

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675791	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER BRIARWOOD NURSING & REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 7633 BELLFORT HOUSTON, TX 77061	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to effectively maintain an infection prevention and control program designed to help prevent the development and transmission of infections and COVID-19 in that: The facility failed to monitor and screen staff at the beginning of their shift for signs and potential exposure of COVID-19 illness. This failure placed the facility residents and staff at risk for transmission of infection. Findings include: Observation on 3/31/20 at 6:50 AM revealed 2 staff (including Housekeeper #2) entered the facility, stopped at the front desk and filled out paperwork. There was no other staff at the front desk to verify paperwork and take temperatures. Observation on 3/31/20 at 6:58 AM revealed 2 staff stopping at the front desk and filling out paperwork. Temperatures were not taken. Interview on 3/31/20 at 6:58 AM, Housekeeper #1 said she filled out the questionnaire and she would come back later for her temperature. She said the person who checked the staffs' temperatures would not be here until later. Interview on 3/31/20 at 7:08 AM, MA #1 said she hasn't had her temperature checked for screening purposes. She said the temperatures were taken later. She said she would have a nurse take it and put it on the sheet. Observation on 3/31/20 at 7:15 AM revealed Admissions Staff starting to take temperatures at the front desk. Interview on 3/31/20 at 7:15 AM, Admission Staff said she just happened to come in early, so she started to check temperatures. She said there was no one to take temperatures at the desk until 8:00 AM. She said the nursing staff was to come take it at shift change. Observation on 3/31/20 at 7:20 AM Housekeeping #2 went to the front desk and had her temperature taken. It was 98.3 degrees fahrenheit. Observation and Interview on 3/31/20 at 7:30 AM 2 staff members went to the front desk and filled out the temperatures on their questionnaires. Rehab #1 said she had her own thermometer. She said she took it herself and then filled out the sheet. Their temperatures were 96.8 and 98.0 degrees fahrenheit. Interview on 3/31/20 at 7:50 AM Administrator said the night nurse should be checking the temperatures of the staff that arrive in the morning. She said the night nurse was to be at the desk during shift change or answer the bell when someone entered. Interview on 3/31/20 at 8:30 AM, Infection Control Nurse said the receptionist or a nurse was to take temperatures at the entrance. She said staff filled out the questionnaire and the receptionist or nurse checks and documents the temperature. She said there should have been someone there to do the temperatures this morning. Record review revealed in-services were completed on 3/12/20 and 3/16/20 for staff. The subject was infection control and staff temperatures were to be checked. On the 16th the in-service revealed staff was to use the front door only and temperatures were to be checked. Record review of infection prevention and control tool for staff read in part, .visitation or entry is not permitted until the questionnaire has been reviewed by the facility representative, your temperature has been taken and your risk of infection has been assessed Record review of staff questionnaires revealed the following: Ten questionnaires were not completed with temperatures on 3/30/20 Six questionnaires were completed on 3/31/20 after the staff members had entered the building Four questionnaires were not completed with temperatures on 3/31/20 Record review of facility policy Infection Prevention and Control Policy dated 3/13/20 read in part, .the facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of the novel Coronavirus Record review of the CMS Letter 20-20 dated 3/23/20 read in part, .CMS is committed to taking critical steps to ensure America ' s health care facilities, providers, and clinical laboratories are prepared to respond to the threat of COVID-19 and other respiratory illness .The Focused Infection Control Survey is available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities .Education, Monitoring, and Screening of Staff .Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)? .</p>		
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.