STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676298	A. BUILDING _____ B. WING _____	06/23/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SPJST REST HOME NO 2	8611 MAIN ST NEEDVILLE, TX 77461

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 -** Immediate jeopardy **Residents Affected -** Some	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment including the use of PPE and following CDC guidelines for COVID-19 for 1 of 6 residents (Resident #1) reviewed for infection control. -The facility failed to ensure staff providing care to both quarantined and non-quarantined residents used appropriate PPE as recommended by the CDC. This failure placed all residents at risk of contracting an infectious disease which could result in hospitalization or death. Findings Include: Record review of CDC.gov website read in part, .The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted) Put on an N95 respirator (or higher level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply. Higher level respirators include other disposable filtering facepiece respirators, PAPRs, or [MEDICATION NAME] respirators. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient ' s room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask. If reusable respirators (e.g., powered air-purifying respirators (PAPRs)) are used, they must be cleaned and disinfected according to manufacturer ' s reprocessing instructions prior to re-use. *When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program. Eye Protection *Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer ' s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse. Gloves -Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene. Gowns -Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. If there are shortages of gowns, they should be prioritized for: *aerosol generating procedures *care activities where splashes and sprays are anticipated *high-contact patient care activities that provide opportunities for transfer of pathogens to the *hands and clothing of HCP. Examples include: *dressing *bathing/showering *transferring *providing hygiene *changing linens *changing briefs or assisting with toileting *device care or use *wound care Additional strategies for optimizing supply of gowns are available. Facilities should work with their health department and healthcare coalition to address shortages of PPE. 3. Patient Placement For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization . If hospitalization is not medically necessary, home care is preferable if the individual ' s situation allows. If admitted , place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients who will be undergoing aerosol generating procedures (See Aerosol Generating Procedures Section) As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift. . Record review of CDC.gov website read in part: .HCP use of homemade masks: In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face. . Record review of the facility's PPE inventory count provided to surveyor by the DON on 06/10/20 revealed as of 6/9/20 the facility had 1,010 N95's, 750 gowns, 1850 face masks, 170 face shields, 1,200 shoe covers, 17,000 XL gloves, 10,000 large gloves, 9,000 medium gloves, and 6,000 small gloves. Resident #1 Record review of Resident #1's face sheet revealed a [AGE] year old male admitted on [DATE] and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Record review of Resident #1's Post-Acute Care Facility Transfer COVID-19 assessment dated [DATE], 4 days prior to readmission, revealed a check mark next to the question, yes, test performed for COVID-19 on date 5/29/2020 there was check mark next to negative test. Record review of Resident # 1's significant change in status MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 12 out of 15 indicating moderately impaired cognition. Further review revealed Resident #1 required limited assistance with bed mobility, transfer, and personal hygiene. Resident #1 required extensive assistance with dressing and toilet use. Resident #1 was occasionally incontinent of bowel and bladder. Record review of Resident #1's care plans dated 06/02/20 read in part: .Problem: potential for complications related to respiratory infection COVID -19. Contact precautions, Quarantine monitoring for s/s COVID-19. Returned from hospital Quarantine x 14 days as a precaution. . Approach: .contact precautions Quarantine monitoring for s/s COVID-19 as indicated .private room . Observation on 6/10/20 at 8:45 am revealed Resident #1's room door was open. The door had a sign outside that read, Report to nurse before entering, sequence for putting on PPE, and an O2 sign. There was PPE set up outside the room, biohazard baskets were observed inside the room. The PPE set up outside the door included: gloves, procedure droplet precaution masks, gowns, and hand sanitizer. A tray was observed sitting inside his room on the side table. Interview and observation with LVN A on 6/10/20 at 8:47 am, in the hallway, revealed she was wearing a cloth mask, which is not PPE. She said she was the nurse for Resident #1. She said Resident #1 was on isolation because he was a readmit from the hospital. When asked what all she puts on when going to Resident #1's room, who is on quarantine, she said she takes off her cloth mask and puts on the surgical mask that was set up outside, gown and gloves. She did not list a faceshield or N95 as part of the needed PPE. When asked why Resident #1's door was open to the hallway, she said Resident #1 was pretty independent and that he opens the door even though they close it. Resident #1's quarantine room was at the end of the hallway. Interview and observation with Medication Aide A on 6/10/20 at 9:00 am, revealed she was wearing a cloth mask, which is not PPE. She was on the hall which had quarantined and non-quarantined residents. She said she was assigned to pass medication to Resident #1. When asked what PPE she wore when she goes into Resident #1's room to give him his medication, she said she puts on a surgical mask, gown, and gloves. She did not list a

