STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675834	A. BUILDING _____ B. WING _____	05/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BROOKDALE GALLERIA	2929 POST OAK BLVD HOUSTON, TX 77056

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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment including the use of PPE and following CDC guidelines for COVID-19 for 8 of 9 residents (Resident #1, #2, #3, #4, #5, #6, #7, and #9) reviewed for infection control. -The facility failed to establish and maintain an infection control program designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. - The facility failed to have PPE 'stations' at the entrance of each of the 17 quarantine rooms for staff to don prior to entering the rooms. -The facility failed to assign designated staff to work only with quarantined residents. The facility had the same staff, one nurse and one CNA per hall, providing care for all the residents, including the quarantine residents, on the hall. -Staff entered quarantine rooms without an N95 or eye protection. -Staff in the facility wore homemade cloth masks. - Quarantined Residents had no Isolation set up in the room for hazardous trash and laundry bins. An Immediate Jeopardy (IJ) was identified on 5/15/2020. While the IJ was removed on 5/19/20 the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate threat and a scope of pattern while they continued to monitor their plan of removal. These failures placed all residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings Include: Resident #1 Record review of the Admission Record for Resident #1, dated 05/18/20, revealed he was [AGE] years of age, and was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Resident #1 was discharged from the facility on 05/13/20. Record review of the Care Plan for Resident #1, dated 05/11/20, revealed he was a new admission to the facility and was at risk for COVID-19 exposure. The Care Plan revealed the resident would be managed under a quarantine process with PPE. The Care Plan did not specify which PPE. Observation of Resident #1 in room [ROOM NUMBER] on quarantine on 05/13/20 at 9:37 a.m. revealed Resident #1 was sitting up on the side of the bed. CNA D was in the room. CNA D was observed to have on a mask, but no gloves. She was moving things around in the resident's closet, then handled the resident's oxygen cannula. CNA D then left the room without washing or sanitizing her hands. Continued observation revealed there was an X-ray technician in the room. The X-ray technician was wearing a mask and gloves, but no other PPE. There was no PPE available at the entrance or inside the room, other than gloves. Resident #1's quarantine room was on the 2nd floor among resident rooms of residents who were not on quarantine. Record review of CDC.gov website read in part, .The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted) Put on an N95 respirator (or higher level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply. Higher level respirators include other disposable filtering facepiece respirators, PAPRs, or [MEDICATION NAME] respirators. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient ' s room or care area and closing the door unless implementing extended use or reuse. . . Eye Protection *Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. . . Gloves Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Gowns Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. If there are shortages of gowns, they should be prioritized for: *aerosol generating procedures *care activities where splashes and sprays are anticipated *high-contact patient care activities that provide opportunities for transfer of pathogens to the *hands and clothing of HCP. Examples include: *dressing *bathing/showering *transferring *providing hygiene *changing linens *changing briefs or assisting with toileting *device care or use *wound care . .3. Patient Placement For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization . If hospitalization is not medically necessary, home care is preferable if the individual ' s situation allows. If admitted , place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom. . As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift. . Record review of CDC Interim Clinical Guidance for COVID-19 Referral policy dated (03/2020) read in part: .Hospital Discharges to Skilled Nursing Community: we strongly urge SNFs to begin now creating separate wings, units or floors by moving current residents to handle admissions from the hospital and keep current resident separate . Interview on 05/13/20 at 9:40 a.m. with CNA D revealed she said the stop sign on the door meant Resident #1 was on quarantine. When CNA D was asked where the PPE for the