STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676040	A. BUILDING _____ B. WING _____	05/31/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GARDEN VILLA NURSING HOME AND REHABILITATION	106 DEL NORTE DR EL CAMPO, TX 77437

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 7 of 8 residents (Resident #1, #2, #3, #4, #5, #6 and #7) reviewed for infection control. -The facility failed to ensure staff providing care to both quarantined and non-quarantined residents used appropriate PPE. -The facility failed to ensure staff caring for readmitted residents on the quarantined skilled unit wore appropriate PPE while caring for a resident who required suctioning. -The facility failed to issue N95s respirators, face shields or goggles to staff caring for quarantined residents. -The facility failed to place Residents #4 and #7 that refused the COVID-19 testing on quarantine. The residents were on the Memory Care Unit. -The facility did not implement interventions to prevent the potential spread of COVID 19. An Immediate Jeopardy (IJ) was identified on 5/28/2020. While the IJ was removed on 5/31/20 the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy and a scope of pattern while they continued to monitor their plan of removal. These failures placed all residents at risk of contracting an infectious disease resulting in possible serious illness. Findings Include: Resident #1 Record review of Resident #1's face sheet revealed an [AGE] year old female admitted to the NF on 05/20/20 and readmitted on [DATE] with the following [DIAGNOSES REDACTED]. Record review of Resident # 1's MDS assessment dated [DATE] revealed Resident #1 had a BIMS score of 1 out of 15 indicating severely impaired cognition. Further review revealed that Resident #1 required extensive assistance with bed mobility, transfer, eating, toilet use, personal hygiene, and total assistance with dressing. Resident #1's range of motion was impaired on one side of the upper extremity and both sides of the lower extremities. Resident #1 was always incontinent of bowel and bladder. Record review of Resident #1's Physician orders [REDACTED]. Further review of physician orders [REDACTED]. Record review of Resident #1's TAR for May 2020 revealed Resident #1 was suctioned as needed orally twice on 05/25/20. Record review of Resident #1's nursing progress notes dated 04/29/20 at 2:54 p.m. documented by LVN-A read in part: .at approximately 12:45 p.m. CNA yelled out in hallway for help for nurse .resident eyes watering, red face and seemed to be attempting to cough. CNA stated resident took a bite of food and started choking on it. [MEDICATION NAME] maneuver and suction resident. Resident turning blue in color. Multiple thrust performed and suctioning. Resident started coughing and talking .Resident normal color returned .approximately at 1:30 pm called the NP new orders for CXR 2 vie stat, CT of head without contrast, labs, if any changes in baseline send to ER, oxygen at 2 liters as needed .at 3:26 p.m. resident transfer to hospital for stat procedures . Record review of Resident #1's nursing progress notes dated 04/29/20 at 6:47 p.m. documented by RN-P revealed the following: .Called NP to report that nurse was slowly feeding resident, but resident was frequently coughing/being suctioned after each bite .resident on oxygen at 2 liters nasal cannula .oxygen saturation between 88-91%. NP reported to send resident to ER for irregular lab work .resident was taken to hospital by EMS at 6:40 p.m. Record review of Resident #1's nursing progress notes dated 05/22/20 at 4:35 pm documented by RN-M read in part: .Patient returned to facility by ambulance via stretcher by two attendants. V/S 98.8, 20, 98% O2 at 3 liter via nasal cannula .awake, alert, oriented to self, unable to make needs known . Record review of Resident #1's nursing notes dated 05/24/20 documented at 1:37 p.m. by LVN-A read in part: .at 10:50 a.m. nurse went into room resident gargling, skin pale grayish color and clammy. Nurse began to suction resident noted to be in respiratory distress v/s 101.6, [PHONE NUMBER]/101-24-SPO2 at 78% 4 liters nasal cannula oxygen non-rebreather mask at 10 liter and continued to suction intermittently .EMS called at approximately 11 a.m .continues to suction intermittently .MD notified of condition .resident left facility at 11:20 a.m . Record review of Resident #1's care plan dated 05/26/20 revealed Resident #1 required quarantine/isolation due to entry from outside facility to reduce the risk of possible spread of COVID-19. Interview on 05/26/20 at 9:45 a.m. the DON said Resident #1 went to the hospital over the weekend due to low SPO2 and increase in temperature. The DON said Resident #1 came back to the NF the same day. The DON said Resident #1 had pneumonia. Observation on 05/26/20 at 10:43 a.m. revealed Resident #1 resting in bed quietly with eyes closed wearing oxygen nasal cannula. Further observation was made of a suction canister set-up on the left side of resident bed with clear secretions inside. Further observation was made of the PPE bin and there were no N95s or face shields or goggles. Interview on 05/26/20 at 10:43 a.m. with LVN-A said the nursing staff was using cloth hospital gowns in case the NF had a positive COVID-19, so they were not using disposable isolation gowns. Observation on 05/26/20 at 11:45 a.m. revealed a staff member was wheeling Resident #1 down hallway and the resident was wearing a mask. The staff member said they were taking Resident #1 to be weighed on another hall. Further observation was made of CNA-T placing on gloves , hospital gown, and wearing a cloth facemask entering Resident #1's room without sanitizing hands. 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

