STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676101	A. BUILDING _____ B. WING _____	**07/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
KINDRED TRANSITIONAL CARE AND REHABILITATION-RIDGM	**6600 LANDS END COURT FORT WORTH, TX 76116**

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 observation, interview, record review and policy review, the facility failed to assure staff used the recommended Personal Protective Equipment (PPE) for two of four sampled residents, (Resident (R)1 and R2) who were confirmed positive for COVID-19. Specifically, the staff failed to ensure gloves and a face shield were used before contact with the residents or their environment. This deficient practice had the potential to affect the four residents residing on the COVID-19 positive unit. Findings include: Review of the facility's undated policy, titled COVID-19 Implementation and Guidance Preparing for Potential Covid-19 Virus, obtained from the facility's COVID 19 Protocol binder, stated that persons under investigation for cases of Covid-19 Virus (shall be) assessed and treated appropriately, . to protect and ensure we are preventing cases occurring in our facilities. The policy provided guidance for isolation that included the use of PPE outside the residents rooms to include facemasks, eye protection, gowns and gloves (as indicated). If a resident develops signs and symptoms of COVID-19 the physician will be notified, and the resident may be placed on isolation until the 14-day period is over or the physician determines that the resident is free from flu or COVID-19. The CDC sign CS 2-E titled SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE), a document with pictures for donning (putting on) gown, mask or respirator, goggles or face shield, and gloves and the CDC sign CS -E titled HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT(PPE) were filed with the facility's COVID-19 policy in the COVID-19 Protocol binder. Review of the CDC document titled Coronavirus Disease 2019 (COVID-19) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 directed The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: .a respirator or facemask, . eye protection, .gloves, and .gowns. Observation on 07/17/20 at 10:15 AM revealed that Hall 400 was closed with a set of double doors and an 8-1/2 x 11 sign was on the doors and walls that included, but was not limited to the following: VISITORS & PERSONNEL PLEASE SPEAK TO NURSE BEFORE ENTERING COVID UNIT STOP DROPLET/CONTACT that directed the use of surgical mask, gloves and gown COVID Hall instructions included ALL STAFF MUST WEAR FULL PPE. During an observation on 07/17/20 at 10:15 AM, Licensed Vocational Nurse (LVN) 1 was outside the entry to Hall 400. LVN 1 was wearing an N95 mask and was donning (putting on) a long-sleeved isolation gown. LVN1 entered the COVID Unit through the closed double doors without donning gloves or a face shield. The Hall 400 corridor had a table just upon entry which had a box of gloves and face shields were hanging on the walls outside each of the resident rooms. LVN 1 entered R1's room without donning gloves or a face shield and repositioned the bedside table next to the head of R1's bed. When LVN 1 exited the room, he used alcohol base hand rub (ABHR) to cleanse his hands. R2's call light was on and LVN 1 immediately went into the room without donning gloves or a face shield. LVN 1 picked up the bed controls off the floor and placed them within the resident's reach, positioned the bedside table at the head of the bed and upon the resident's request, dialed the phone for the resident to make a personal call. When LVN 1 exited the room, he used ABHR to cleanse his hands. Review of R1's Face Sheet found in the electronic health record (EHR) under the Face Sheet tab, revealed the resident was admitted on [DATE] with a [DIAGNOSES REDACTED]. Review of the Molecular Pathology Report dated 07/10/20, found in the alternate EHR under Laboratory Results documented R1's nasopharynx respiratory sample obtained on 07/07/20 was positive for COVID-19 Coronavirus ([DIAGNOSES REDACTED]-CoV-2). Review of R2's Face Sheet found in the EHR under the Face Sheet tab revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of R2's Nurses Notes found in the EHR under the Departmental Notes tab dated 7/10/20 at 10:30 AM revealed the resident tested positive for COVID-19 and was moved to Hall 400 for isolation. Review of the Molecular Pathology Report dated 07/10/20, found in the alternate EHR under Laboratory Results documented R2's nasopharynx respiratory sample obtained on 07/07/20 was positive for COVID-19 Coronavirus ([DIAGNOSES REDACTED]-CoV-2). During an interview on 07/17/20 at 10:40 AM, LVN 1 stated that he received training on COVID-19 and PPE in April & May 2020. LVN 1 stated that he was instructed to routinely use a gown and N95 mask, and to use a face shield if performing treatments. LVN 1 stated he does not use face shields routinely and did not use gloves because he was not providing direct resident care and he cleansed his hand with ABHR. During an interview on 07/17/20 at 11:35 AM, the Assistant Director of Nursing (ADON), who is also the Infection Control Nurse, stated that staff should be wearing a face shield, gown, N 95 mask, and gloves when entering a COVID positive resident room. The ADON stated that all staff received numerous trainings on the use of PPE for COVID positive and COVID suspect residents that directed the use of face shields, gowns, masks and gloves upon entry into a COVID positive resident's room. Additional interview with the ADON on 07/17/20 at 6:00 PM revealed the signage posted on the doors of the COVID Unit should include the use of face shields. The ADON had no response for not using the CDC signage contained in the COVID 19 Protocol binder. During an additional interview on 07/17/20 at 4:49 PM, LVN 1 stated that he had no reason to wear gloves while performing routine rounds and touching items in the resident's room since he was not providing direct care and the residents only needed minor assistance.

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.