STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676435	A. BUILDING _____ B. WING _____	06/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOUSTON TRANSITIONAL CARE	8550 JASON STREET HOUSTON, TX 77074

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 for 5 of 9 residents (Resident #2, #3, #4, #5, and #6) reviewed for infection control. - The facility failed to have PPE 'stations' at the entrance of each of the quarantine rooms for staff to don prior to entering the rooms. -The facility failed to ensure staff, who were providing care to both the quarantined and non-quarantined residents wore appropriate PPE when caring for quarantined residents. - Quarantined Residents had no biohazard disposal or laundry bins set up in the rooms. -Staff entered quarantine rooms without an N95 or eye protection. They wore a surgical mask or homemade mask and gloves while caring for all the residents, to include the ones in quarantine. -Staff in the facility wore homemade cloth masks in patient care areas. An Immediate Jeopardy (IJ) was identified on 6/11/2020. While the IJ was lowered on 6/12/20 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 jeopardy and a scope of pattern while they continued to monitor their plan of removal. These failures placed all residents at risk of contracting an infectious disease, COVID-19, cross-contamination, and hospitalization . Findings Include: Resident #2 Record review of the admission sheet for Resident #2 revealed an [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #2's Hospital to Post-Acute Care Facility Transfer-COVID -19 assessment dated [DATE], 16 days prior to the resident's admission, read in part: .has patient been laboratory tested for COVID-19? yes, test performed for COVID-19. Negative test result . The test was performed 16 days prior to admission. Record review of Resident #2's physician's orders [REDACTED].) q shift, report any symptoms to md. Record review of Resident #2's comprehensive MDS assessment dated [DATE] revealed a BIMS of 11 out of 15 indicating moderately impaired cognition. She required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #2 was always incontinent of bowel and bladder. Record review of Resident #2's Care Plan initiated 05/26/20 and revised on 6/12/20 revealed the following care plan: Focus: COVID-19: At risk for infection and/or significant change of condition related to Novel Coronavirus (COVID-19) cases in the county/community. Goal: Residents' risk for Coronavirus infection will be mitigated daily and potential spread will be prevented. Interventions: creation and implementation of facility action plan/QA on prevention and management of COVID-19 disease. Facility coordination with local health authorities regarding Coronavirus updates. In-servicing staff on infection control preventative measures. Monitor for any distress associated with facility preventative measures (i.e.: restricting visitors from building, additional resident screening measures). Observing residents for respiratory symptoms and notifications of MD as needed. Posting signages about COVID-19 s/sx symptoms for residents and visitors information. Strict handwashing in between resident's care; use of hand sanitizers frequently. Visitors and employees screening for respiratory symptoms; restricting visitors and staff from being at the facility when presenting respiratory symptoms. Wearing of appropriate PPEs as indicated. Record review of the cdc.gov website read in part, .Considerations for new admissions or readmissions to the facility Newly admitted and readmitted residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care unit. Newly admitted and readmitted residents with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit. o If Transmission-Based Precautions have been discontinued, but the resident with COVID-19 remains symptomatic (i.e., persistent symptoms or chronic symptoms above baseline), they can be housed on a regular unit but should remain in a private room until symptoms resolve or return to baseline. These individuals should remain in their rooms to the extent possible during this time period. If they must leave their rooms, facilities should reinforce adherence to universal source control policies and social distancing (e.g., perform frequent hand hygiene, have the resident wear a cloth face covering or facemask (if tolerated) and remain at least 6 feet away from others when outside of their room). Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. o All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. . Observation on 6/2/2020 at 9:32 am reveled 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. There was no sign posted on the Resident's room door to indicate the resident was on contact or droplet precautions. Further observation revealed there were no covered isolation or laundry bins in the room to allow for disposal of contaminated items in a controlled manner. Resident #2 was lying in her bed. In an interview on 6/2/20 at 9:41 am with LVN A, she had on a surgical mask. She said residents in this hall, East Hall, had come from the hospital. They were either new admits or re-admits and were on quarantine for 14 days prior to moving to the other hall that had more stable residents. She said staff were monitoring these residents for signs and symptoms of COVID. She said the staff were to wear a mask and gloves while caring for the residents. She said staff were using standard precautions to care for these residents. The Surveyor asked if she had a list of the quarantined residents in this hall. She said no, but she could look at the resident's admitted to determine when they could come out of quarantine. In an interview and observation on 6/2/20 at 10:39 am with CNA C she said she was assigned to work with new admits or readmits. She said Resident #2 required total assistance with ADLs. She said gloves and masks were required to care for these residents. She said only two residents were in isolation