

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR ARBOR VIEW</b>		STREET ADDRESS, CITY, STATE, ZIP <b>218 BALTIC EDINBURG, TX 78539</b>	
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 <b>F 0655</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p><b>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview, the facility failed to develop a baseline care plan that included the interventions needed to provide effective and person-centered care of the resident, for two residents (R#1 and R#3) of four residents reviewed for baseline care plans. 1) The facility did not develop interventions on the baseline care plan that addressed the requirement for droplet precautions for R#1. 2) The facility did not develop interventions on the baseline care plan that addressed the requirement for droplet precautions for R#3. This failure could affect all residents and could place residents at risk for transmission of infections and for not having their care needs met. The findings were: Record review of the facility list of residents in isolation due to COVID-19 (coronavirus) revealed: -R#1 was admitted to the COVID-19 unit on 07/31/20, -R#3 was admitted to the COVID-19 unit on 08/04/20. 1) Review of R#1's Admission Record revealed R#1 was an [AGE] year-old male who was admitted to the facility on [DATE], R#1's [DIAGNOSES REDACTED]. Record review of R#1's Baseline Care plan, effective date 07/31/20 indicated: -An answer of yes for, Are transmission-based precautions (e.g., contact, droplet, or airborne isolation), in place? -droplet precautions (used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing), -alert, -cognitively intact. No interventions were indicated on baseline care plan for R#1 for isolation due to droplet precautions. Review of R#1's Order Summary dated 08/12/20 indicated: Droplet Precautions, every shift for Positive [DIAGNOSES REDACTED]-Cov-2 (COVID-19), start date 08/11/20. 2) Review of R#3's Admission Record revealed R#3 was a [AGE] year-old female who was admitted to the facility on [DATE], R#3's [DIAGNOSES REDACTED]. Review of R#3's Order Summary, dated 08/12/20, indicated: Droplet Precautions, every shift for Positive [DIAGNOSES REDACTED]-Cov-2 (COVID-19), start date 08/04/20. Record review of R#3's Baseline Care plan, effective date 08/04/20, revealed: -An answer of yes for, Are transmission-based precautions in place? -droplet precautions, -alert, -cognitively impaired. No interventions were indicated on baseline care plan for R#3 for isolation due to droplet precautions. In an interview on 08/12/20 at 3:03 p.m., the DON said R#1 and R#3 recently tested positive for COVID-19 and were placed in isolation in the COVID unit. The DON said the baseline care plans for R#1 and R#3 indicated droplet precautions, but no interventions were developed in the baseline care plan electronic system that the facility used. The DON said, once the baseline care plans were developed and signed by a nurse, it would trigger into the resident's comprehensive care plans, which would include interventions. The DON said the baseline care plan for R#1 had not been signed by a nurse and was locked, so it did not trigger the droplet precaution focus area indicated on the baseline care plan. The DON said the nurse who would have developed the baseline care plan was not currently at the facility and the DON did not have access to the baseline care plan since it was locked. The DON said R#1 did not have droplet precautions developed in the baseline care plan or the comprehensive care plan. The DON said R#3's baseline care plan did not have interventions for droplet precautions due to being on isolation for COVID-19. The DON said R#3's comprehensive care plan did not include a focus problem for droplet precautions due to being on isolation for COVID-19. In an interview on 08/12/20 at 3:30 p.m., LVN A said she was the Charge Nurse in the COVID-19 unit. LVN A said a care plan that addressed care for droplet precautions should be developed and should include interventions to be followed for resident care. LVN A said she was not aware if care plans had been developed for R#1 and R#3. Record review of the facility policy titled, Care Planning, dated December 2017, revealed: A comprehensive person-centered care plan is developed and implemented for each resident to meet the resident's physical, psychosocial and functional needs. A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission.</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.