

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER DEERINGS NURSING AND REHABILITATION LP		STREET ADDRESS, CITY, STATE, ZIP 1020 N COUNTY RD WEST ODESSA, TX 79763	
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	<p>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 ensure an infection prevention and control program designed to help prevent the development and transmission of communicable diseases was established and maintained for infection control related to Covid-19 ([MEDICAL CONDITION] that is spread from person to person causing mild to severe respiratory symptoms) for 2 of 4 residents (Residents #1 and #2) reviewed for infection control. The facility failed to ensure: Staff effectively wore their N-95 respirator masks while in the building. Staff were observed with their mask off of their face while within 6 feet of other people, including residents (Resident #1). Staff wore the appropriate PPE while providing services to residents in isolation (Resident #2) This failure could affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections, particularly Covid-19. Findings include: Observation on 9/15/2020 at 10:02 showed CNA A in a room with another CNA. The two residents in the room were also present. CNA A did not have a mask on and was within six feet of both residents and the other CNA. RESIDENT #1 Review of Resident #1's Admission Record dated 9/15/2020 showed Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 8/30/2020 she was diagnosed with [REDACTED]. Resident #1 came into the office and the AD bent down and began talking to Resident #1 face to face with no mask on. RESIDENT #2 Review of Resident #2's Admission Record dated 9/15/2020 showed Resident #2 was a [AGE] year-old male re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. He was diagnosed with [REDACTED]. During an interview on 9/15/2020 at 12:50 p.m. the DON said the staff were expected to wear full PPE when giving care to any resident from the hospital. She said there was currently one resident, #2. The DON said she expected staff to wear gown, mask, gloves, and goggles or face shield. At 12:53 the DON showed surveyor the PPE arrangement. Surveyor observed CNA B feeding Resident #2 in his room with no gown and no gloves on. There was a sign posted on the door that the resident was on Droplet Isolation. The DON acknowledged the lack of necessary PPE. The DON called the CNA out of the room and asked the CNA if she saw the sign on the door. The CNA acknowledged she had and forgot to put on the PPE. During an observation on 9/15/2020 at 12:52 p.m. 3 nursing staff were at the Hall C/D nurse's station. One of the nurses behind the nurse's station did not have her face mask on while talking to the two other staff. There was approximately three - four feet between the staff. During an interview on 9/15/2020 at 1:24 p.m. the Administrator was informed of the observations of staff without masks and/or other PPE on. She said all staff should be wearing KN-95 masks. She acknowledged the necessary PPE was posted on the door of the isolation room. Review of the facility's undated policy and procedure on Infection Control documented, in part: The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Review of the facility's policy and procedure on Fundamentals of Infection Control Program dated 2019 documented: Appropriate resident placement is a significant component of isolation precautions. When available, a private room is important to prevent direct or indirect contact transmission when the source resident has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms. When possible, a resident with highly transmittable or epidemiologically important microorganisms is placed in a private room with handwashing and toilet facilities to reduce opportunities for transmission of microorganisms. Gowns and protective apparel are worn to provide barrier protection and reduce the opportunity for transmission of microorganisms in the LTCF. Gowns are worn to prevent contamination of clothing and to protect the skin of personnel from blood and body fluid exposures. Gowns are also worn by personnel during the care of patients infected with epidemiologically important microorganisms to reduce the opportunity for transmission of pathogens from residents or items in their environment to other residents or environments. Review of the facility's policy and procedure on Preventing the Spread of Illness dated 2019 documented: Aggressive infection control measures and strict compliance by healthcare personnel can help minimize the spread of MDROs to other susceptible individuals. Droplet Precautions are intended to prevent transmission of pathogens through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a health care facility, special air handling and ventilation are not required to prevent droplet transmission. Healthcare personnel wear a mask (respirator is not necessary) for close contact (within 3 feet) with infectious patient. Procedure for Droplet precaution: Wear gloves, mask and disposable impermeable gown when entering the resident's room or coming in contact with infected materials/equipment, wounds, ulcers, invasive sites, or mucous membranes of the resident. Review of the facility's undated Covid-19 plan documented: Keys to an Effective Control Program: Facility staff will wear a surgical type or other approved mask or while in the facility. If protocol dictates, N-95 or equivalent will be required as recommended by the CDC. New admission or readmission where Covid status is unknown: the resident will be placed on contact and droplet precaution for at least 14 days. Review of the CDC guidance updated 8/19/2020 recommended all health care professionals wear a mask that completely covered their nose and mouth. Residents in Droplet Precautions (Resident #2) staff were recommended to wear gloves, gown and a mask.</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.