

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455941	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER WINDCREST NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 210 WEST WINDCREST ST FREDERICKSBURG, TX 78624	
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**</p> <p>Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 5 of 5 Residents (Resident #1, #2, #3, #4, and #5) observed for infection control monitoring, in that: 1. Staff were not asking residents to cover their mouths and noses with tissues when staff entered resident rooms and provided resident care (for Residents #1, #2, #3, #4 and #5) 2. Staff members were not wearing their masks in the facility. These deficient practices could place residents at risk of transmission of communicable diseases and infections. The findings were: 1. Review of Resident #1's face sheet dated 4/15/20 revealed an admission date of [DATE] with a readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's annual MDS dated [DATE] revealed a BIMS of 13 which indicated the resident was cognitively intact. Review of Resident #2's face sheet dated 4/15/20 revealed an admission date of [DATE] with readmission 4/1/13 with [DIAGNOSES REDACTED]. Review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS of 13 which indicated the resident was cognitively intact. Review of Resident #3's face sheet dated 4/15/20 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4's face sheet dated 4/15/20 revealed an admission date of [DATE] and readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #4's 5-day admission MDS dated [DATE] revealed a BIMS of 15. Review of Resident #5's face sheet dated 4/15/20 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #5's 5-day admission MDS dated [DATE] revealed a BIMS of 15. Observation on 4/14/20 at 12:00 PM of Med-PASS with MA A revealed MA A enter Resident #1's room to administer Resident #1's medication without requesting Resident #1 cover their mouth and nose while staff was in the room. MA A approached Resident #1 and maintained close contact near the residents head. The resident asked the MA to back up to 6 feet. MA A laughed and said, oh yeah. Observation on 4/14/20 at approximately 12:07 PM revealed Resident #2 was calling out for assistance from staff. MA A entered Resident #2's room to provide assistance without asking the resident or the roommate to cover their mouths and noses while the staff was in the room. Observation on 4/14/20 at 12:10 PM revealed MA A enter Resident #3's room to administer medication without asking the resident to cover their mouth and nose with a tissue while staff was in the room. Observation on 4/14/20 at 12:35 PM revealed MA A and CNA B enter Resident #4's room to assist the with bed positioning, removing a leg brace and adjust the residents covers without requesting the resident to cover the mouth and nose while staff was in the room and providing care. Observation on 4/14/20 at 1:00 PM revealed CNA B entered Resident #5's room to provide toileting assistance and transfer assistance without asking the resident to cover their mouth and nose while staff was in the room and providing care. Interview on 4/14/20 at 2:15 PM with MA A and CNA B confirmed the residents had not been asked to cover their mouths or noses when staff entered their rooms or provided care. Both staff members indicated they had not been trained to request residents to cover their mouths and noses. Interview on 4/14/20 at 3:15 PM with the ADON, DON and Administrator confirmed staff had not been trained to ask residents to cover their mouths and noses while entering resident rooms and providing care. The Administrator indicated he was not aware of the guidance for COVID-19 from CMS letter dated 4/2/20. 2. Observation on 4/14/20 at 1:05 PM revealed an unidentified therapist in the physical therapy room with her mask down. Observation on 4/14/20 at 1:11 PM revealed OTA D had their face mask positioned below the nose while preparing food in the physical therapy room while an unidentified resident was receiving therapy in the room. Observation on 4/14/20 at 1:38 PM revealed Medical Records E sitting at the main reception with her face mask off. In an interview on 4/14/20 at 1:11 PM, OTA D confirmed she was wearing her face mask underneath her nose. In an interview on 4/14/20 at 1:40 PM, Medical Records E confirmed she did not have on her face mask while she sat in the main reception area. In an interview on 4/14/20 at 4:12 PM, the DON confirmed staff should be wearing their face mask. Review of a facility policy, titled Coronavirus dated 4/9/20 revealed, Mask for Staff: For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Masks for Residents: When possible, whether residents have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available.</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.