STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675541	A. BUILDING _____ B. WING _____	07/30/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SENIOR REHABILITATION & SKILLED NURSING CENTER	8825 LAMPLIGHTER LN PORT ARTHUR, TX 77642

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 -** Immediate jeopardy **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 ensure an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infections related to COVID-19 (a new respiratory disease which can cause mild to severe illness with most severe illness in adults [AGE] years and older) was established and maintained for the facility. The facility did not follow infection control policy and procedures regarding COVID-19 and did not quarantine Resident #1 for 14 days when she readmitted from the hospital. The facility staff did not wear masks covering their nose and mouth at all times while in the facility. Staff did not use N-95 masks, gowns, or face shields while providing care for residents in quarantine. An Immediate Jeopardy situation was identified on 07/29/20. The Immediate Jeopardy was removed on 07/30/20. The facility remained out of compliance at a potential for more than minimal harm with a scope identified as pattern due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. Findings included: The MDS dated [DATE] indicated Resident #1 was admitted [DATE] and readmitted on [DATE]. Resident #1 was [AGE] years old and had a [DIAGNOSES REDACTED]. Cumulative physician orders [REDACTED].#1 to the secure unit due to elopement risk. There were no medications ordered to treat COVID-19. A departmental (a nurse progress note) note dated 7/22/20 at 4:14 p.m. indicated Resident #1 returned to the facility and ambulated to the secure unit (hall 100) using her walker with assistance from staff. A departmental note dated 7/26/20 at 10:05 a.m. indicated the nurse received a phone call from the behavioral hospital informing her Resident #1's COVID-19 test collected on 7/21/20 during her stay at the behavioral center was positive. The nurse notified the DON and Resident #1 was moved to the quarantine hall (hall 200). A departmental note dated 7/26/20 at 8:27 p.m. indicated Resident #1 made several attempts to ambulate the hallway with her walker. The staff redirected her to her room. During an interview on 7/29/20 at 10:50 a.m., the administrator and DON said Resident #1 was readmitted to the facility from a behavior hospital on [DATE] and was placed on the secure unit because she was at risk for elopement. They said Resident #1 was tested for COVID-19 upon readmission into the facility. They said they received her positive results on 7/28/20 and she was moved to the COVID hall. The DON said she thought the resident was weak due to being overmedicated at the behavior hospital not due to COVID-19 and was moved to the quarantine hall on 7/26/20 because she was no longer an elopement risk. The DON said the resident had been tested for COVID-19 while at the behavior hospital and the facility received those results on 7/26/20. She said the resident was moved to hall 200 (the quarantine hall) on 7/26/20 but was not moved to the COVID unit until 7/28/20 when the COVID-19 test results the facility collected were received. The administrator said he wanted to wait to move her to the COVID unit until they received their own results to verify the behavior hospital's results were correct. The administrator and DON said residents who were readmitted or out of the facility overnight were supposed to be placed on the quarantine hall (200 hall) when they returned. During an observation and interview on 7/29/20 at 12:23 p.m. LVN A's surgical mask did not cover her nose and mouth. The mask was below her nose when she talked She said every time she talked the mask would fall below her nose. LVN A said she was the treatment nurse and worked all halls except the COVID unit. During an interview on 7/29/20 at 12:25 p.m., LVN B, who worked on the secure unit, said Resident #1 was readmitted to the facility on [DATE]. She said Resident #1 was not placed in quarantine. She was placed in the same room with the same two roommates she had before the behavior hospital admission. She said the only PPE they when she returned were surgical masks and gloves. She said the resident did not get out of bed when she was readmitted . However, she had been ambulatory prior to going to the behavioral hospital. During an observation and interview on 7/29/20 at 12:27 p.m., CNA C's mask was on her chin. The mask did not cover her mouth or her nose. CNA C said she worked on the secure unit and worked with Resident #1 when she was readmitted from the behavior hospital. The CNA said the way she provided care for the resident was the same as before she went