

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER REGENT CARE CENTER OF LEAGUE CITY		STREET ADDRESS, CITY, STATE, ZIP 2620 W WALKER LEAGUE CITY, TX 77573	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to maintain an infection control program and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development, transmission of disease and infection for 2 out of 2 staff (Maintenance Worker and Activity Director) reviewed for CDC guidelines for COVID-19 infection control and prevention, in that: -The facility failed to maintain processes to prevent cross contamination. Maintenance Worker A walked through the designated COVID barrier, onto the COVID positive unit and then back again, into the non COVID area without any PPE. The Activity Director passed a computerized tablet/pad, through the designated COVID barrier, onto the COVID positive unit without any PPE. These failures placed all residents and staff at risk for cross contamination and exposure to the COVID-19 virus possibly resulting in serious illness and or death Findings include: During an interview on 4/30/2020 at 9:11 am with the Administrator, she said the facility had been taking the temperature on all the staff and residents, hand washing stations were placed in the lobby along with mask, 100 COVID tests were pending, all residents were placed under isolation, all staff were using PPE, and 100 and 600 have been made the isolation/quarantine halls. During an interview on 4/30/2020 at 9:50 am with the DON, she said the facility focused more with infection control trying to contain [MEDICAL CONDITION] by doing the following: place resident testing positive on an isolation unit, designating staff for the COVID positive and staff can only enter the facility caring for the COVID positive through the side exterior entrance and exit. She said the staff have a separate break area and will bring them whatever they need to care for the positive COVID residents. She said the residents on the COVID and non-COVID units wear a mask when staff are providing care for them, have the residents to stay in their rooms and if they have to come out they are given a mask to wear. During an observation and interview on 6/4/20 1:15pm with the Activities Director, she passed a small rolling desk with a computerized device on the top through the plastic barrier that led to the positive COVID isolation unit. She had no gown or gloves on. She was wearing a mask when she opened the plastic barrier and wheeled the small rolling desk through to someone dressed in full PPE on the other side. When asked if that was what she normally did, she said that was how the residents on the COVID positive unit had their virtual visits with their families. She said that she had never used any other entry or exit except passing things through the plastic barrier/wall to the COVID positive unit. She said she was not sure who cleaned the small rolling desk or the computerized tablet/device before or after it was passed back through the plastic barrier. She said no one told her not to use the plastic barrier/wall as an entry or exit.</p> <p>During an observation on 6/4/20 at 1:22 pm the Maintenance Worker walked through the plastic barrier/wall separating the COVID positive isolation unit from the negative non COVID unit. He was observed parting the plastic barrier/wall in the middle and walking through from the non COVID side to the positive COVID side, holding a hand-held drill. He then walked back out of the barrier/wall from the positive side to the negative side, still holding the same drill in his hand. He was not wearing any PPE except a mask. During an interview and observation on 6/4/20 at 1:23 pm with the Corporate Nurse Consultant, she was present at the time the Maintenance Worker walked through the barrier/wall to the COVID positive unit and then back out again. She immediately spoke out to get the Maintenance Worker's attention. She corrected the worker and said that staff were not supposed to be using the plastic barrier/wall as a pass through. She started an immediate in-service with all staff. She was observed speaking with the Maintenance Worker and the Maintenance Manager. She said she did not know why the staff would be going in and out of the plastic barrier/wall and said that they had been in-serviced before on the use of PPE on the COVID positive units. Record review of the facility Policy and Procedure entitled Infection Prevention and Control Program undated read in part . Policy Statement 1. The infection prevention and control program is a facility-wide effort involving all disciplines and individuals and is an integral part of the quality assurance and performance improvement program. 2. The elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety . Policy Interpretation and Implementation 6. Outbreak Management a. Outbreak management is a process that consists of: (1) determining the presence of an outbreak; (2) managing the affected residents; (3) preventing the spread to other residents; (4) documenting information about the outbreak; (5) reporting the information to appropriate public health authorities; (6) educating the staff and the public; (7) monitoring for recurrences; (8) reviewing the care after the outbreak has subsided; and (9) recommending new or revised policies to handle similar events in the future. b. Specific criteria will be used to help differentiate sporadic cases from true outbreaks or epidemics. c. The medical staff will help the facility comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases. 7. Prevention of Infection a. Important facets of infection prevention include: (1) identifying possible infections or potential complications of existing infections; (2) instituting measures to avoid complications or dissemination; (3) educating staff and ensuring that they adhere to proper techniques and procedures; (4) enhancing screening for possible significant pathogens; (5) immunizing residents and staff to try to prevent illness; (6) implementing appropriate isolation precautions when necessary; and (7) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). 9. Monitoring Employee Health and Safety a. The facility has established policies and procedures regarding infection control among employees, contractors, vendors, visitors, and volunteers, including: (1) The facility provides personal protective equipment, checks for its proper use, and provides appropriate means for needle disposal .</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.