STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	45F402	A. BUILDING _____ B. WING _____	**08/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WARE MEMORIAL CARE CENTER	**1510 S. VAN BUREN ST. AMARILLO, TX 79101**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. - LVN A returned to work without notifying the facility that she had been in contact with a COVID positive person - RN B failed to stop LVN A from entering the building after she reviewed LVN A's screening sheet These failures have the potential to affect residents and staff by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an interview with the DON on 7-9-2020 at 9:45 AM, she stated that LVN A was out of town for a funeral in June and came back to town on June 22. On July 2nd, LVN A received word that one of her cousins, who was at the funeral, had been admitted into the hospital with COVID-19. LVN A returned to work on July 4th without alerting the facility about being in contact with a COVID positive person. When she arrived at work she was screened by RN B. DON stated that about 2 hours after being screened LVN A showed signs and symptoms of COVID-19. LVN A revealed that she had been in contact with a COVID positive person and came to work before the mandated 14 days had passed. DON stated that when she asked LVN A why she did not alert the facility that she had been in close contact with a COVID positive person, LVN A replied that she did not know that she was supposed to. DON stated that this answer was not acceptable, and that the facility had educated all staff repeatedly on COVID issues. She was found to have been in close contact with five other staff members and seven residents before being sent home. LVN A was tested for COVID twice and was found to be negative for COVID-19 both times. During an interview via telephone on 7-9-2020 at 4:15 PM, LVN A confirmed that she found out on 7-2-2020 that her cousin, who she had been in close contact with, tested positive for COVID-19. She confirmed that she did not call the facility to alert them of the situation. LVN A was asked why she did not alert the facility about her exposure to a person with COVID-19 she stated that she was feeling fine and not exibiting symptoms. She stated that on 7-4-2020 she came to work and was screened by RN B. She then put on her surgical mask, and a couple of hours later became short of breath. At that point the weekend supervisor came and asked if she was ok. LVN then reported that she was short of breath and coughing, and told the weekend supervisor about her cousin and the funeral. LVN A stated that the weekend supervisor sent her home immediately. She was asked if she was tested for COVID-19. She responded that she tested negative twice. During an interview via telephone on 7-9-2020 at 4:22 PM, RN B confirmed that she was screening staff coming into work on 7-4-2020. She confirmed that she screened LVN A into the building. When asked why she let LVN A in the building when LVN A answered that she had been in contact with someone with COVID and had traveled, RN stated that she thought LVN A had already spoken with ADM and DON, and that everything was ok. RN B was then asked if she verified that LVN A had spoken with ADM or DON. She stated that she had not. During an interview with the DON and ADM on 7-9-2020 at 4:40 PM, both confirmed that it was their expectation that everybody who is able to enter the building be screened. Both confirmed that should any person answer yes to any screening question, they would not be allowed into the building until further investigation would clear them. Record review of facility provided competency list titled Employee Responsibility Related to Pandemic, undated, reflected in part: - If you know you will have to answer YES to any question on the screen then clear with employee health BEFORE you arrive to work. Be prepared to share who cleared you. -Questions include: New Cough Shortness of Breath Chills/Repeated Shaking Muscle Pain Headache Sore Throat Loss of taste or smell Diarrhea Tightness in Chest ANY travel in the past 14 days ANY contact with confirmed or suspected cases of COVID-19 Record review of facility investigation, dated 7-10-2020, revealed in part: Backtraced contact and found (LVN A) had direct but minimal contactwith 5 other staff members with masks on and 7 residents. 7 residents who had direct contact with LVN A were tested for COVID-19, results are pending. (all later found to be negative. Record review of facility screening sheet, dated 7-4-2020, reflected in part: - LVN A answered YES to questions ANY Travel in the past 14 days and ANY Contact w/ confirmed or [DIAGNOSES REDACTED]. Record review of facility interview with LVN A, dated 7-8-2020, reflected in part: I didn't want to call in because it was a holiday and I didn't want to be judged, like I just wanted a day off so I went into work, and was trying to tough it out but once I started working with my mask on I became short of brerath and coughing much more than I had been. Record review of second phone interview with LVN A and ADM and DON, dated 7-10-2020, reflected in part: Did you tell anyone in advance that you were having symptoms? LVN A Responded NO On the Employee Screening Sheet theye have marked No to all symptoms is that how you answered? She responded I said I had traveled and that I had been around someone that had COVID. Were you asked if you hada symptoms? LVN A responded No Record review of interview with RN B, dated 7-4-2020, reflected in part: 1. Did you do the Covid-19 for LVN A this morning prior to her entering the building? Yes 2. Did LVN A report any symptoms? She told me she had traveled and had been around someone who hada Covid or something about Covid. 3.Did you ask LVN A if she had any of the symptoms on the screen? She said she was fine with everything else a. New Cough? No b. Shortness of breath: No c. Chills/shaking? No d. Muscle Pain? No e. Headache? No f. Sore Throat? No g. Loss of taste or smell? No h. Diarrhea? No i. Tightness in Chest? No 4. Did you notice any s/s or ilness this morning when LVN A came to work? No. She was not coughing, her temperature was good, I looked at her face, she looked well. 5. What is the purpose of the screen? To keep Covid out 6. What are you suppose to do if employees answer Yes to any question? Stop them at the door 11. Do you know what it says on the bottom of the screening form if they answer yes? You send them home

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.