

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455879	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2020
NAME OF PROVIDER OF SUPPLIER MARSHALL MANOR WEST		STREET ADDRESS, CITY, STATE, ZIP 207 W MERRITT ST MARSHALL, TX 75670	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to provide a safe and sanitary environment was provided related to COVID-19. (CNA I, Housekeeper E, Floor Tech H, and CNA P) The facility did not provide designated staff to work on the COVID-19 (a new respiratory disease which can cause mild to severe illness with most severe illness in adults [AGE] years and older) unit as indicated in their policy. CNA I, Housekeeper E, and Floor Tech H worked both the COVID-19 unit and the non-COVID-19 unit. CNA P did not take measure to prevent the spread of infection when she entered Resident #21's room who was on contact isolation. An Immediate Jeopardy (IJ) situation was identified on 05/01/20. While the IJ was removed on 05/03/20, the facility remained out of compliance at a level of potential for more than minimal harm with a scope identified as a pattern due to the facility's need to evaluate the effectiveness of the corrective systems. This failure could place residents at risk for being exposed to COVID-19, health complications, and death. Findings included: 1. During an observation on 04/30/20 at 2:45 p.m., CNA I was working as a restorative aide on the non-COVID-19 halls. During an interview on 05/01/20 at 10:47 a.m., LVN K said CNA I was currently working in the COVID-19 ward with them but did not always work back here. During an interview on 05/01/20 at 10:55 a.m., CNA I said provided restorative therapy on the COVID-19 unit that morning to her assigned residents. She said she worked all halls every day because she was not designated on any hall. CNA I said she used the main entrance and re-entered general population halls after doffing PPE. 2. A face sheet dated 5/1/20 indicated Resident #21 was admitted [DATE], her [DIAGNOSES REDACTED]. During an observation on 04/28/20 at 12:00 p.m., Resident #21 was in her room and no signage was posted on the outside of her door indicating she was on isolation, but there was a PPE station set up outside of her room and biohazard boxes set up inside her room with discarded PPE visible inside. During an interview on 04/28/20 at 12:10 p.m., LVN N said Resident #21 returned from the hospital on contact isolation after being tested for COVID-19 and staff were to wear mask, gown, and gloves into her room. During an interview on 04/28/20 at 12:15 p.m., the DON said Resident #21 was not diagnosed with [REDACTED]. #21 was in respiratory isolation until her results were obtained. During an observation and interview on 04/28/20 at 12:36 p.m., CNA P was noted to be wearing a surgical mask when she entered Resident #21's room with her lunch tray, she put the tray on the overbed table and exited the room without donning PPE, she did not sanitize her hands before or after entering the room. CNA P said she did not know what kind of isolation Resident #21 was in but probably should have worn a gown. CNA P said she was assigned to other residents on the general population hall. During an interview on 04/30/20 at 3:18 p.m., the DON said staff working on the COVID-19 hall were designated to only work on the unit and not allowed to re-enter general population halls. During an interview on 04/30/20 at 5:07 p.m., Housekeeping Supervisor G said the housekeepers and floor techs cleaned the non-COVID-19 and the COVID-19 units. She said the staff completed their duties on COVID-19 ward then exited for the day through the exit designated for the ward and returned the next day through the front entrance. Housekeeping Supervisor G said as of 4/29/20 Housekeeper E and Floor Tech H were designated to only clean on the COVID-19 ward and to eliminate further possible cross contamination. During an observation and interview on 05/01/20 at 9:43 a.m., Housekeeper F was interviewed via a translator, CNA O. Housekeeper F was cleaning rooms on the general population hall A and said she cleaned the entire facility including the COVID-19 ward. She said she cleaned on the COVID-19 ward that same day. This investigator asked CNA O to confirm the translation indicating Housekeeper F entered the COVID-19 ward this morning and then continued to clean the general population halls. CNA O repeated the question and Housekeeper F confirmed her statement, she affirmed and shrugged at this surveyor. Housekeeper F said she wore the appropriate PPE on the COVID-19 ward and utilized a mask, gown, and gloves on the general population halls. During an interview on 05/01/20 at 9:55 a.m., the administrator said Housekeeper F did not speak English, the translator misunderstood, and did not think she had entered the COVID-19 ward. During an interview on 04/28/20 at 11:10 a.m., the administrator said the secured unit was designated as the COVID-19 ward because the initial confirmed positive case was identified in the secured unit and it lent itself to being able to control access. During an interview on 04/28/20 at 11:10 a.m., the DON said residents who were symptomatic with COVID-19 symptoms, residents with known exposure to a resident or staff who tested positive for COVID-19, and/or residents who returned from an evaluation outside of the facility were placed in droplet isolation on the general population halls. The DON said staff were not designated to care only for the isolated residents unless their COVID-19 results were positive, then they were relocated to the COVID-19 ward. The CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> accessed 5/13/20 indicated, ".Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19. Dedicate space in the facility 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. Assign dedicated HCP to work only in this area of the facility. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them. Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area, so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation. According to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html, with a revision date of 03/07/2020, Defining Risk Exposure: Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. A Policies and Practices-Infection Control policy revised 01/04/2011 indicated: This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infection. This facility's infection control policies and practices apply equally to all personnel, consultants, contractors, residents, visitors, volunteer workers, and the general public alike. The objectives of our infection control policies and practices are to: a. Prevent, detect, investigate, and control infections in the facility; b. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public; c. Establish guidelines for implementing Isolation Precautions, including Standard and Transmission-based Precautions; d. Establish guidelines for the availability and accessibility of supplies and equipment necessary for Standard Precautions; e. Maintain records of incidents and corrective actions related to infections; f. Provide guidelines for the safe cleaning and reprocessing of reusable resident care equipment. On 05/01/2020 at 11:20 a.m., the administrator and DON were notified of the Immediate Jeopardy (IJ) situation, a completed IJ template was provided to the facility for the above failures, and a Plan of Removal was requested. On 05/01/2020 at 6:36</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>p.m., the administrator was notified the facility's Plan of Removal was accepted, and included: Facility nurses will continue to monitor for symptoms of COVID 19 in all residents who are not exhibiting any symptoms of COVID 19 every shift and report any symptoms immediately to DON. The DON will then coordinate any presumptive residents' move to the COVID Presumptive Unit until testing and their status can be determined. Upon notification of a positive case on the Presumptive COVID Unit the charge nurse will immediately notify the DON. The DON will coordinate the move of the resident with positive results onto the COVID Unit. If any resident tests negative for COVID 19 on the COVID Presumptive Unit, the resident will be moved back to their original room. ADON will coordinate schedule of all COVID and COVID Presumptive dedicated staff to ensure no crossover of COVID and COVID Presumptive employees dedicated to the COVID unit from working on the COVID free unit. DON will monitor schedule daily to ensure compliance. On 5/1/20, asymptomatic resident (Resident #36) was moved to the COVID presumptive unit with dedicated staff pending the outcome of his test after his roommate tested positive on 5/1/20. On 5/1/20, all staff working on the COVID units were re-in serviced on the procedures for entering and exiting the unit as well as the screening procedures by the DON. The ADON will conduct the same in-service with all staff working outside the unit on 5/1/20. The COVID unit nurse will monitor all dedicated HCP to ensure they are entering and exiting only through the established route. Any problems will be immediately reported to the administrator. On 5/1/20, ADON in serviced all nursing staff to report any symptoms of COVID-19 immediately to the DON. Administrator will monitor for compliance daily with the DON and Housekeeping supervisor to review schedules and any new onset of symptoms of COVID-19 and any coordinated resident moves to ensure appropriate placement and dedicated staff compliance. The surveyor's verification of the Plan of Removal on 05/02/2020 was as follows: Residents who were identified as being positive for COVID-19 were separated from residents who were identified as negative for COVID-19 and were placed in the hall B of the facility and residents with potential exposure to of symptomatic of COVID-19 were separated on hall C with designated staff. Observations were made to ensure staff were wearing appropriate PPE and there was no staff identified working multiple halls. Staff observations were made to ensure that all staff were wearing appropriate PPE throughout the facility. Further observations revealed that staff members were washing their hands with soap and water and/or using hand sanitizer. The front entrance to the facility had sufficient PPE supplies for staff or essential personnel to enter the building premises. Further observations revealed that there was an attendant at the front desk who was conducting temperature checks and a questionnaire for COVID-19 symptoms. During an interview on 05/02/20 at 1:00 p.m., LVN M said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. During an interview on 05/02/20 at 1:06 p.m., CNA O said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. During an interview on 05/02/20 at 1:10 p.m., CNA W said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. During an interview on 05/02/20 at 1:15 p.m., CNA Y said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. During an interview on 05/02/20 at 1:38 p.m., LVN Z said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. During an interview on 05/02/20 at 1:48 p.m., Housekeeper AA said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the ADON and to report any symptoms of COVID-19 immediately to the DON. She said she did not work on the COVID-19 wards. During an interview on 05/02/20 at 4:34 p.m., LVN K said she received in-service training prior to her shift starting this morning regarding the procedures for entering and exiting the unit as well as the screening procedures by the DON and to report any symptoms of COVID-19 immediately to the DON. On 5/3/20 at 12:15 p.m., the DON was informed the IJ was removed; however, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as pattern due to the facility's need to evaluate the effectiveness of the corrective systems.</p>		