room was, she then said the resident was no longer on quarantine. Record review of the facility Quarantine List dated 05/13/20 revealed Resident #1 was on quarantine beginning on 5/11/20 through 5/24/20. Resident #2 Record review of the admission sheet for Resident #2 revealed a [AGE] year-old male admitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #2's comprehensive MDS assessment dated [DATE] revealed a BIMS of 02 indicating severely impaired cognition. Resident #2 had short term memory problem, long term memory problem, and cognitive skills for daily decision making was severely impaired and he never/rarely made decision. Further review of the MDS revealed that he required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #2 had an indwelling catheter and always incontinent of bowel. Section V care area assessment summary revealed Resident had a feeding tube. Record review of the facility Quarantine List dated 5/13/20, revealed Resident #2 was scheduled to come off of quarantine today, 5/13/20. Record review of Resident #2's hospital records testing information revealed Resident #2 was noted as having been tested for COVID-19 on 4/21/20, which was 8 days prior to admission, and 22 days prior to this date of 5/13/20. The documentation of not being tested was in conflict with the facility COVID-19 Resident Screen form. Record review of Resident #2's facility COVID-19 Resident Screen form dated 5/13/20 revealed Resident #2 was documented as not being tested for COVID-19 and was not on droplet or contact isolation precautions. Observation on 5/13/20 at 9:01 am revealed Resident #2's door was opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. This hall had both negative and quarantine rooms on it. There was a sign posted on the Resident's room door STOP see nursing staff that indicated the resident was on isolation precautions. Further observation revealed there were no covered isolation bins in the room for trash or dirty linens to allow for disposal of contaminated items in a controlled

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

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) manner. CNA A was in the room within 6 feet of the Resident. CNA A was wearing a homemade mask and gloves. Resident #2 had no mask on while the CNA was in the room. In an interview on 5/13/2020 at 9:25 am with CNA A, she said she worked full time during the 6-2 pm shift at this facility. She said due to low resident census there was one nurse and one CNA assigned to each hall. She said residents with a STOP sign on their doors were the residents that had come from the hospital. She said they were in quarantine for 14 days as precaution for COVID signs and symptoms. She said the staff were to wear a mask and gloves while caring for these residents. She said she had a homemade mask on as it was easy to breathe in. She said staff could wear homemade masks or facility provided surgical masks to care for quarantined residents. Record review of website CDC.gov read in part: .HCP use of homemade masks: In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. . Resident #3 Record review of the admission sheet for Resident #3 revealed a [AGE] year-old male admitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #3's Admission MDS assessment dated [DATE] revealed a BIMS of 15 indicating intact cognitively. Further review of the MDS revealed that he required extensive assistance from two people for toilet use, transfers and bed mobility. He required limited assistance with dressing, eating and personal hygiene. Resident #3 was frequently incontinent of bowel and bladder. Section O Special Treatments, procedures, and program indicated Resident #3 was on [MEDICAL TREATMENT]. Record review of Resident #3's physician's orders [REDACTED]. Record review of the facility Quarantine List dated 5/13/20 revealed Resident #3 was documented as being a [MEDICAL TREATMENT] resident on indefinite quarantine. Record review of Resident #3's facility COVID-19 Resident Screen form dated 5/11/20 revealed he was documented as not having been tested for COVID-19. He was documented as not being on droplet and contact isolation precautions. Observation on 5/13/2020 at 9:11 am reveled Resident #3's door was opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was a sign posted on the Resident's room door STOP see nursing staff which indicated the resident was on isolation precautions. Further observation revealed there were no covered isolation bins in the room for trash or dirty linens to allow for disposal of contaminated items in a controlled manner. Resident #3 was lying in his bed watching TV. His room was not on a designated quarantine hallway. Observation on 5/13/2020 at 9:25 am revealed two EMS personnel were