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) 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. . Interview on 05/26/20 at 11:55 a.m. with CNA-T said she had been working at the NF since February of 2020 and had been in-serviced on isolation precautions, donning and removing of PPE, hand hygiene. CNA-T said she wears a cloth mask that she got outside of the facility whom a lady made for her. CNA-T said she was working with the residents on station 1 that were in quarantine and had never been issued an N-95 mask. CNA-T said she did not have a designated hall that she worked on. Record review of CDC.gov webstie 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. . Interview on 05/26/20 at 12:25 p.m. with the DON said she was against accepting new admissions because the NF did not know their true status for COVID-19 and the NF had a shortage of PPE (N-95s and face shields). The DON said staff who were taking care of residents on quarantine should be wearing the N-95 mask and face shield. She was aware the staff were wearing cloth masks but was instructed by Corporate that they were not to use N95s until they had a positive case. The DON said Resident #1 missed the test for COVID-19 due to being at the hospital. The DON said she had asked the hospital to test Resident #1 for the COVID-19 before discharging resident back to the NF, the hospital declined. Telephone Interview on 05/26/20 at 3:10 p.m. with (CN) Corporate Nurse said her role in assisting the NF in relation to COVID-19 was to guide and monitor the NF by staying abreast with the guidelines given by various agencies such as HHSC, DSHS, CMS, etc. The Corporate Nurse said she instructed the NF to use the following PPE, disposable gowns, gloves, surgical mask when caring for residents on isolation or quarantine. The Corporate Nurse said she instructed the NF staff to only use the N-95 mask if the NF had a known positive COVID-19 resident. The Corporate Nurse said the staff should be wearing the N-95 mask, goggles, and face shield for residents with a cough, requiring aerosol treatments that could produce a cough, and suctioning. The Corporte Nurse said the NF staff were instructed to conserve PPE for positive cases of COVID-19. The Corporate Nurse said she did not know how much PPE the NF had. The Corporate Nurse said she would have to call the NF to get their inventory on PPE. Record review of CDC website cdc.gov read in part, .PRIORITIES FOR COVID-19 TESTING (Nucleic Acid or [MEDICATION NAME]) High Priority hospitalized patients with symptoms Healthcare facility workers, workers in congregate living settings, and first responders with symptoms Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms Priority Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat. Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans. . Resident #2 Record review of Resident #2's face sheet revealed an [AGE] year old female admitted to the NF on 05/18/20 with the following diagnoses; [MEDICAL CONDITION], muscle weakness and atrophy, right humerus fracture, and intestinal obstruction. Interview on 05/26/20 at 9:55 a.m. with LVN-A on station 1 said there were five residents on station 1 that were on quarantine (in private rooms). LVN-A said four of the residents on quarantine were readmits from the hospital, and the other resident that was on quarantine refused to be tested for COVID-19 on the day of testing. LVN-A said the NF did not have designated staff for each station or hall, (indicating the facility used the same staff to care for both those on quarantine and those not on quarantine). LVN-A said the type of PPE being used in the NF to care for residents on quarantine were the following; gloves, surgical mask, and hospital gowns. LVN-A said the NF said they would give the nursing staff an N-95 mask if the NF had a positive COVID-19. Observation on 05/26/20 at 10:47 a.m. revealed Resident #2 on station 1 who was a new admit was sitting up in her wheelchair in her room dressed in street clothing with eyes closed wearing a surgical mask. A hospital gown was hanging on the outside of resident door. Record review of Resident #2 MDS assessment dated [DATE] revealed a BIMS score of 12 out 15 (cognition level intact). Further record review of Resident #2 functional status revealed that resident required extensive assistance with bed mobility, transfer, dressing, toilet use, personal hygiene, and supervision with eating. resident # 2 had impairment on one side of the upper extremity. Further review revealed that Resident #2 was frequently incontinent of bowel and bladder. Record review of Resident # 2 Comprehensive Care Plan revised 