STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675939	A. BUILDING _____ B. WING _____	**10/23/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VINTAGE HEALTH CARE CENTER	**205 N BONNIE BRAE DENTON, TX 76201**

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 maintain an Infection Prevention and Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for three (Residents #3, and #7) of seven residents, reviewed for infection control. The facility failed to screen Residents #3 and #7 three times a day for signs and symptoms of COVID-19. This failure could place residents at risk for spread of infection. Findings included: Review of Resident #3's admission record dated 10/23/20, reflected he was a [AGE] year-old male, who admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's consolidated orders for the month of October (2020) revealed that there were no orders for monitoring of signs and symptoms of COVID-19. Review of Resident #3's TAR for the month of October (2020) revealed that there was no documentation of screening for signs or symptoms of COVID-19. Review of Resident #3's temperature log on the EMR revealed from 10/20/20 through 10/23/20, he had his temperature taken once on 10/21/20 and once on 10/22/20. Review of Resident #3 oxygen saturation log for October on the EMR revealed his oxygen saturation levels were taken once on 10/21/20 and once on 10/22/20. Review of Resident #7's admission record dated 10/23/20 revealed she was a [AGE] year old female who admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Coli) as the cause of diseases classified elsewhere, diaphragmatic hernia without obstruction or gangrene, other dietary vitamin B12 deficiency [MEDICAL CONDITION], disorder of [MEDICAL CONDITION], vitamin D deficiency, fluid overload unspecified, major [MEDICAL CONDITION] recurrent, [MEDICAL CONDITION], essential (primary) hypertension, [MEDICAL CONDITION] unspecified, pain in unspecified joint, allergy status to [MEDICATION NAME] agent. Review of Resident #7's consolidated orders for the month of October (2020) revealed that there were no orders for monitoring of signs and symptoms of COVID-19. Review of Resident #7's TAR for the month of October (2020) revealed that there was no documentation of screening for signs or symptoms of COVID-19. Review of Resident #7's temperature log on the EMR revealed from 10/20/20 through 10/23/20, he had his temperature taken once on 10/21/20 and once on 10/22/20. Review of Resident #7's oxygen saturation log for October on the EMR revealed his oxygen saturation levels were taken once on 10/21/20 and once on 10/22/20. In an interview on 10/23/20 at 12:45 PM with the DON revealed that Resident #3 was not being monitored 3 times a day for signs and symptoms of COVID-19. She stated that the EMR should have automatically pulled over the order for monitoring and that monitoring is documented on the TAR. When LVN A attempted to generate his TAR for October nothing was generated and they both stated there was no TAR or order. In an interview on 10/23/20 at 1:23 PM with LVN B revealed that they screen residents for signs and symptoms of COVID-19 once a shift and they document their findings in the residents' charts under the nurses' MAR/TAR. She stated whoever admits the resident is responsible for uploading the batch orders. In an interview on 10/23/20 at 2:12 PM with DON revealed that she had contacted her corporate office to see why the batch orders did not upload for Resident #3 and #7. She stated that when a resident admits, batch orders automatically upload to the que, she stated that the admission nurse then clicks on the orders and adds whatever specification is needed. Review of the facility policy Coronavirus Emergency Pandemic Policy Addendum reflected 9. Resident Screening: ON admission/discharge the q shift COVID-19 monitoring template will be initiated. Any symptoms fever, new or worsening cough, sore throat, shortness of breath, loss of taste/smell, malaise, tiredness, and fatigue with yes will require a progress note. This is to be used on all residents in the center .Pulse oximetry will obtain q shift on new admissions/readmission for the 14 days in quarantine and or as needed to include in-house residents with current illness.

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.