to the hospital. The CNA said she only had surgical masks and gloves when she provided care for Resident #1 when she was readmitted . During an interview on 7/29/20 at 12:45 p.m. the DON and ADON D said Resident #1 was not quarantined upon readmission from the behavioral hospital. They said she was placed on the secure unit with no gowns or face shields for staff to use and she shared a room with two other residents. They said one of her roommates was ambulatory. Her two roommates were not quarantined. During an interview on 7/29/20 at 1:15 p.m., the administrator said he thought Resident #1 was an elopement risk and he made the decision to place her back on the secure unit. During an interview on 7/29/20 at 2:14 p.m., after surveyor intervention, the administrator said he was going to move Resident #1's roommates to the quarantine hall and have 1:1 supervision due to elopement risk. He verified they were not quarantined after Resident #1 was confirmed to be positive for COVID-19. During observations on 7/29/20 from 3:25 p.m. to 3:55 p.m., LVN A and administrative staff E wore their masks below their noses. They both said the mask would not stay in place. During an interview on 7/29/20 at 4:26 p.m., CNA F said Resident #1 was able to walk when she was first readmitted but over the next few days while on the secure unit she stayed in bed. She said the room was never set up for quarantine. She said they were not told to wear N-95 masks or wear gowns when providing care for Resident #1. During an interview on 7/29/20 at 4:29 p.m., LVN G had a surgical mask on and said she was the nurse who readmitted Resident #1 to the secure unit. She said she walked in with her walker on the evening of 7/22/20. She said the resident spent the next three days in bed. She said the resident was moved to the quarantine hall on 7/26/20 when they received the results of the positive COVID test from the behavior hospital. During an observation and interview on 7/29/20 at 4:31 p.m., CNA H wore a surgical mask under her N-95 mask. She said she was wearing it that way because the N-95 mask hurt her nose. She said they were given the N-95 masks on 7/29/20. Prior to 7/29/20 they only used surgical masks. She said she had just been educated on wearing the N-95 but did not know she could not wear the surgical mask underneath. During an interview on 7/30/20 at 11:45 a.m., CNA J said she worked on the quarantine hall. They had not been using N-95 masks, gowns or face shields until Resident #1 was moved to the quarantine hall. She said prior to Resident #1 being moved to the hall they only wore surgical masks. She said they did not wear gowns or face shields. During a virtual observation and interview on 7/30/20 at 12:43 p.m., Resident #1 was in her bed with a mask on. She was weak and did not want to talk. She was only able to nod her head yes or no. She said she did not feel good and did not want to talk. LVN K said Resident #1 was getting weaker. She said the resident ate and drank very little. LVN K said the nurse practitioner ordered IV fluids for the resident. The LVN said the resident had been able to go to the bathroom with maximum assistance when she was placed on the COVID hall 7/28/20 but she was not able to get out of bed anymore. During an interview on 7/31/20 at 1:32 p.m., the marketer from the behavior hospital said it was their protocol to test all residents prior to discharge. She said Resident #1 did not have any symptoms of COVID-19. She said Resident #1's roommate, while at the hospital, tested negative for COVID-19. The facility's COVID-19, Prevention and Control policy revised 7/27/20 indicated Cohorting/Isolation .2. Isolation (Full PPE including N-95 or higher, face shield/goggles, gloves, & gown) a. All new admissions, b. All re-admissions, and c. Residents who have spent one or more nights away from the facility. Admissions/Readmissions . 5. c. All new admissions will be placed in observation with transmission-based precautions for 14 days. Staff will wear an N-95 or higher mask, gown, & gloves during care of the resident . 6. Readmission or Residents who have spent more than one night away from the facility

