STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675782	A. BUILDING _____ B. WING _____	07/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VALLEY VIEW CARE CENTER	101 LIBERTY LN ANSON, TX 79501

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 maintain an infection prevention program to help prevent the development and transmission of communicable diseases and infections for 14 of 20 residents (Resident #'s 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12,13, and 14) reviewed for infection control: a. Residents' 1-14 were not social distancing in the dining area. b. The facility did not cancel communal dining. c. CNAs A and B were not sanitizing their hands between residents while serving trays or feeding residents during lunch service. d. CNA A pulled up her mask, took a drink from an insulated tumbler, pulled her mask down and returned to meal service without sanitizing her hands. e. CNA C briefly pulled down her facial mask while in the hallway. These failures could increase the risk to residents of contracting a respiratory illness such as COVID 19. The findings included: Review of Resident #1's Facesheet dated 07/09/20 revealed he was admitted to the facility 10/21/19. He was [AGE] years of age. His [DIAGNOSES REDACTED]. Review of Resident #2's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #3's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE] with a latest return of 3/19/20. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #4's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #5's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #6's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #7's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #8's Facesheet dated 07/09/20 revealed he was admitted to the facility on [DATE] with the latest return of 03/16/20. He was [AGE] years of age. His [DIAGNOSES REDACTED]. Review of Resident #9's Facesheet dated 07/09/20 revealed she was admitted [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #10's Facesheet dated 07/09/20 revealed she was admitted on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #11's Facesheet dated 07/09/20 revealed he was admitted on [DATE]. He was [AGE] years of age. His [DIAGNOSES REDACTED]. Review of Resident #12's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #13's Facesheet dated 07/09/20 revealed she was admitted to the facility on [DATE]. She was [AGE] years of age. Her [DIAGNOSES REDACTED]. Review of Resident #14's Facesheet dated 07/09/20 revealed he was admitted to the facility on [DATE]. He was [AGE] years of age. His [DIAGNOSES REDACTED]. During an observation on 07/09/20 at 10:40 AM CNA C was observed walking across the hall from the kitchen doorway to the nurses' station with her face mask pulled down exposing her nose and mouth for approximately 30 seconds. During an observation on 07/09/20 at 12:09 PM CNAs A and B observed using hand sanitizer, waiting for lunch trays. Observation of dining area revealed four tables, approximately 4 feet square in size. Table A had four (4) residents (#s 1, 8, 11 and 14). Table B had 4 residents (#s 3, 4, 6 and 7). Residents were not social distancing and were approximately three feet apart. Table C had 2 residents (#'s 12 and 13) and Table D had 2 residents (#s 5 and 9). Residents at Tables C and D were not social distancing and were approximately four feet apart. During an observation on 07/09/20 at 12:19-Resident #2 brought to sit at Table C and Resident #10 brought to sit at Table D. This increased the number of residents to three at each table and decreased the social distancing space to approximately three feet. During an observation on 07/09/20 at 12:22 CNA B was observed using hand sanitizer between tables as delivering trays, CNA A was not observed using hand sanitizer while delivering trays in dining room. During an observation on 07/09/20 at 12:28 CNA A went to small shelved area in the dining room and pulled her mask up off her chin and exposing her mouth and took a sip from an insulated tumbler and she said it's hot in here. She did not use hand sanitizer or wash her hands before going to Resident #4 touching her arm and resuming meal service. During an observation on 07/09/20 at 12:31 CNA A was delivering trays to tables, without using hand sanitizer either before or during passing trays. She then sat down and started to feed residents #4 and #7. CNA A was going back and forth from Resident #4 and #7 feeding them, touching the residents, plates and silverware. CNA A was not observed using hand sanitizer or washing her hands between residents. During an observation on 07/09/20 at 12:31 CNA B was sitting with Residents #3 and #6, she was going back and forth between residents while feeding them, touching residents, plates, table, silverware and glasses. CNA B was not