

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455925</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VERANDA REHABILITATION AND HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4301 S EXPRESSWAY 83 HARLINGEN, TX 78550</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment are reported immediately to HHSC, for three Residents (R#1, R#2, and R##3) of 23 residents reviewed. Suspicion of COVID-19 infection was not reported within specified timeframes to the Human Health Services Commission (HHSC). The facility administrator did not adhere to the 2-hour timeframe to report possible outbreak of COVID-19. This failure could place residents, staff, and the community at risk for the spread of infectious disease and death related to the COVID-19 Pandemic. The findings were: Review of the Intake Investigation Worksheet (situations that the facility reports to the State Agency), Intake ID: 9, dated 04/01/20, revealed the facility reported three employees tested positive for COVID-19. The facility did not submit the report until 04/01/20 at 12:36 p.m. In an interview on 04/01/20 at 2:53 p.m., the Interim Administrator said the facility had four employees who tested positive for COVID-19. The Interim Administrator said 18 more staff members were tested on [DATE] and she was waiting for the arrival of COVID-19 test kits to perform tests on 14 more employees. The Interim Administrator said three residents (R#1, R#2, and R#3) were tested for COVID-19. R#1 and R#2 were tested on [DATE]. R#3 was tested on [DATE]. The Interim Administrator said only one resident's results were back and R#1 tested positive. The Interim Administrator said R#2 and R#3 were currently hospitalized. The Interim Administrator said the DON was currently hospitalized and being tested for COVID-19 and the facility Administrator was tested yesterday and sent home on 03/31/20 pending results. When surveyor asked why the suspected COVID-19 infections were not reported to HHSC before 03/31/20, the Interim Administrator said she believed the facility's Administrator was misinformed that he did not have to report it to HHSC. In an interview on 04/07/20 at 4:57 p.m., the Administrator said the facility did not have a pattern of respiratory infections. The Administrator said visitation was limited on 03/13/20 and then, in a few hours, on 03/14/20, no visitation was allowed. The Administrator said he did not report COVID-19. The Administrator said he spoke with the HHSC Program Manager on 03/30/20 and was asked why the facility had not reported the suspected COVID-19 infections on 03/31/20. The Administrator said the Quality monitor said the facility did not have to report to the State. The Administrator said he was part of the infection control committee and was familiar with the Notifiable Conditions list. The Administrator acknowledged at the time he was aware that COVID-19 was a worldwide pandemic. The Administrator did not comment regarding if the pandemic had been adopted into the facility's disaster plan. In an interview on 04/07/20 at 5:23 p.m., Resource staff said she called the HHSC Program Manager regarding COVID-19 reporting. When asked if she called the HHSC Program Manager or if the HHSC Program Manager called her regarding the COVID-19, Resource staff said the HHSC Program Manager called her. Resource staff said the HHSC Program Manager had seen a post on Facebook regarding the facility's suspected COVID-19 and said, on 03/30/20, that the facility needed to report to HHSC. Resource staff said she called the HHSC Program Manager on 03/31/20 and he still said the facility needed to report to HHSC. Resource staff said the Quality Monitor was saying the facility did not have to report. Resource staff said, We even spoke with the state office in Austin. Record review on 04/06/20 of the list of employees tested for COVID-19 revealed one employee was tested on [DATE]. Six other employees were tested, with no test date provided. The list revealed a total of 61 employees had been tested for COVID-19 between the dates of 03/24/20 and 04/06/20. Of those 61 employees, 15 were found to be positive for COVID-19 and 31 were still pending results. Of those 61 employees, 15 were tested for COVID-19 between the dates of 03/24/20 and 03/30/20. Five of those 15 employees were found to be positive and two were still pending results. Six employees with no test dates documented had positive results for COVID-19 documented on 04/01/20. Record review on 04/06/20 of the list of residents tested for COVID-19 revealed 89 residents had been tested for COVID-19 between the dates of 03/28/20 to 04/06/20. Eleven of the residents tested positive for COVID-19, eight residents tested negative, and 70 residents' results were still pending. Of those 89 residents, four were tested for COVID-19 between the dates of 03/28/20 and 03/30/20. Of the four residents tested between 03/28/20 and 03/30/20, one was positive, two were negative, and one was still pending results. In an interview on 04/07/20 at 2:30 p.m., the facility's Medical Director said two employees tested for COVID-19, one was tested [DATE]. The Medical Director said he had inquired regarding a pattern of respiratory infections at the facility as early as 03/12/20. The Medical Director said the facility Administrator and Director of Nursing said there was no pattern. The facility's written policy and procedures on reporting incidents to HHSC was not provided. Facility incident report of Intake 9 was not provided. Review of the Health and Human Services Commission, Long-Term Care Regulatory Provider Letter, Number: PL 19-17, revealed: Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility (NF) Must Report to the Health and Human Services Commission (HHSC). Provider Types: Nursing Facilities (NF) Date Issued: July 10, 2019 2.0 Policy Details &amp; Provider Responsibilities 2.1 Incidents that a NF Must Report to HHSC and the Time Frames for Reporting A NF must report to HHSC the following types of incidents, in accordance with applicable state and federal requirements: . Emergency situations that pose a threat to resident's health and safety The following table describes required reporting timeframes for each incident type: Type of Incident .emergency situations that pose a threat to resident health and safety . When to Report . Immediately, but no later than 24 hours after the incident occurs or is suspected .