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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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) are all considered residents with an unknown COVID-19 status. A new, 14-day, quarantine period will begin upon readmission to the facility. The Personal Protective Equipment - Using Face Masks policy revised September 2010 indicated 2. Be sure that face mask covers the nose and mouth . The website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html updated 6/25/20 and accessed 8/05/20 indicated: .create a plan for managing new admissions and readmissions whose COVID-19 status is unknown .this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19 .residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission . The website https://www.hhs.gov/answers/public-health-and-safety/what-is-the-difference-between-isolation-and-quarantine/index.html accessed 8/05/20 indicated: .Isolation separates sick people with a contagious disease from people who are not sick .quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease buy do not show symptoms . The administrator, DON, and ADON D were notified on 07/29/2020 at 2:44 p.m., an Immediate Jeopardy (IJ) situation was identified due to the above failures and the IJ template was provided. On 07/30/20 at 10:16 a.m., the facility plan of removal was accepted and included: Senior Rehabilitation and Skilled Nursing Facility will enact the following actions in order to remove the IJ: 1. Quarantine 2 roommates of Covid positive resident for 14 days. These residents will be on 1 on 1. This has been completed as of 7/29/20 2:45 PM. 2. Test all staff and residents on 100 Hall, where infected resident was temporarily placed, and on 200 hall, quarantine hall. This has been completed as of 7/29/20 3 PM. 3. The Covid positive resident was moved to a Covid positive wing and is on 1 on 1 monitoring. She is the only resident on that wing which is 800 hall. 4. All residents are being monitored Q4 hrs. for temp, respiratory function, pulse ox and other signs and symptoms as of 7/26/20. 5. An in-service has been started by the administrator and or designee for all staff members concerning proper wearing of mask and type of mask to be worn in appropriate areas. This will be monitored at the screening station at the only entrance by the screener and randomly throughout each shift by administrative staff and or designees. Staff not present at current time will be in-serviced by Administrator and or designee via phone or in-person prior to working their next shift. In person in-services will occur at screening point of entry. Administrative staff and or designees will continue to monitor proper wearing of mask by making random rounds throughout each shifts, on each hallway and in public areas. If an employee is not wearing their mask correctly, they will be immediately educated on proper mask wearing again and will not be allowed to continue to work unless they are compliant. 6. An in-service has been started by the administrator and or designee for all admissions staff members concerning new admission and readmission quarantine. All new admits and readmits that have been out of the building for a period of 24 hrs. or greater must be placed on the quarantine hall 200. This will be monitored by the administrator or DON on each admit for a period of 3-6 months or until the CDC and HHSC directs otherwise. 7. Proper sanitation of all potentially infected areas continues including but not excluded to wiping down high touch areas every 2 hours, deep clean of infected resident's rooms with appropriate [MEDICAL CONDITION] disinfectant, routine cleaning and other measures. 8. If any other residents begin to show signs or symptoms of Covid 19, they will then be moved to the quarantined hall, tested again for Covid-19, and moved to the Covid positive hall if test results show they are positive. On 07/30/20 the surveyor confirmed the plan of removal had been implemented sufficiently to remove the IJ by: In-service training reports dated 07/29/20 and 07/30/20 presented to all staff indicated facemask must be worn over nose and mouth at all times inside the facility. N-95 mask must be worn while on COVID-19 unit or quarantine hall 200. Cloth masks are not permissible unless other alternatives are not present. During observations on 07/30/20 from 9:45 a.m. to 11:30 a.m. surveyor observed staff wearing N-95 masks appropriately that covered their nose and mouth, including on the secure unit and the quarantine hall. During interviews, with staff from all three shifts, on 7/30/20, 2 ADONs, 3 LVNs, 5 CNAs, the floor tech, a dietary helper, and a PTA had been trained on quarantining residents and proper mask usage. They said they were supposed to make sure the mask covered both their nose and mouth. They were told to wear N-95 masks due to positive COVID in the building. During interviews on 07/30/20, the administrator confirmed all staff currently working at the facility had been trained on quarantine and wearing masks over the nose and mouth. The administrator said other staff will receive training before starting their next shift. On 07/30/20 at 11:41 a.m., the administrator was notified the IJ was removed. However, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as pattern due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.