on this hall. She said she did not know why those two residents were in isolation. She said she would know the resident was in isolation after seeing the sign posted on the door and PPE set up outside the room. She said she did not know which residents were quarantined. She said once the residents had completed their 14 days, they would be moved to the other wing. She said there were a few residents that had been in this wing past their 14 days. In an interview on 6/2/20 at 11:37 am with CNA A, she said she worked full time during the 6-2 pm shift at this facility. She said residents in this hall, East Hall, had come from the hospital. She said they were in quarantine for 14 days as precaution for COVID signs and symptoms. The Surveyor asked how CNAs knew that the resident had completed their 14 day quarantine. She said the nurses would notify them or the resident would move to a different hall. She said the staff were to wear a mask and gloves while caring for

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) these residents. In an interview on 6/2/20 at 2:34 pm with RN B, she said she had just started her shift and was checking on her residents. RN B had a cloth mask on, which is not PPE. She said the residents in this hall had come from the hospital; they were either new admits or readmits. She said she did not have any residents on [MEDICAL TREATMENT] in this hall. She said these residents were in quarantine for 14 days to monitor for COVID signs and symptoms. She said their vitals were checked once a shift. The surveyor asked if she had a list of the residents that were on quarantine, how they track who has completed their 14 days and how they communicate that information with CNAs. She said she was not given any list from the 6-2 pm nurse during shift change. She said nurses could look at the resident's admitted to figure out how many days they have left in quarantine. She said there were a few residents that have been in this hall past their 14 days. She said staff could wear homemade masks or facility provided surgical masks to care for the quarantined residents. She said she had on her own cloth mask because it was comfortable to breathe in. Observation on 6/2/20 at 2:32 pm of Resident #2 revealed Resident #2 was resting in bed. There was an X-ray technician in the room. The X-ray technician was wearing a surgical mask and gloves, but no other PPE. There was no PPE available at the entrance or inside the room, other than gloves. Resident #2's quarantine room was on the east wing among resident rooms of residents who were not on quarantine. Record review of Resident #2's physician's orders [REDACTED].#2 was in a meeting getting in-serviced. She said she could assist this Surveyor with any questions. This Surveyor asked if she could tell if Resident #2 was in quarantine. The MDS nurse said there was no list that would indicate which resident was on quarantine. She said the nurses would look at the resident's admitted to determine when they were off quarantine. She said she saw an X-ray technician in Resident #2's room getting x-rays. She said the resident was complaining of shortness of breath. She said residents were placed in the East wing post hospitalization for continuity of care and to monitor their vitals each shift. She said standard precautions were used when taking care of these residents as they did not have any type of infection. She said only a mask and gloves were required to care for these residents. She said additional PPE was required depending on the isolation and the resident's condition. Observation on 6/2/20 at 2:45 pm revealed Resident #2's door was open to the hallway. There was no sign posted on the resident's room door 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. Further observation revealed Housekeeper A was inside the resident's room with surgical mask and gloves on. Resident #2 was lying in her bed. The resident did not have a mask on while the housekeeper was in the room. In an interview on 6/2/20 at 2:56 pm with Housekeeper A, she said she did not know which residents were quarantined because no one told her. She said she did know there were two residents in isolation because of the signs posted on the resident's doors and PPE setting outside. Record review of Resident #2's physician's orders [REDACTED]. Record review of Resident #2's physician's orders [REDACTED]. At this time the Surveyor asked RN A to fix her mask. RN A said, The mask comes off as it is loose, I need to fix it again. RN A said she was assigned to work during the 7am to 7pm shift in the COVID positive hall. Throughout the interview, the Surveyor asked RN A to fix her N95 twice as it was not covering her nose. Observation and interview on 6/9/20 at 8:21 am revealed a pair of coveralla was hanging on the hook in the donning and doffing area that appeared to be used. In an interview with RN A, she said the coveralls belonged to the nurse that worked 7pm -7am shift. She said the facility was conserving the coveralls. She said the staff were re-using the coveralls for 3 days before they could discard it. In an interview on 6/9/20 at 10:31 am with the DON and the Administrator, the Surveyor shared her observations of having to tell RN A to fix her N95 twice during the interview. The DON said RN A needed a fitted N95. The DON said the facility was conserving coveralls and therefore staff were reusing the coveralls for 3 to 5 days and only discarding if soiled. 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. Perform hand hygiene after removing the respirator or facemask. If reusable respirators (e.g., powered air-purifying respirators (PAPRs)) are used, they must be cleaned and disinfected according to manufacturer ' s reprocessing instructions prior to re-use. *When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program. 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. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer ' s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse. . 