05/20/20 revealed that resident was being care planned for at risk for COVID-19 infection due to non-compliance with wearing a facemask when out of room and/or hand washing or using alcohol-based hand rub. Interview on 05/26/20 at 12:00 p.m. with RN-Z said she was in-serviced to don the following PPE when providing care for residents on quarantine; surgical or cloth mask, gloves. RN-Z said residents on quarantine that needed to be weighed, take residents out of their rooms to another hall to be weighed with the resident wearing a surgical mask. RN-Z said she had been in-serviced to practice hand hygiene before entering a resident room, during care, and before exiting resident room to prevent cross contamination. Interview on 05/26/20 at 12:25 p.m. with the DON said station 2 had been the designated station to place COVID-19 positive residents. The DON said the NF did not have designated staffing. The DON said the NF had been instructed by Corporate Office to conserve PPE on hand for a positive case of COVID-19. The DON said staff should have not hung hospital gown on door due to cross contamination. The DON said residents on quarantine should not be leaving their room to go and be weighed due to cross contamination. The DON said she would look to see if the NF had a policy on quarantine. The DON said Corporate had instructed staff to wear a cloth face mask and to wash the mask at the end of day in 160 degree temperature. In an interview on 05/26/20 at 12:10 pm with the Maintenance Director, he said he used a number system/grid to guide him on the settings on how to clean certain linen. For example, #7 referred to personal linen. He did not specify if this setting was an appropriate setting to kill any bacteria/germs in relation to COVID-19. Interview on 05/26/20 at 10:08 a.m. with Administrator said she had PPE in stock and it was kept in her office and storage room. The Administrator said she received PPE from SETRAC as well as Corporate Office. The Administrator said the NF designated station for a COVID-19 positive was station 2 in private rooms. The Administrator said she did not have designated staffing to care for the residents that were on quarantine or a resident (s) that may test positive for the COVID-19 at this time. The Administrator said she had never heard of designated staffing and that herself and the DON would further discuss designated staffing in case the NF had a positive COVID-19 resident(s). Further interview with the Administrator said she did have some staff members working at other NF and communicated with those NF in monitoring for any outbreaks of COVID-19. The Administrator said the staff had been instructed to use a surgical mask or a cloth mask, gloves, and hospital gown to care for residents in quarantine to preserve PPE in case the NF had a positive COVID-19. The Administrator said new admissions and readmits were placed in quarantine for 14 days to monitor for signs and symptoms of COVID such as cough, fever, shortness of breath, decrease in taste and smell. The Administrator said she thought the staff only needed to wear the N-95 mask if the resident was symptomatic. The Administrator said all the residents in the NF had been asymptomatic. Further interview with the Administrator at that time said she had on hand the following PPE: *N-95: 730 *Shoe Covers: 50 *isolation gowns: overall-23 and regular disposable-274 *Face Shields: 98 *Goggles: 96 *Procedure Mask: 4100 *Gloves: 21 cases Resident #3 Record review of the admission sheet for Resident #3 revealed a [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #3's comprehensive MDS assessment dated [DATE] revealed a BIMS of 03 out of 15 indicating severely impaired cognition. He required extensive assistance from two staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #5 was always incontinent of bowel and had a indwelling urinary catheter. Record review of Resident #3's Care Plan dated as initiated 05/21/20 and revised on 5/28/20 revealed the following care plan: Problem: Resident requires quarantine/isolation due to entry from outside facility Goal: reduction in risk of possible spread of Covid 19. Interventions: Educate resident of need

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) for quarantine/isolation in room per recommendations x 2 weeks, encourage and remind resident to follow set quarantine/isolation that is in place, remind resident to wear face mask when staff is in room giving care, remind/encourage resident to wear a face mask if out of room for any reason necessary. Record review of Resident #3's nurses notes dated 05/21/2020 read in part: .received call from ER that pt would be returning with DX UTI and Hematuria. 