STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675399	A. BUILDING _____ B. WING _____	09/29/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NAVASOTA NURSING AND REHABILITATION LP	1405 E WASHINGTON NAVASOTA, TX 77868

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 diseases and infections for the residents in the facility or have a system for reporting communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual services and following accepted national standards for three (3) of five (5) residents reviewed for infection control. A) The facility failed to ensure Resident #1, #2 and #3 were screened for COVID-19 symptoms every shift in order to identify signs and symptoms of [MEDICAL CONDITION] for early detection and intervention. B) The facility failed to report the first confirmed case of COVID-19 within 24 hours for Resident #1 after the facility had been without new cases for 14 days (facility COVID-19 free 08/26/2020) when the facility was notified of a positive COVID-19 test result for Resident #1 on 09/19/2020 and did not report the positive case to HHSC until 09/28/2020 nine days later. These failures placed residents at risk for contracting COVID-19 and having unidentified signs and symptoms of [MEDICAL CONDITION] that could lead to an uncontrolled spread of [MEDICAL CONDITION] throughout the facility. Findings include: A) Review of Resident #1's Face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly MDS dated [DATE] reflected resident was assessed to not have a BIMS score indicating severe cognitive impairment. Resident #1 was assessed to required limited to extensive assist with ADLs. Review of Resident #1's Comprehensive Care Plan dated 04/14/2020 and revised on 08/28/2020 reflected Resident #1 did not have a plan of care for COVID-19 precautions or symptom monitoring. Review of Resident #1's Nursing Progress note dated 09/18/2020 at 2:00 PM reflected CNA asked this nurse to take a look at resident because she doesn't think she is feeling well, and resident is saying she is cold while under the covers. Residents vital signs assessed. Oxygen saturation 97% on room air, Pulse 68 BPM, Temperature 98.5 degrees and respiratory rate was 48 BPM .Resident sent to ER . Review of Resident #1's Respiratory illness Surveillance Line List (Facility form used to monitor for COVID-19 symptoms) dated 09/2020 reflected no assessment documentation since 09/10/2020 for the first shift. Further review of the respiratory illness surveillance line list for Resident #1 reflected symptoms were monitored once per day on the second shift. (The facility nurses were working 12-hour shifts) Observation on 09/29/2020 at 11:15 AM reveal Resident #1 in room in bed in a quarantine room in the warm zone. Resident #1 did not communicate with Surveyor. Resident #1 did not appear COVID-19 symptomatic. Review of Resident #2's Face Sheet reflected a [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #2's Quarterly MDS assessment dated [DATE] reflected resident was assessed to not have a BIMS score indicating severe cognitive impairment. Resident #2 was assessed to require extensive to dependent assist with all ADLs. Review of Resident #2's Comprehensive Care Plan dated 04/28/2020 and revised on 07/15/2020 reflected Resident #2 did not have a plan of care for COVID-19 precautions or symptom monitoring. Review of the Facility's Binder that contained the Respiratory illness Surveillance Line List (Facility form used to monitor for COVID-19 symptoms) reflected no sheet for symptom monitoring for Resident #2 for the time period of 08/26/2020 through 09/25/2020 for the first shift. Review of Resident #2's Nursing Progress Notes dated 09/25/2020 reflected Resident #2 was sent to ER with temperature of 101 degrees. In an interview on 09/29/2020 at 9:40 AM the Administrator stated Resident #2 was tested for COVID-19 on 09/23/2020 and tested negative. The Administrator stated she was sent to the hospital on [DATE] with fever and she tested positive for COVID-19. Review of Resident #3's Face Sheet reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Review of Resident #3's Quarterly MDS assessment dated [DATE] reflected Resident #3 was assessed to have a BIMS score of 7 indicating severe cognitive impairment. Resident #3 was assessed to require supervision to limited assist with ADLs. Review of Resident #3's Comprehensive Care Plan dated 02/11/2020 and revised on 03/16/2020 reflected Resident #3 did not have a plan of care for COVID-19 precautions or symptom monitoring. Review of Resident #3's Respiratory illness Surveillance Line List (Facility form used to monitor for COVID-19 symptoms) dated 09/2020 reflected no assessment documentation since 09/10/2020 for the first shift. Further review of the respiratory illness surveillance line list for Resident #3 reflected symptoms were monitored once per day on the second shift. (The facility nurses were working 12-hour shifts) Review of Resident #3's Nursing Progress notes reflected an entry on 09/25/2020 that indicated the resident stood up and then sat down on the floor. The nurse noted his oxygen saturation had dropped to below 60 and oxygen was applied. Resident #3 was sent to ER and later diagnosed with [REDACTED]. In an interview on 09/29/2020 at 2:35 PM the RNC stated staff should be screening the residents for COVID-19 every shift. The RNC further stated the facility should have plans of care for COVID-19 that included isolation measures and screening of the residents. Review of the facility's policy COVID-10 Novel Coronavirus dated 03/11/2020 and updated 09/24/2020 reflected It is the policy of this facility that every effort will be made to protect our residents, families, and staff from harm resulting from exposure to COVID-19 while they are in our care .Vial signs including oxygen saturation and COVID-19 symptom screening will be done for all residents every shift unit further directed during the crisis . B) Review of Resident #1's Face sheet reflected an [AGE] year-old female admitted to the facility on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Review of Resident #1's Quarterly MDS dated [DATE] reflected resident was assessed to not have a BIMS score indicating severe cognitive impairment. Resident #1 was assessed to required limited to extensive assist with ADLs. Review of Resident #1's Nursing Progress note dated 09/18/2020 at 2:00 PM reflected CNA asked this nurse to take a look at resident because she doesn't think she is feeling well, and resident is saying she is cold while under the covers. Residents vital signs assessed. Oxygen saturation 97% on room air, Pulse 68 BPM, Temperature 98.5 degrees and respiratory rate was 48 BPM .Resident sent to ER . In an interview on 09/29/2020 at 9:40 AM the Administrator stated she was notified that Resident #1 tested positive for COVID-19 on 09/19/2020. The Administrator stated she forgot to call it in. The Administrator stated there were 2 additional residents that had been sent to the hospital and tested positive for COVID-19 since 09/19/2020. Review of the facility's policy COVID-19 Novel coronavirus dated 03/11/2020 and revised 09/24/2020 reflected no reporting guidelines.

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.