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 . .If admitted , place a patient with known or suspected COVID-19 in a single-person room with the door closed. . 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. . Resident #3 Record review of the admission sheet for Resident #3 revealed an [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #3's Care Plan initiated on 05/02/20 and revised on 6/2/20 revealed the following care plan: Focus: COVID-19: At risk for infection and/or significant change of condition related to Novel Coronavirus (COVID-19) cases in the county/community. Goal: Residents' risk for Coronavirus infection will be mitigated daily and potential spread will be prevented. Interventions: wearing of appropriate PPEs as indicated. Record review of Resident #3's physician's orders [REDACTED]. Record review of Resident #3's hospital records testing information revealed Resident #3 was noted as having been tested for COVID-19. The form did not have the date when the test was performed at the hospital. Result was marked negative signed and dated 5/26/20 by the hospital staff. Record review of Resident #3's comprehensive MDS assessment dated [DATE] revealed a BIMS of 3 out of 15 indicating severely impaired cognition. She required limited assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #3 was always incontinent of bowel and bladder. Observation on 6/2/2020 at 9:18 am revealed Resident #3's door was open to the hallway. There was no sign posted on the resident's room door 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. Resident #3 was sitting on her wheelchair looking out the window. In an interview and observation on 6/2/20 at 10:25 am with RN A, she had a surgical mask on. She said Resident #3 was a new admit. The resident was on quarantine for 14 days and staff were monitoring for s/sx such as fever, cough, and shortness of breath. She said the incubation period for this virus was 14 days. She said staff kept track of their quarantine days by checking the admitted s. She said there were two residents in isolation in this hall. One resident had E.coli in the urine and the other resident [MEDICAL CONDITION] of a wound. She said residents in this hall had either come from the hospital, were a new admit, were re-admits or were on [MEDICAL TREATMENT]. She said the [MEDICAL TREATMENT] residents were at risk for infection as they were going in and out of the facility three times a week. She said new admits and re-admits were at risk for bringing infection as they had been out of the facility as well. She said the stable patients were on the west side of the building. She said staff had been using universal precautions while caring for these residents. RN A said she did not have a list of residents on quarantine to show the Surveyor. She said there were residents that had been in this hall past their 14 days. Observation on 6/2/20 at 10:20 am revealed Resident #3's door was opened to the hallway. Resident #3 was sitting in her wheelchair. Speech Therapist was in the room within 6 feet of the Resident. The

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) Speech Therapist was wearing a surgical mask. Resident #3 had no mask on while the Speech Therapist was in the room. In an interview on 6/2/20 at 11:45 am with the Speech Therapist, he said he did not know if Resident #3 was on precautions/isolation. He said usually if the resident was in isolation there would be a sign at the door and PPE set up for the staff to gown up outside the door. Observation on 6/2/2020 at 2:04 pm revealed Resident #3's door was open to the hallway. Further observation revealed Housekeeper A was inside the resident's room with surgical mask and gloves on. Resident #3 was sitting on her wheelchair. The resident did not have a mask on while the housekeeper was in the room. During observation and interview on 6/2/20 at 2:25 pm with CNA Z, she had a surgical mask on. The CNA was observed going into Resident #3's room. In an interview with CNA Z she said she had started her shift at 2 pm and was going room to room passing out hydration to the residents. She said Resident #3 was a new admit and was on quarantine for 14 days. She said she would know if the resident completed their 14 days if the resident had moved to the other wing when she came to her next shift. She said only gloves and a mask were required to care for these residents. In an interview on 6/2/20 at 2:56 pm with Housekeeper A, she said she did not know which residents were quarantined because no one told her. She said she did know there were two residents in isolation because of the signs posted on the resident's doors and PPE setting outside. Resident #4 Record review of the admission sheet for Resident #4 revealed a [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #4's comprehensive MDS assessment dated [DATE] revealed a BIMS of 14 out of 15 indicating intact cognition. He required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #4 was occasionally incontinent of bowel and had a external catheter. Record review of Resident #4's Care Plan initiated on 05/02/20 revealed the following care plan: Focus: COVID-19: At risk for infection and/or significant change of condition related to Novel Coronavirus (COVID-19) cases in the county/community. Goal: Residents' risk for Coronavirus infection will be mitigated daily and potential spread will be prevented. Interventions: wearing of appropriate PPEs as indicated. Record review of Resident #4's hospital records testing information revealed Resident #4 was noted as having been tested for COVID-19 on 5/26/20 and the result was negative, which was 3 days prior to admission. Observation on 6/2/2020 at 9:27 am revealed Resident #4's door was open to the hallway. There was no sign posted on the resident's room door 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. Resident #4 was lying in bed. Observation on 6/2/2020 at 9:55 am revealed