

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER FORTRESS NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1105 ROCK PRAIRIE RD COLLEGE STATION, TX 77845	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to establish and maintain an infection prevention and control program designed to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The facility failed to ensure Med-Aide A and CNA A donned (put on) proper PPE when entering room [ROOM NUMBER] and room [ROOM NUMBER]. These failures could place the residents at risk of transmission of communicable diseases and infections and at risk for contracting COVID-19. Findings included: Observation on 07/02/2020 at 9:30 AM revealed Med-Aide A did not don the required PPE for Droplet Precaution when she entered room [ROOM NUMBER]. Med-Aide A only donned a mask. Interview on 07/02/2020 at 9:36 AM Med-Aide A stated I was only wearing a mask when I entered room [ROOM NUMBER]. I was required to wear a gown and gloves. I have been in serviced on proper PPE when entering a resident room on droplet precaution. Observation on 07/05/2020 at 8:40 AM revealed CNA B entered room [ROOM NUMBER] droplet precaution room without wearing proper PPE. CNA B was wearing only a mask. Interview on 07/05/2020 at 8:45 AM CNA B stated I wasn't wearing a gown or pair of gloves when I entered room [ROOM NUMBER]. I have been in-serviced on PPE when going into an isolation room. I don't know why I didn't put on a gown and some gloves. In an interview on 07/02/2020 at 2:05pm the Director of Nurses stated, All staff are to follow PPE protocol on Droplet isolation. The Med- Aide required to wear a gown, gloves and mask when entering isolation rooms. Furthermore, the Director of Nurses stated, Every staff in the facility has been in-serviced on wearing PPE in an isolation room and wearing PPE anywhere in this facility. In an interview on 07/05/2020 at 2:45 PM the Director of Nurses stated, The CNA's are required to wear proper PPE in any type of isolation room. If CNA was only wearing a mask when entered a residents' room, the CNA wasn't following facilities proper protocol for PPE. My expectations are for all staff to wear gowns, mask, gloves when entering droplet isolation rooms. Furthermore, the Director of Nurses stated, We do consider the droplet precautions form on residents' door part of our policy. In an interview on 07/05/2020 at 3:15 PM The Administrator stated, I will need to refer to the droplet infection control policy for isolation unit. Facility did not provide Infection Control Policy on droplet precautions for isolation unit upon exit. The Droplet precaution form used on resident's doors was shown to the Director of Nurses. The Director of Nurses stated, Droplet Precautions on the door is considered part of their policy. Droplet Precautions form used on residents' doors (not dated) reflected Personal Protective Equipment: 1. Don gloves, mask and gown outside of resident's room.</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.