in Resident #3's room assisting the Resident to transfer from the bed to the stretcher. Continued observation on 5/13/2020 at 9:31 am revealed the two EMS personnel brought Resident #3 out of his room on a stretcher to the nurse's station and requested a mask for Resident#3 as he was being transported to the [MEDICAL TREATMENT] center. The Infection Prevention nurse placed a surgical mask on the Resident. Resident #4 Record review of the Admission Record for Resident #4, dated 05/18/20, revealed she was [AGE] years of age, and was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Record review of the Care Plan dated (initiated) 05/04/20 revealed the resident was a new admission to the facility and was at risk for COVID-19 exposure. The Care Plan reflected the resident would be cared for managed under a quarantine process with PPE. The Care Plan did not specify which PPE. Observation on 05/15/20 at 1:35 p.m. revealed room [ROOM NUMBER] had a stop sign on the door. Observation revealed Resident #4 was lying in bed. She was awake. She was not wearing a mask. Observation revealed CNA G was sitting in a chair. She appeared to be asleep. The resident called out to her, and CNA G went to the door. Her mask was under her chin, and she had no gloves on. She said she just finished changing the resident. Resident# 5 Record review of the admission sheet for Resident #5 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #5's Admission MDS assessment dated [DATE] revealed a BIMS of 03 indicating severely impaired cognition. Resident #5 had short term memory problem, long term memory problem, and cognitive skills for daily decision making was severely impaired and he never/rarely made decision. Further review of the MDS revealed that she required extensive assistance from staff for toilet use, transfers and bed mobility, dressing, eating and personal hygiene. Resident #5 was frequently incontinent of bowel and bladder. Record review of the facility Quarantine List dated 05/13/20 revealed Resident #5 was scheduled to be on quarantine from 05/4/20 to 05/17/20. Record review of Resident #5's hospital records revealed her last test date was documented as 4/25/20, 8 days prior to admission to the facility. Record review of Resident #5's facility COVID-19 Resident Screen form dated 5/16/20 revealed she was documented as not being tested for COVID-19 and was not on droplet or contact isolation precautions. Observation on 5/13/2020 at 10:34 am revealed Resident #5's door was opened halfway to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. This room was on a hall with both quarantine and negative rooms. There was a sign posted on the Resident's room door STOP see nursing staff which indicated the resident was on isolation precautions. Further observation revealed a caregiver was sitting on a chair next to the Resident's bed with a surgical mask on. The caregiver was within 6 feet of the resident. Resident #5 was lying in her bed watching TV. In an interview on 5/13/2020 at 10:37 am with RN A, she said Resident#5 had come from the hospital. She was on quarantined for 14 days for COVID precautions. She said Resident #5 had private sitters (caregivers) hired by the facility. When asked about whey the facility COVID-19 Resident Screening documentation did not match what was listed on the Quarantine list regarding whether a resident had been tested for COVID-19 she said the nurses documenting the facility COVID-19 Resident Screening form did not know whether a resident had been tested . Observation and interview on 5/17/2020 at 9:13 am with Caregiver A, revealed she was in full PPE gown, N95 mask, hair covering and booties. She came out of Resident#5's room and grabbed a pair of gloves from the box of gloves sitting on top of the isolation station. She said she was hired by the facility to provide care to Resident#5. She said normally they kept a box of gloves in the resident's bathroom or on top of the night stand. She said she was getting ready to feed the resident and needed a new pair of gloves but there were none in the resident's room. She said she was wearing full PPE as a precaution due to the resident was on isolation/quarantine. In an interview on 5/17/2020 at 9:45 am with the DON, she said there were residents that had private sitters hired by the facility. This Surveyor shared her observations with the DON. The DON said the private sitter needed to press the call light and not come out with PPE on as it caused risk for infection. She said she would in-service all staff. Resident #6 Record review of the admission sheet for Resident #6 revealed a [AGE] years old male admitted to the facility on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #6's Admission MDS assessment dated [DATE] revealed