STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675386	A. BUILDING _____ B. WING _____	07/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WHISPERING PINES LODGE	2131 ALPINE RD LONGVIEW, TX 75601

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an effective infection prevention and control program to prevent the development and transmission of communicable diseases was provided for the facility regarding COVID 19 (a respiratory disease which can cause mild to severe illness with most severe illness in adults 65 and older). The facility did not follow CDC guidelines and placed Resident #1, who was negative for COVID-19, on the COVID-19 unit with Resident #2, who was COVID-19 positive for approximately one and a half weeks. Staff did not change their PPE between providing care for Resident #1 and Resident #2. This failure could place residents at risk for the transmission of COVID-19 and death. Findings included: 1. An admission record printed 7/23/20 indicated Resident #1 admitted [DATE], was [AGE] years old, and had [DIAGNOSES REDACTED]. The MDS assessment dated [DATE] indicated Resident #1 had impaired cognition. He required only supervision with locomotion, dressing, eating and personal hygiene. A care plan with a review date of 6/16/20 indicated Resident #1 had [MEDICAL CONDITION]/chronic obstructive [MEDICAL CONDITION] disorder ([MEDICAL CONDITION]). The interventions included monitoring the resident for acute respiratory insufficiency, difficulty breathing, and monitoring for any signs of respiratory infection. A Hospital to Post-Acute Care Facility Transfer-COVID-19 Assessment form indicated Resident #1 was tested for COVID-19 twice on 7/13/20 related [MEDICAL CONDITION] and fever. Both test results came back negative. The fax sheet for this form indicated the facility received this form on 7/16/20 at 11:27 a.m. The hospital discharge summary dated 7/16/20, indicated Resident #1 tested positive for a urinary tract infection and was to discharge back to the facility. He was to continue quarantining for an additional 17 days to total 21 days of quarantine. 2. An admission record printed 7/23/20 indicated Resident #2 admitted [DATE], was [AGE] years old, and had [DIAGNOSES REDACTED]. The MDS assessment dated [DATE] indicated Resident #2 had severely impaired cognition. He required supervision with eating, walking and locomotion, and extensive assistance with dressing and toileting. A care plan with a review date of 7/23/20 indicated Resident #2 had COVID-19. The interventions included staff wearing appropriate PPE when working with the resident and encouraging him to stay in his room, away from other people. A Hospital to Post-Acute Care Facility Transfer-COVID-19 Assessment form indicated Resident #2 was tested for COVID-19 related to fever on 7/8/20 and 7/10/20 and received positive test results. The form indicated the facility received the results of Resident #2's positive COVID-19 results by phone on 7/15/20 at 2:54 p.m. During an interview on 7/22/20 at 2:30 p.m., the DON and administrator said the facility had one COVID-19 positive resident and one COVID-19 negative resident living on the COVID-19 unit. They said Resident #2 was sent to the hospital 7/9/20 due to fever and returned with a positive COVID-19 [DIAGNOSES REDACTED].#1 was Resident #2's roommate and was sent to the hospital on [DATE] due to fever and altered mental status. They said Resident #1 was tested for COVID-19 twice at the hospital on [DATE] and received negative results for both tests. The DON and administrator said the discharge paperwork for Resident #1 included an order for [REDACTED].#1 to the COVID-19 unit in the hospital and the physician said he did not trust the two negative test results. A nursing note dated 7/18/20 at 5:02 p.m. indicated Resident #1 wanted to know why he was on the COVID-19 unit. Resident #1 told the nurse he did not have COVID-19. A late entry physician's note dated 7/18/20 indicated Resident #1 was on quarantine protocol. The resident had no respiratory distress and had clear lung sounds. The physician's assessment and plans were to continue treating [MEDICAL CONDITION], a history of recent UTI, and dementia without behavioral disturbances. During an interview on 7/22/20 at 4:20 p.m., CNA F said she was the dedicated CNA for the COVID-19 unit. She said she wore full PPE for her entire shift and did not change her PPE between caring for the positive and negative residents. During an interview on 7/22/20 at 4:25 p.m., LVN G said she donned her PPE before entering the COVID-19 unit and assessed the positive and negative residents. She said when she was done, she doffed her PPE and left for the day. She did not change her PPE between the residents. During an interview on 7/23/20 at 12:50 p.m., the DON said staff on the COVID-19 unit wore the same PPE (N-95 mask, Tyvek suit, gloves, and face shields) for their 12-hour shift, and the staff did not change PPE between Resident #1 and #2. During an interview on 7/24/20 at 10:10 a.m., the DON said the facility's epidemiology contact was not notified of the facility having a COVID-19 negative resident living on the COVID-19 unit. During an interview on 7/24/20 at 12:05 p.m., the DON said Resident #1 was exposed to COVID-19 and was supposed to isolate on the COVID-19 unit for 17 days. She said the facility did not retest the resident for COVID-19 when he arrived back to the facility. She said they are only testing residents once a week. She said plastic barriers were put up (after surveyor intervention) on the COVID-19 unit to divide the hallway between the positive and negative residents. The Infection Control Policy & Procedure Manual 2018 indicated the following: Fundamentals of Infection Control Precautions .Gloving Gloves are worn for three important reasons 1. To provide protective barrier and prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and nonintact skin. The wearing of gloves in specified circumstances will reduce the risk of exposures to blood-borne pathogens and is mandatory for all employees. 2. To reduce the likelihood that microorganisms present on the hands of personnel will be transmitted to residents during invasive or other resident-care procedures that involve touching a resident's mucous membranes and nonintact skin. 3. To reduce the likelihood that hands of personnel contaminated with microorganisms from a resident or a fomite can transmit these microorganisms to another resident; in this situation, gloves must be changed between resident contacts, and hands washed after gloves are removed. -Wearing gloves does not replace the need for handwashing because gloves may have small inapparent defects or be torn during use, and hands can become contaminated during removal of gloves. - Failure to change gloves between resident contacts is an infection control hazard. 2. Resident Placement 1. Appropriate resident placement is a significant component of isolation precautions. When available, a private room is important to prevent direct or indirect contact transmission when the source resident has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms. When possible, a resident with highly transmissible or epidemiologically important microorganisms is placed in a private room with handwashing and toilet facilities to reduce opportunities for transmission of microorganisms . .4. A private room with appropriate air handling and ventilation is particularly important for reducing the risk of transmission of microorganisms from a source resident to susceptible residents and other persons in hospitals when the microorganism is spread by airborne transmission . .5. Gowns and protective apparel . .2. Gowns are also worn by personnel during the care of patients infected with epidemiologically important microorganisms to reduce the opportunity for transmission of pathogens from residents or items in their environment to other residents or environments; when gowns are worn for this purpose, they are removed before the personnel leave the resident's environment. The website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care-strategies.html, updated by the CDC on 6/25/20 and accessed on 8/4/20 indicated the following: Identify Space in the Facility that Could be Dedicated to Monitor and Care for Residents with COVID-19. o Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. o Identify HCP who will be assigned to work only on the COVID-19 care unit when it is in use. o

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 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, implement use of Transmission-Based Precautions, prioritize for testing, transfer to COVID-19 unit if positive). o Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. While awaiting results of testing, HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Cloth face coverings are not considered PPE and should only be worn by HCP for source control, not when PPE is indicated. o Have a plan for how roommates, other residents, and HCP who may have been exposed to an individual with COVID-19 will be handled (e.g., monitor closely, avoid placing unexposed residents into a shared space with them). o Additional information about cohorting residents and establishing a designated COVID-19 care unit is available.