1 gram [MEDICATION NAME] given in ER . Record review of Resident #3's nurses notes dated 05/21/2020 read in part: .10:05 pm returned form ER with new order for Keflex 500 mg po tid x 5 days DX uti . Record review of Resident #3's facility's COVID-19 Observation Form dated 5/22/20 read in part: .Treatments: isolation, Quarantine. Interventions: initiate Quarantine/isolation (specify why)-s/p ER visit, other (specify)-abt for uti . Record review of Resident #3's Hospital to Post-Acute Care Facility Transfer-COVID -19 assessment dated [DATE] read in part: .has patient been laboratory tested for COVID-19? NO, test not performed because patient did not meet the CDC testing criteria. May transfer . Record review of Resident #3's facility's Resident Readmit Tracker COVID-19 presented by the DON on 5/26/20 at 9:36 am revealed Resident was D/C on 5/21/20 and returned on 5/21/20 Resident was not tested . Observation on 5/26/2020 at 9:55 am revealed Resident #3's door was open to the hallway with an isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was a sign posted on the resident's room door which read, See nurse before entering. Further observation revealed Housekeeper A was inside the resident's room with a hospital gown, cloth mask and gloves on. Resident #3 was lying in his bed watching TV. The resident did not have a mask on while the housekeeper was in the room. In an interview on 5/26/2020 at 10:20 am with Housekeeper A, she said she worked full time at this facility. She said the See the nurse signs on the residents room doors meant the resident had come from the hospital. She said for precaution from the [MEDICAL CONDITION], staff had to wear a cloth mask, hospital gown, and gloves. She said she used one cart to clean all of the rooms on her assigned hall. In an interview and observation on 5/26/20 at 10:26 am with LVN C, she had a cloth mask on. She said Resident # 3 had come from the hospital. He was quarantined for 14 days. She said he was diagnosed with [REDACTED]. She said today was his day 5 of 14. She said the staff were to wear a cloth mask, hospital gown, and gloves while caring for the resident. She said the isolation station consisted of gloves and hospital gowns. She said the facility had been providing homemade masks to the staff and residents. The surveyor asked if N95 masks were provided to the staff to care for the quarantined residents. LVN C said the facility was conserving PPE in the event of positive COVID cases. In an interview and observation on 5/26/2020 at 10:37 am with CNA B, she said she worked full time during the 6-2 pm shift at this facility. She had a surgical mask on. She said residents with a See the nurse sign on their doors were the residents that had come from the hospital. She said they were in quarantine for 14 days as precaution for COVID signs and symptoms. She said the staff were to wear a mask, hospital gown, and gloves while caring for these residents. She said staff could wear homemade masks or facility provided cloth masks to care for the quarantined residents. She said the facility has been providing homemade masks that had been donated to the facility. These masks were being washed after each use by the laundry department and re-issued back out to them. She said she did not feel comfortable wearing a cloth mask, therefore she had bought a box of surgical masks for herself. In an interview and observation on 5/26/20 on 10:45 am with CNA C, he said he worked full time during the 6-2 pm shift at this facility. He had a cloth mask on. He said the facility has been providing homemade masks that had been donated to the facility. He said residents with a See the nurse sign on their doors were the residents that had come from the hospital. He said the staff were to wear a cloth mask, hospital gown and gloves while caring for these residents. In an interview and observation on 5/26/20 at 11:37 am with the Wound Care Nurse, she said she worked full time at this facility. She said her responsibility was to assist the DON with infection logging, tracking and trending. She said she provided wound care for Resident #3's heels and sacrum area. She said the resident was quarantined for 14 days. She said she wore a cloth mask, hospital gown, and gloves while providing wound care for the resident. She said the facility was conserving PPE in the event of positive COVID cases. The WCN had a cloth mask on. She said the facility has been providing homemade masks that had been donated to the facility. She said these masks were being washed after each use by the laundry department and re-issued back out to them. Resident #4 Record review of the admission sheet for Resident #4 revealed an [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #4's comprehensive MDS assessment dated [DATE] revealed a BIMS of 99 indicating the BIMS assessment was not done. Resident #4 had a short term memory problem, long term memory problem, and cognitive skills for daily decision making were assesed by staff as severely impaired and she never/rarely made decisions. She required supervision from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #4 was always incontinent of bowel and bladder. Record review of Resident #4's Care Plan dated as initiated 05/22/20 and revised on 5/26/20 revealed the following care plan: Problem: Resident refused covid 19 testing, requires 14 day isolation. Goal: resident will remain in room in isolation daily x 14 days. Interventions: explain to resident the need for ongoing isolation due to refusal of covid 19 testing, monitor resident for any s/s of covid 19, provide meals care and activities in room while resident is in isolation, reassure resident and allow her to express her