a BIMS of 15 indicating intact cognition. Further review of the MDS revealed that he required limited assistance from staff for toilet use, transfers and bed mobility, dressing, eating and personal hygiene. Resident #6 was frequently incontinent of bowel and had a indwelling catheter. Record review of the facility Quarantine List dated 05/13/20 revealed Resident #6 was scheduled to be on quarantine from 05/09/20 to 05/22/20. Record review of Resident #6's hospital records revealed his most recent testing date was documented as 5/5/20, one day prior to admission to the facility. Record review of Resident #6's facility COVID-19 Resident Screen form dated 5/15/20 revealed revealed the resident was documented as not being tested for COVID-19 and was not on droplet or contact precautions. Record review of Resident #6's care plan initiated on 5/6/2020 and revised on 5/17/20 revealed the following care plan: Focus: Resident #6 is new admission / readmission to the community or was out of the community for a brief period and is at risk for COVID-19 exposure. Quarantine x 14 days (stop 5/23/20). Goal : Resident will be cared for at current health status or improvement in health status. Interventions: COVID-19 monitoring every 8 hrs per standard. New admissions that have not had a negative result on a COVID-19 test will be managed under a quarantine process with use of PPE. Observation on 5/13/20 at 9:34 am revealed Resident #6's door was closed to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was a sign posted on the Resident's room door STOP see nursing staff that indicated the resident was on isolation precautions. Observation and interview on 5/17/2020 at 10:01 am revealed Caregiver B wearing a gown, hair covering, and surgical mask. She came out of Resident#6's room and was standing by the isolation station. Caregiver B said she was the private sitter for the resident and was hired by the facility. She said she was out of gloves inside the resident's room and needed a pair of gloves to take the resident to the bathroom. The weekend supervisor and the ADON were passing by and observed Caregiver B standing by the isolation station. The Weekend Supervisor told Caregiver B she could not come out of the room with PPE on. The Weekend Supervisor asked the ADON to get a new box of gloves and discard the box of gloves that Caregiver B reached into as it was contaminated. In an interview on 5/17/2020 at 10:03 am with the Weekend Supervisor, she said Caregiver B should have pressed the call light, it was not acceptable to be out of the room with PPE on. Resident #7 Observation and interview on 05/15/20 at 1:28 p.m. revealed LVN E enter room [ROOM NUMBER], which had a stop sign on the door. She had on a surgical mask but no gloves or eye protection. She administered the medications to Resident #7. Upon exiting the room, LVN E was asked what the stop sign meant, she said the resident was on quarantine for 14 days as a new admission. When asked

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) what PPE staff was supposed to wear in the room, she answered they should be wearing gloves. She acknowledged she was not wearing gloves. Observation and interview on 05/15/20 at 1:30 p.m. revealed CNA F enter room [ROOM NUMBER] with a cup of coffee. She had a mask on, but no gloves or eye protection. When she exited the room, she was asked what the stop sign meant. She said the resident recently came from the hospital, and staff were to wear a mask, gloves, and a gown. When asked why she did not have gloves on when she entered the room, she said she could not walk in the hall with gloves on. Record review of the facility Quarantine List dated 5/13/20 revealed Resident #7 was on quarantine beginning on 5/7/20 through 5/21/20. Record review of Resident #7's hospital records revealed a test date of 4/22/20. Resident #9 Record review of the Admission Record for Resident #9, dated 05/18/20, revealed she was [AGE] years of age, and was admitted to the facility on [DATE]. [DIAGNOSES REDACTED]. Record review of the Care Plan for Resident #9, dated 05/06/20, revealed he was a new admission to the facility and was at risk for COVID-19 exposure. The Care Plan reflected the resident would be cared for managed under a quarantine process with PPE. The Care Plan did not specify which PPE. Interview on 05/13/20 at 10:00 a.m. with CNA C she said when residents came from the hospital they were placed on quarantine for 14 days. CNA C was standing in front of room [ROOM NUMBER], which had a stop sign on the door. When asked if the resident (Resident #9) was on quarantine, CNA C said the resident had been at the facility for a month and was no longer on quarantine. Record review of the facility Quarantine List dated 05/13/20 