observed using hand sanitizer or washing her hands between residents. During an observation on 07/09/20 at 12:40 there were a total of 18 residents and staff in the dining area (Table A 4 residents, Table B 4 residents and 2 staff, Table C 3 residents and 1 staff, table D 3 residents and DON standing in in the dining area). In an interview with CNA A on 07/09/20 at 1:53 PM, she said that the facility had continued communal dining since March 2020. She said that lunch is usually the main meal when residents come to the dining area and that there would usually be fourteen (14) residents and 3-4 staff. She said that she should sanitize or wash her hands before serving meals and in between serving residents. She should also sanitize her hands prior to feeding residents, but then only if her hands come in contact with something while feeding. She said that staff are supposed to wear their masks when coming into the building and not remove them. In an interview with CNA B on 07/09/20 at 2:08 PM CNA B, she said that the facility had continued communal dining since March and that there were usually fourteen (14) residents, two CNAs and a nurse. She said that she would wash her hands before starting to pass trays, after passing hall trays and use hand sanitizer between rooms. She said she then would wash or sanitize her hands before starting to serve in the dining room. She would wash her hands before feeding residents and was supposed to sanitize her hands between the two residents when feeding them. She said that staff put on their masks before coming into the building and are supposed to wear them at all times. In an interview with the DON on 07/09/20 at 3:05 PM, she said that staff are supposed to wash their hands before meal service and in between residents use hand sanitizer which is by the coffeepot. Hand sanitizer should be used right before feeding residents and then if comes into contact with something while feeding. She said that if it were her she would sanitize her hands between each tray and between residents if feeding. She confirmed that the facility had continued communal dining since March 2020 and that residents were not appropriately social distancing. She said the facility was still doing group activities, but, that only about four residents participated, except for bingo when it was usually five, but that they spread out for bingo. She confirmed that staff enter the building wearing their masks and are supposed to wear them at all times in the building. In an interview with the Administrator on 07/09/20 at 4:30 PM, she said that the facilities COVID 19 response binder (which included Texas Health and Human Services COVID-19 RESPONSE FOR NURSING FACILITIES Abstract Version 3.1 6/02/20. This document provided guidance to Nursing Facilities on Response Actions in the event of a COVID-19 exposure) was the facility policy being used for the facilities COVID response. Review of the Nurses Station COVID 19 Communication Book and the facilities COVID 19 response binder revealed copies of the Texas Health and Human Services COVID-19 RESPONSE FOR NURSING FACILITIES Abstract Version 3.1 6/02/20 (This document provides guidance to Nursing Facilities on Response Actions in the event of a COVID-19 exposure.) Review of ATTACHMENT 4: Comprehensive Mitigation Plan for a Nursing Facility Without COVID-19 Positive Cases revealed the following: 1. Keep COVID-19 from entering your facility: e. Cancel all group activities. 3. Prevent spread of COVID-19: a.

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** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) Actions to take now: i. Cancel all group activities and communal dining. ii. Enforce social distancing among residents. iv. Ensure all HCP (Health Care Personnel) wear a facemask while in the facility. Review of the Texas Health and Human Services Texas Curriculum for Nurse Aides in Long-Term Care Facilities (Sixth Edition 2018) revealed the following: UNIT 5 - INFECTION CONTROL D. GENERAL APPROACHES TO PREVENT AND CONTROLINFECTIONS 2. Practices to promote medical asepsis a. Wash hands with soap and water according to the Centers for Disease Control and Prevention (CDC) guidelines (Procedural Guideline #6). This is the single most important practice to prevent the transmission of infection. List of some situations that require hand washing: -Before and after eating or handling food -After coming in contact with a resident's skin, UNIT IV - NUTRITION & HYDRATION PROCEDURAL GUIDELINE #9 - ASSISTING WITH MEALS C. Procedural Guidelines 2. Serving diet trays: a. Sanitize hands before handling food and serving trays. Review of the facility's Assistance with Meals policy dated September 2013 revealed the following: 3. Residents Requiring Full Assistance b. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity .