in the QA meetings and she could only assume there were verbal orders given at that time but not documented. The Administrator stated to her knowledge, there was no documentation of orders for COVID-19 testing, that she has located. An attempt to interview the Medical Director (MD) by phone was made on 10/06/20 at 4:20 PM. There was no return call from the MD prior to exiting the survey.

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.