revealed Resident #9 was scheduled to be on quarantine from 05/07/20 to 05/20/20. Record review of Resident #9's hospital records revealed her testing date was documented as 5/5/20, 13 days prior to admission. In an interview on 5/13/2020 at 9:20 am with Housekeeping A, she said she worked full time during the 6-3 pm shift. She said STOP signs on the Resident's room door meant the Resident had come from the hospital. She said for precaution from [MEDICAL CONDITION], staff had to wear a mask and gloves. She said she used one cart to clean all of the rooms in her assigned Hall 100. In an interview on 5/13/2020 at 9:24 am with the DON, she said the residents that have come from the hospital had to be quarantined for 14 days. They have stop signs on their doors. She said there was no need for full PPE. She said the staff required only a mask and gloves while caring for those residents. In an interview on 5/13/2020 at 9:31 am with the Infection Prevention Nurse, she said she had provided training to staff on how to don and doff PPE and hand washing with return demonstration. She also educated staff on the different types of infections such as airborne TB and [MEDICATION NAME] and the proper way to reuse a mask. She said the facility had enough PPE and masks on hand. She said no visitors were allowed except for healthcare providers. She said the hospice nurse came to see the hospice residents. They were to be screened at the front door and have a mask on. She said the residents that come from the hospital or appointments were placed on quarantine for 14 days. She said staff were to always wear a mask, sanitize while going in and out of the room and to wear gloves if they are touching/providing care to the residents. Observation on 05/13/20 from 9:32 a.m. to 9:36 a.m. revealed stop signs on the doors of Rooms 211, 222, 229, 234, 235, and 238. Observation revealed there was no PPE available at the entrance or just inside the room, with the exception of gloves. Observation revealed HSKP B in room [ROOM NUMBER]. She was wearing a mask and gloves, but no other PPE. In an interview and observation on 5/13/2020 at 9:38 am with RN A, she said today was her fifth day of orientation on the floor with another nurse. She said during each shift, nurses had to fill out a COVID questionnaire for the residents. She said the residents that come from the hospital were quarantined in their rooms. She said only a mask and gloves were required to care for those residents. She said one of the resident screening questionnaire indicated/asked if the resident was tested for COVID in the hospital. She said most of those residents tested negative prior coming to the facility. She said there was one nurse and one CNA assigned on each side of the hall. She said on Hall 100 there were two residents with private sitters hired by the facility. Observation revealed RN A was wearing a surgical mask. Interview on 05/13/20 at 9:45 a.m. with LVN B revealed she said residents who came from the hospital were to be placed on quarantine for 14 days. She said the resident was to wear a mask, and the staff were to wear a mask and gloves. Observation on 05/13/20 at 9:46 a.m. revealed CNA D enter quarantine room [ROOM NUMBER] with no PPE on other than gloves and a mask. CNA D was within 6 feet of the resident. In an interview on 5/13/2020 at 9:58 am with the DON, she said due to low census only one nurse and one CNA were assigned on each side of the hall. She said there was no designated staff for quarantined residents. Interview on 05/13/20 at 11:50 a.m. with the DON revealed she said when residents came from the hospital they were to be placed on quarantine. She said while a resident was on quarantine, the staff were required to wear a mask and gloves while in the room. She said if the resident became symptomatic, the physician would be called, and the resident would be sent out to the hospital via 911. She said the residents would go to a sister facility upon discharge from the hospital. She said residents who would be placed on isolation would have lab work to indicate why they were on isolation. She said the lab contracted by the facility was capable of COVID-19 testing, but the facility had not tested any residents yet. When asked, she agreed a resident could be a carrier and be asymptomatic, making it possible to spread [MEDICAL CONDITION]. She said the difference between Isolation and Quarantine- Isolation requires labs. Quarantine is only monitoring vital signs and pulse ox. Observation on 05/15/20 at 1:15 p.m. revealed RN D enter quarantine room [ROOM NUMBER] with a water pitcher. She was wearing a mask and gloves, but no other PPE. CNA D entered the room wearing a mask but no gloves. CNA D adjusted some items on the overbed table within 6 feet of the resident. She gathered the trash, sanitized her hands, and left the room. There was a stop sign on the door. Record review of facility's Isolation Precautions Competency dated (Revised 02/2020) read in part: .1. Document precautions (e.g., contact precautions) in the resident's medical record and care plan, for those residents requiring precautions above and beyond standard precautions. 