feelings daily, remind resident to not leave her room and remind resident to wear a mask when staff is in room. Record review of Resident #4's nurses notes dated 05/21/2020 (recorded as late entry on 05/26/2020 at 04:04 PM) written by the DON read in part: .pt refused testing for covid 19 by national guard. Placed on 14 days isolation . Record review of Resident #4's nurses notes dated 05/27/2020 read in part: .Resident up 'cleaning' the dining room. Spoke with NP informed her of behavior yesterday and refusal of V/S or temp. Also informed her that we had to place her on isolation (sic) d/t refusal of Covid 19 test for 14 days . Record review of Resident #4's facility's COVID-19 Observation Form initiated on 5/26/20 and completed on 5/27/20 read in part: .Treatments: isolation, Quarantine. Interventions: initiate Quarantine/isolation (specify why)-refused covid test . Record review of Resident #4's facility's Resident Readmit Tracker COVID-19 presented by the DON revealed Resident was a new admit on 3/27/20 Resident was not tested . Observation on 5/26/2020 at 11:01 am reveled Resident #4's door was open to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the resident's room door which indicated that the resident was on isolation precautions. Further observation revealed there were no covered isolation bins in the room for trash or dirty linens to allow for disposal of contaminated items in a controlled manner. Observation and attempted interview on 5/26/2020 at 11:03 am revealed Resident #4 was sitting on the chair in the common/dining area. She was alert and well groomed. The resident mumbled for 5 minutes while being interviewed. She was hard to understand and did not respond appropriately to questions asked about her stay at the facility. In an interview on 5/26/20 at 2:24 pm with the DON, she said Resident #4 in the MCU should be placed on isolation because the resident refused testing for COVID 19 by the National Guard. She said the resident's status was unknown. She said the resident should be treated as a suspected/positive COVID resident. At this time, the surveyors requested a list of all residents who refused/missed the COVID-19 testing by the National Guard. In an interview on 5/26/20 at 3:23 pm with the Administrator, she said the DON went ahead and in serviced the nurses that the residents who refused testing should be placed on 14 days quarantine. She said there was some miscommunication between the nurses. She said Resident #4 was admitted sometime in April and had completed her 14 days, but the resident should have been on isolation (sic) again since she refused COVID testing when the National Guard conducted COVID testing of all staff and residents. She said the facility was still pending test results. In an interview on 5/26/2020 at 10:12 am with LVN B, she said she was the Charge Nurse for Station 3 and the MCU. She said Resident #6 was placed on quarantine/isolation for 14 days because she refused the COVID testing due to impaired cognition. She said the resident was to wear a mask, and the staff were to wear a mask and gloves. She said she felt they did not have enough PPE on hand if residents began to test positive for COVID. She said the facility has been providing homemade masks that had been donated to the facility. She said the facility was conserving PPE in the event of positive COVID cases. LVN B said Resident #4 and # 7 also refused COVID-19 testing due to impaired cognition on the MCU. LVN B said she did not know why those residents were not placed on quarantine. Resident #5 Record review of the admission sheet for Resident #5 revealed an [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #5's comprehensive MDS assessment dated [DATE] revealed a BIMS of 06 out of 15 indicating severely impaired cognition. He required extensive assistance from staff for dressing, toilet use, personal hygiene, transfers and bed mobility. Resident #5 was always incontinent of bowel and bladder. Record review of Resident #5's Care Plan dated (initiated) 05/23/20 and revised on 5/27/20 revealed the following care plan: Problem: Resident requires quarantine/isolation due to entry from outside facility. Goal: reduction in risk of possible spread of Covid 19. Interventions: Educate resident of need for quarantine/isolation in room per recommendations x 2 weeks, encourage and remind resident to follow set quarantine/isolation that is in place, remind resident to wear face mask when staff is in room giving care, remind/encourage resident to wear a face mask if out of room for any reason necessary. Problem: Resident refuses to follow

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	676040	A. BUILDING _____ B. WING _____	**05/31/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GARDEN VILLA NURSING HOME AND REHABILITATION	**106 DEL NORTE DR EL CAMPO, TX 77437**

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	(continued... from page 3) recommended quarantine/isolation of covid 19 admit/readmit protocol. Goal: resident's wishes and rights will be honored. Interventions: allow resident to express feelings and preferences, ask resident to maintain social distancing and wear mask, continue to offer mea