</p> <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program, designed to provide a safe, sanitary and comfortable environment, and to prevent the development and transmission of communicable diseases and infections. -The facility did not consistently document temperatures of staff members entering and exiting the facility between March 30, 2020 to April 3, 2020 -The facility did not ensure staff (Receptionist, Lead Marketer, Maintenance Supervisor, and LVN A) were utilizing PPE. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: During an interview on 04/02/20 at 8:40 a.m., the Receptionist said the facility was having everyone who entered the building fill out the COVID screening log and someone was checking the temperatures of everyone who would remain in the building, upon entering and exiting the building. The Receptionist said they were supplying masks for everyone who entered and prevented anyone who was not an employee from entering the building. Review of the facility's Employee COVID -19 Screening log, on 04/02/20 at 8:41 a.m., revealed two out of four signatures did not have temperatures documented. Observation on 04/02/20 at 8:42 a.m. revealed the Receptionist walked to the right of the entrance, to the open door of the Administrator's office. The Receptionist touched the door upon entering and a table holding boxes. The Lead Marketer moved boxes from one side of the table to another. Multiple large and small boxes on the table that contained masks were being handled by the Lead Marketer and the Receptionist. Both the Lead</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program, designed to provide a safe, sanitary and comfortable environment, and to prevent the development and transmission of communicable diseases and infections. -The facility did not consistently document temperatures of staff members entering and exiting the facility between March 30, 2020 to April 3, 2020 -The facility did not ensure staff (Receptionist, Lead Marketer, Maintenance Supervisor, and LVN A) were utilizing PPE. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: During an interview on 04/02/20 at 8:40 a.m., the Receptionist said the facility was having everyone who entered the building fill out the COVID screening log and someone was checking the temperatures of everyone who would remain in the building, upon entering and exiting the building. The Receptionist said they were supplying masks for everyone who entered and prevented anyone who was not an employee from entering the building. Review of the facility's Employee COVID -19 Screening log, on 04/02/20 at 8:41 a.m., revealed two out of four signatures did not have temperatures documented. Observation on 04/02/20 at 8:42 a.m. revealed the Receptionist walked to the right of the entrance, to the open door of the Administrator's office. The Receptionist touched the door upon entering and a table holding boxes. The Lead Marketer moved boxes from one side of the table to another. Multiple large and small boxes on the table that contained masks were being handled by the Lead Marketer and the Receptionist. Both the Lead</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>Marketer and the Receptionist removed N95 masks (masks that filter at least 95% of particles) from the boxes, barehanded, to give to individuals entering the facility. The Lead Marketer and the Receptionist did not wear gloves or perform hand hygiene. Both wore masks. Observation on 04/02/20 at 9:41 a.m. revealed the Maintenance Supervisor entered the Administrator's office holding his mask in his hand left hand while speaking to the Interim Administrator. The Maintenance Supervisor left the office with his mask in his hand. The Interim Administrator and the Lead Marketer did not instruct the Maintenance Supervisor to don the mask over his nose and mouth. During an interview on 04/02/20 at 9:44 a.m., the Interim Administrator/RN said everyone was to wear a mask to cover their mouth and nose while in the facility. The Interim Administrator said they were supplying everyone who entered the building with an N95 mask. When asked who fit tested the employees for the N95 masks to ensure a complete seal, the Interim Administrator said she was not aware N95 masks had to be fit tested. The Interim Administrator said the Lead Marketer and the Receptionist needed to be wearing gloves while handing out masks. During an interview on 04/02/20 at 9:44 a.m., the Lead Marketer said he and the Receptionist should be wearing gloves while handing out face masks. Observation on 04/02/20 at 9:50 a.m. revealed LVN A entered the Interim Administrator's office with her mask pulled down below her chin. LVN A spoke with the Interim Administrator, then walked out of the Administrator's office at 9:55 a.m. with her mask still below her chin. The Interim Administrator, the Lead Marketer, and the Interim DON failed to instruct LVN A to place her mask in the proper position. During an interview on 04/02/20 on 10:31 a.m., LVN A said she had her mask down below her chin when entering the Administrator's office so they could hear her. LVN A said the face mask was to be properly placed over the nose and mouth while in the facility, unless eating or drinking in the employee lounge. LVN A said that the Administrator's office is considered part of the facility. The facility's policy titled, "Healthcare Center Preparatory Plans and Actions For COVID-19 Outbreak, issue date 03/04/20, revealed the plan was developed to ensure staff were trained, equipped and capable of implementing practices to prevent the spread of respiratory disease, including COVID-19, within the facility, and to monitor and manage any healthcare personnel that might be exposed to COVID-19. The plan included: 8) Monitoring Staff: . d) Facility to conduct symptom and temperature checks. The facility's policy titled, Infection Prevention Policy Emerging Infectious Disease (EID): Coronavirus Disease 2019 (COVID-19), dated 03/09/20, revealed: Correct use of PPE and Prevention of contamination of clothing, skin and the environment. The website <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html</a> last summary update 04/02/20, revealed: Strategies for Optimizing the Supply of N95 Respirators. <a href="https://www.cdc.gov/coronavirus/2019-ncov/novel-coronavirus-2019-SupplyChecklist_of-N95-Respirators_COVID-19_4_6_20_num.pdf">https://www.cdc.gov/coronavirus/2019-ncov/novel-coronavirus-2019-SupplyChecklist_of-N95-Respirators_COVID-19_4_6_20_num.pdf</a> revealed: Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19</p> <p>Response: Train Health Care Providers on use of N95 respirators (i.e., proper use, fit, donning and doffing) Implement just in time fit testing. Implement qualitative fit testing to assess adequacy respirator fit.</p>		