Resident #4's door was open to the hallway. There was no sign posted on the resident's room door 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. Further observation revealed Activity Director was inside the resident's room within 6 feet of the resident with surgical mask and gloves on. Resident #4 was lying in his bed with no mask on. During observation and interview on 6/2/20 at 9:57 am with LVN A, she was standing near Resident #4's door with her med cart. LVN A said the Resident was a re-admit, he had come from the hospital and was on quarantine for 14 days. She said the staff were monitoring the resident for signs and symptoms for COVID. She said the staff were to wear a mask and gloves while caring for this resident. She said the Activity Director was in his room now assisting him with face time. Record review of Resident #4's physician's orders [REDACTED].) q shift, report any symptoms to md every shift for cough. Record review of Resident #4's physician's orders [REDACTED]. In an interview on 6/12/20 at 10:42 am with the Activity Director, she said she provided one on one in room activity for Resident #4. She said Resident #4 required assistance when face timing with family and friends. She said Resident #4's family member would usually call and notify when staff needed to assist the resident with his iPad to facetime. She said she would get a census every day and it would mention new admits. She said new admits were on quarantine for 14 days as per CDC. She said a mask and gloves were required while in the resident's rooms. 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 Hospital to Post-Acute Care Facility Transfer-COVID -19 assessment dated [DATE] read in part: .has patient been laboratory tested for COVID-19? NO, test not performed because patient did not meet the CDC testing criteria. May transfer . Record review of Resident #5's Baseline Care Plan dated 5/27/20 presented by the DON on 6/12/20 revealed Resident was not care plan related to COVID-19. Record review of Resident #5's physician's orders [REDACTED].#5's comprehensive MDS assessment dated [DATE] revealed a BIMS of 15 out of 15 indicating intact cognition. She required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #5 was occasionally incontinent of bowel and bladder. Record review of Resident #5's nurses note dated 6/3/20 written by RN B revealed read in part: . COVID TESTING TO R/T COVID-19 one time only for 1 Day Patient refused test, stated that she did it at the hospital . Record review of Resident #5's nurses note dated 6/9/20 written by LVN B revealed read in part: . Resident moved from Est wing to 148 West. Resident is adjusting well to new room. Resident is up in wheelchair eating lunch. VS stable no pain or distress. Will continue to monitor . Observation on 6/2/20 at 2:25 pm revealed Resident #5's door was opened to the hallway. Resident #5 was resting in bed. RN B was in the room within 6 feet of the resident. RN B was wearing a homemade mask. Resident #5 had no mask on while RN B was in the room. In an interview and observation on 6/2/20 at 2:34 pm with RN B, she said she had just started her shift and was checking on her residents. RN B had a cloth mask on. Observation on 6/2/20 at 3:15 pm revealed Resident #5's door was opened to the hallway. Resident #5 was resting in bed. CNA X was in the room within 6 feet of the resident. CNA X was wearing a surgical mask. Resident #5 had no mask on while the CNA was in the room. In an interview on 6/2/20 at 3:21 pm with CNA X, she said she worked the 2-10 pm shift at this facility. She said she was going room to room taking resident's vital signs. She said residents in her hall were new admits and readmitted residents. She said the facility kept these residents for 14 days on one side of the building to contain infection as they are new to the facility or have come from the hospital. She said a mask and gloves were required to care for these residents. She said she would know if their 14 days were completed when they moved to the other side of the building. Record review of the CDC.gov website read in part: .Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission . Use of Cloth Face Coverings to Help Slow the Spread of COVID-19 CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (asymptomatic) and that even those who eventually develop symptoms (pre-symptomatic) can transmit [MEDICAL CONDITION] to others before showing symptoms. This means that [MEDICAL CONDITION] can spread between people interacting in close proximity-for example, speaking, coughing, or sneezing-even if those people are not exhibiting symptoms. . Record review of 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 #6 Record review of the admission sheet for Resident #6 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #6's Hospital to Post-Acute Care Facility Transfer-COVID -19 assessment dated [DATE] read in part: .has patient been laboratory tested for COVID-19? NO, test not performed because patient did not meet the CDC testing criteria. May transfer . which was 8 days prior to admission. Record review of Resident #6's Baseline Care Plan dated 5/28/20 presented by the DON on 6/12/20 revealed Resident was not care planned for quarantine or s/sx related to COVID-19. Record review of Resident #6's comprehensive MDS assessment dated [DATE] revealed her staff assessment for mental status was conducted due to the resident was unable to complete the brief interview for mental status questions. She was assessed as having short term memory problems, long term memory problems, and cognitive skills for daily decision making was severely impaired never/rarely made decision. She required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #6 was occasionally incontinent of bowel and bladder. Observation on 6/2/2020 at 11:31 am revealed Resident #6's door was open to the hallway. There was no sign posted on the resident's room door with no isolation cart sitting near the door for