2. b. Appropriate linen barrel/hamper and waste container, with appropriate liner, placed in or near the resident's room. Linens and waste may be appropriately bagged and removed from resident's room after delivery of care. Double-bagging of linens from isolation rooms is not necessary unless the outside of the bag is wet or visibly soiled with blood or body fluids. C. Personal Protective Equipment (PPE) maintained near or conveniently located in the resident's room, so that equipment can be accessed when needed . Record review of facility's Isolation Precautions policy dated (last revised 03/2020) read in part: .Transmission-Based precautions should be used when caring for residents requiring infection control measures above and beyond standard precautions. Document precautions (e.g., contact precautions) in the resident's medical record and care plan, for those residents requiring precautions above and beyond standard precautions. Each resident on Transmission-Based precaution should have: A STOP-See Nursing staff sign should be posted near the entrance to the resident's room to alert visitors, associates, volunteers, etc. Personal Protective Equipment (PPE) maintained near or conveniently located in the resident's room, so that equipment can be accessed when needed. Appropriate linen barrel/hamper and waste container, with appropriate liner, placed in or near the resident's room. Linens and waste may be appropriately bagged and removed from resident's room after delivery of care. Double-bagging of linens from isolation rooms is not necessary unless the outside of the bag is wet or visibly soiled with blood or body fluids. C. Personal Protective Equipment (PPE) maintained near or conveniently located in the resident's room, so that equipment can be accessed when needed. Provide the right supplies for ease-of-use and correct use of personal protective equipment. Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room . Record review of facility's Table 1: Accepting Hospital Admission when there are no COVID-19 cases present in the LTC facility (not dated) read in part: .3. Place in contact precaution per CDC guidance based on new strategies to optimize PPE supplies. 4. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/ floor. Limit staff working between units as much as possible. If COVID-19 negative they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies . These failures resulted in an Immediate Jeopardy (IJ). The Administrator was notified of the IJ on 5/15/20 at 2:30 pm and a plan of removal (POR) was requested at that time. The IJ template was left with the Administrator. After two revisions, the POR was accepted on 5/18/2020 at 1:00 pm. The POR read: .5/15/20 Brookdale Galleria - Plan of Removal This plan of removal for Brookdale Galleria documents the immediate action this community will take to address the issues noted by the surveyor. Identifying those who are affected or could be affected - This practice identified could affect 34 residents in the community. There were no positive cases in the community. One resident transferred out to the hospital on [DATE] due to shortness of breath. He was subsequently tested twice at the hospital and was negative for COVID 19. The X-ray technician did not wear full PPE while obtaining a chest x-ray. The visitor screening log was checked and verified. She was identified as being both asymptomatic and afebrile. The remaining 33 residents had negative COVID 19 testing prior to admission and currently remain asymptomatic per resident COVID 19 screenings. Actions the community has taken - Newly admitted /readmitted residents are placed on 14-day quarantine. This practice is also followed for residents who go out to appointments, including [MEDICAL TREATMENT], procedures, or visits to the ER and placed on quarantine upon their return to the community. This practice started on March 31, 2020. Associates were donning PPE which included face masks and gloves for quarantined residents. The community immediately made full PPE available to quarantined resident's rooms,

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 3) located inside of designated carts. This went into effect 5/15/20. Full PPE items include N95 & surgical masks, gloves, isolation gowns, face shields and/or goggles, hair coverings and shoe coverings. Administrator, Dir