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) faceshield or N95 as part of the needed PPE to care for a quarantined resident. At this time Resident #1 was observed standing at his door way, the Medication Aide A yelled out I am coming. When asked why the resident's room door was open, she said they close it but the resident always opens it because he likes to see what's going on. Interview and observation with CNA A on 6/10/20 at 9:07 am, she was observed wearing a cloth mask, which is not PPE, while on the hall where there were quarantined and non-quarantined residents. She said she was working with Resident #1. When asked why Resident #1 was on quarantine, she said it was because he just came back from the hospital and when they come from hospital they need to be quarantined for 14 days. When asked what PPE she put on when she went into Resident #1's room, she said she put on the surgical mask set up outside resident's room, a gown, and gloves. CNA A did not list a faceshield or N95 as PPE needed. When asked about Resident #1's tray that was sitting in his room, she said his tray was the last one she picks up and she brings it to the kitchen and lets them know it was Resident #1's. She said Resident #1 was pretty independent and he just needed help with dressing and putting on shoes. As CNA A was talking to the surveyor, her mask was going down below her nose, surveyor pointed this out to her and she said, Oh and raised up her mask. Interview and observation with CNA B on 6/10/20 at 9:10 am, revealed she was wearing a cloth mask, which is not PPE, while in a patient care area. She said the facility provided surgical masks, but she was wearing her own. She said she was not working with any quarantine residents today. When asked if she received any in-service on working with quarantine resident's she said she had. When asked what PPE would she wear for the residents on quarantine, she said she would wear, a gown, gloves, and a surgical mask. She did not list a faceshield as part of the needed PPE. Observation on 6/10/20 at 9:15 am outside of Resident #1's room, revealed CNA A was seen removing her worn cloth mask and hanging it on the hand rail. She then put on a surgical mask, gown, and gloves and entered Resident #1's room. She was not wearing a faceshield or goggles. The room door was open and she was observed to be talking to Resident #1. Resident #1 was not wearing a mask. They were not 6 feet apart. She was having a conversation with the resident. Further observation on 6/10/20 at approximately 9:20 am revealed CNA A coming out of Resident #1's room with no PPE on, including no mask. She stepped outside the room, used hand sanitizer, and then put on her cloth mask that was hanging on the hand rail. She then stepped back into Resident #1's room, approximately one step into the room, to grab his tray, came out, and went down the hallway. She left the hallway and carried the tray to the dining room and placed it on a table by the kitchen entrance. Interview with the DON on 6/10/20 at 9:35 am, she said if a resident was on quarantine then staff were required to wear surgical mask, gown, and gloves when going into that resident's room. She did not list any eye protection as being needed or an N95. She said if staff were wearing a cloth mask, they would have to remove the cloth mask, and don on surgical mask. She said she even put signs on the door to indicate how to put on and remove PPE. She said she had done so many in-services on COVID and also on putting on PPE. She said she was following CDC guidelines and watched webinars every Friday and all the webinar said that there was no need to follow any specific guidelines for residents on quarantine isolation. She said the webinar's and CDC had not said that N95's were required for residents on quarantine. She said they had no [MEDICAL TREATMENT] patients at this time and Resident #1 was the only one on isolation. She said Resident #1 could not come outside of his room and they knew the door needed to be closed but the resident always opened it. She said he had not been displaying any signs of COVID-19 and that he was tested at the hospital prior to coming to the facility and he was negative. She said they were checking the residents temperature every shift. She said if any residents were displaying signs of COVID-19 then they would isolate the resident, put on PPE, like an N95, goggles, gown, etc. She said Resident #1 had been at the facility for 8 days. She said Resident #1 did not have to wear a mask in his room, even if a staff member was inside, and that was ok for him to do. She said they were not wearing N95s and eye protection to go into his room because they were preserving PPE for when they really needed it. She said her only concern was with the CNA coming out of the room and then reaching back in the room to get the tray. She said the CNA should have stayed in the room and maybe handed the tray to someone that was in the hall before coming out. In another interview with the DON on 6/10/20 at 11:40 am, she said they were following the CDC guidelines and the state response plan. She said Resident #1's status was not unknown because he was tested while at the hospital and he was negative. She said Resident #1 was also not displaying any signs or symptoms. She said he was placed on quarantine just to be monitored. In an interview and observation on 6/10/20 at 12:16 pm with CNA C, she had a cloth mask on, which is not PPE, while in resident care area. She said CNAs were going room to room passing/setting up lunch trays right now. She said she had on a facility provided cloth mask. She said a mask and gloves were required to care for all the residents. In an interview and observation on 6/10/20 at 12:19 pm with CNA D, she had a cloth mask on in the resident care area. She said she was passing lunch trays. She said she had on a facility provided cloth mask. In an interview and observation on 6/10/20 at 12:26 pm with CNA E, she had a cloth mask on. She said CNAs were done passing lunch trays to the residents in their rooms. She said she had on a facility provided cloth mask. She said she was getting ready to feed the residents in their room that required assistance with feeding. Record review of the facility's policy for Emergent Infectious Disease policy (undated) read in part, .The center's emergency operation program will include a response plan for a community-wide infectious disease outbreak .COVID-19 .as part of the emergency operations plan, the center will maintain a supply of personal protective equipment including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable N95 respirators and gloves .staff will be educated on the exposure risks, symptoms and prevention .and the use of the full complement of appropriate PPE including N95 masks, eye protection, gowns, gloves .PPE will be immediately available outside the door of the resident room .the center will identify dedicated staff to care for .residents and appropriate infection control training will be provided .signs will be posted on the door or wall outside of the residents room that clearly describes the type of precautions needed and required PPE .for Quarantine Residents, full complement of PPE, including N95 facemasks, eye protection, gowns and gowns will be immediately available outside of the resident room .