

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER LAS VENTANAS DE SOCORRO		STREET ADDRESS, CITY, STATE, ZIP 10064 ALAMEDA AVENUE SOCORRO, TX 79927	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed to establish and 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 disease and infections as evidenced by: The facility failed to A. Screen visitors for COVID-19 by not asking questions related to respiratory symptoms and travel upon entrance to the facility. B. Prevent staff who answered the screening questions positively from entering the facility until assessed or consulted with the DON. This failure placed residents, staff and visitors at risk for COVID-19. The findings included: Observation and interview on 4/28/20 at 10:12 AM, Receptionist A opened the front door and let the surveyor enter the building. At the receptionist desk, Receptionist A took the surveyor's temperature and had the surveyor perform hand hygiene. Receptionist A did not ask any COVID-19 screening questions. Receptionist A was asked what the procedures were for anyone who came in. She said to take temperature, see that they have a mask on, have them sanitize their hands. When asked if there were any questions to ask, she said just to make sure the visitor knew to wash their hands frequently. Review of the facility's Prevent COVID-19 Screening Checklist - Recommendation for SNF Visitors revealed the form had the name of the visitor, date/time of visit and temperature. It had a checklist for the following: 1. Purpose of his/her visit/entry. 2. Ask the individual if he/she has any of the following respiratory symptoms (which are then listed) 3. Ask the individual if he/she has (travel and COVID-19 exposure questions) 4. Has the individual washed their hands or used alcohol-based hand rub (ABHR) on entry? 5. Remind the individual to wash their hands or use ABHR while in building and not to touch individuals. Review of the daily screening forms for employees/visitors from 4/20/20 through 4/27/20 (approximately 200 forms) with ADONs B and C and the NFA revealed the following: a. Screening form dated 4/20/20 for Visitor G was blank for the respiratory symptoms and the travel/COVID-19 exposure questions. b. Screening form dated 4/20/20 for Visitor H was blank for the respiratory symptoms and the travel/COVID-19 exposure questions. c. Screening form dated 4/25/20 for RN D revealed checkmarks indicating yes for new shortness of breath and any recent trips (within 14 days) on a cruise ship or participated in other settings where crowds are confined to a common location. d. Screening form dated 4/25/20 for MA E revealed checkmarks indicating yes for any recent trips (within 14 days) on a cruise ship or participated in other settings where crowds are confined to a common location. In an interview on 4/28/20 at 10:19 AM, the NFA said the procedures for screening for anyone that entered the building was to make sure they were wearing a mask, washed their hands, filled out the questionnaire for the COVID-19 screening. The DON added to take their temperature. The NFA said the screening questions were not asked. The screening questionnaire was given to the visitor for them to fill in the answers to the screening questions. In an interview on 4/28/20 at 12:14 PM, ADON B said everyone that enters the building must be screened. She said employees are screened by the nurses. They enter at the back doorway into the breakroom where they wash their hands and put on masks. They then go to the nurse's station where they have their temperature checked and screening questions asked. The front entrance doors are locked and if any visitor/provider comes, they are met at the front where a screening station is set-up. In an interview on 4/28/20 at 2:54 PM, the NFA said nothing checked on the screening forms meant there were no positive answers. When asked who reviewed the screening forms ADON B said, since these were done on the weekend, LVN F, the weekend supervisor, would have reviewed them. ADON B said a yes answer on the screening questions meant the person was not to enter the building. When asked if RN D and MA E worked, ADON B said they did. ADON B and ADON C said they did not know if the employee screening forms were reviewed. In a telephone interview on 4/28/20 at 3:11 PM, RN D said she checked the shortness of breath and travel questions by accident. She said no one questioned her about her answers on the screening form. In a telephone interview on 4/28/20 at 3:16 PM, LVN F said she was the weekend supervisor on 4/25/20. The forms are put on her desk to be reviewed. She said she did see the checkmarks on RN D's screening form and asked her about them. She said she spoke with the RN who did not have shortness of breath and had not been traveling. She said the RN said she marked those by mistake. LVN F said she was going to write that on the form, but forgot until this telephone call. When asked if she was aware MA E had also checked she had traveled, she said she was not aware MA E had checked that. LVN F said if the screenings were marked to indicate a yes answer on the screening questions, the person would not be allowed on the floor and she would have to call her supervisor or the DON for further instructions. She did not know why the person that did the screening did not inform her of the positive responses. Review of the COVID-19 Response - Nursing Facilities, dated 4/16/20, page. 20, revealed the following: Active screening - The CDC and CMS recommend NFs screen all staff entering the facility at the beginning of their shift for fever and symptoms consistent with COVID-19. Actively take their temperature and document absence of or shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. DSHS has created a template screening log for facility staff that is available on the DSHS web site at https://dshs.texas.gov/coronavirus/. Facilities should also screen any visitors who are permitted to enter the building, including visiting health care providers. Maintain a log of all visitors who enter the building that at minimum includes name, current contact information, and fever and presence/absence of symptoms.</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.