STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675537	A. BUILDING _____ B. WING _____	05/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BROWNWOOD NURSING AND REHABILITATION LP	101 MILLER DR BROWNWOOD, TX 76801

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 -** Many	**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 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 diseases and infections. The facility failed to shield residents and staff from exposures to the COVID-19 virus which placed residents and staff at a greater risk of contracting the COVID-19 virus by failing to ensure: (a) N-95 masks were being worn properly, The facility reported to HHSC their first positive case of COVID-19 on 04/04/20. Between 04/04/20 and 05/13/20 there were a total of 31 residents that tested positive for COVID-19. Six residents passed away in the facility and one additional resident in the hospital as a result of [MEDICAL CONDITION]. An Immediate Jeopardy (IJ) was identified on 05/03/20. While the IJ was lowered on 05/07/20, the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal. This failure could place residents at risk for exposure to, and failure to identify the COVID-19 virus, and result in serious illness and/or death. The Findings included: Facility A had a census of 60 residents on 05/01/20. The facility had 2 main halls with 2 dining rooms and 2 courtyards in the middle separating the 2 main halls. Each hallway had a nursing station. The facility had a designated COVID-19 unit which consisted of hallway #2 (rooms 229-248), zones 4 and 5 as identified on the facility's floor plan. There was a double door that separated the COVID-19 unit from the rest of the facility. There were 18 residents residing on the COVID-19 unit. There were 6 staff previously diagnosed with [REDACTED]. In a telephone interview 04/10/20 at 5:50 p.m., the Administrator reported two residents tested positive for COVID-19. In a telephone interview 04/16/20 at 11:00 a.m., the Administrator said the facility had tested 9 residents who had recently been to the hospital. She received 2 positive results of the nine for COVID-19. In a telephone interview 04/27/20 at 10:25 a.m., the Administrator said one resident was tested for COVID-19 on 04/24/20. He passed away that evening and his results were positive on 04/27/20. She said a female resident who had already tested positive for COVID-19 passed away 04/26/20. Review of the facility's COVID Tracking Form, Employees and Residents, received 04/30/20, revealed 24 residents had tested positive for COVID-19 between 04/04/20 and 04/28/20. The first positive case was reported on 04/04/20. Review of the facility's COVID-19 Tracker dated 05/13/20 revealed 7 additional residents (a total of 31) were positive with COVID-19. One resident was hospitalized at the time of death, and 6 additional residents passed away in the facility. (a) In an observation while touring the COVID-19 unit, on 05/01/20 at 4:00 pm, 3 of the 4 staff observed were not wearing their N-95 masks correctly. The staff were only securing the top strap to their head and the bottom strap was hanging below their chin, therefore; it prevented the mask from sealing to the face correctly. In an observation on 05/02/20 at 11:55 am, the Dietary Manager had a full beard while wearing a N-95 mask, which prevented the mask from sealing to his face, while he was delivering the COVID-19 food cart. In an observation on 05/02/20 at 1:05 pm, Dietary Aide D and Dietary Aide E were not wearing their N-95 masks correctly, as they were only securing the top strap to their head with the bottom strap was hanging below their chin while they are emptying the COVID-19 cart. In an observation on 05/03/20 at 9:00 am, walking down the hallway after entering the facility, observed a staff member's N-95's mask was not being worn correctly, as only the top strap was secured to the head and the bottom strap was hanging below their chin, preventing the mask from sealing properly. In an interview with the Administrator on 05/02/20 at 12:50 pm, states that a total of 3 men have beards. The surveyor informed Administrator beards are not allowed with N-95 masks per CDC guidelines. The Administrator proceeded to look up CDC guidelines on N-95 masks and having beards. They said they did not know that men could not have beards with N-95 masks. They said they would tell the men to shave their beards. In an interview with the Dietary Manager on 5/4/20 at 11:00 am, he stated that he shaved his beard off. He was aware of why he had to shave his beard off and the importance of wearing his N-95 mask correctly. In an interview with the Administrator, DON, and Regional Director of Clinical Services on 05/03/20 at 3:32 pm, when informed there were several instances of staff being observed not wearing their N-95 masks correctly they were unaware that this had been occurring. They said that staff had received training. Record review of staff training on 04/29/20, revealed staff had received training on proper use of the N-95 masks. The training consisted of a sign-in sheet with procedure attached. In a record review of the facility's policy title, COVID-19 Novel Coronavirus documented the following (in part): 15. This facility will ensure all staff are using appropriate PPE when they are interacting with residents. * full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19. In a record review of Texas Health and Human Services, COVID 19 RESPONSE FOR NURSING FACILITIES Date Issued: April 27, 2020, Version 2.5, documents on: - Page 9, Obtain and properly use PPE. - Page 9, For the duration of the state of emergency, all NF personnel should wear a facemask while in the facility. - Page 16, Train HCW and staff on proper use and maintenance of PPE per CDC guidance. An Immediate Jeopardy (IJ) was identified on 05/03/20 at 3:32 pm. The IJ template was provided, signed and dated by the Administrator. In an interview on 05/04/20 at 11:30 am, the DON was asked do you know why this is an IJ? She stated No. When asked if this was a system failure or lack of knowledge, she said she didn't know. She stated she thought that if this happened to another facility, they should isolate and test everyone right away. The facility provided an Acceptable Plan of Removal on 5/4/20 at 4:01 pm and included the following: - Effective 5/4/2020, Facility will begin using disposable clam shell containers, disposable flatware, and disposable cups. The cart will be loaded in the kitchen, leave kitchen back door to be delivered to outside door of the COVID unit. The cart will never enter the COVID unit. The cart will be unloaded outside the door by COVID unit assigned staff. When meal service is completed, the remains will be discarded in biohazard bags/boxes. On 5/4/2020 Facility ordered disposable trays; upon arrival of the disposable trays, after meal service the trays will be discarded in the biohazard bags/boxes. Estimated delivery for the disposable trays will be 5/6/2020. Staff will be in-serviced starting 5/3/20 prior to working next shift on the meal service procedures. - Effective 5/3/2020, Facility will demonstrate the proper way to wear PPE, N-95 masks per CDC guidelines to protect themselves and others from the [MEDICAL CONDITION]. Staff will be in-serviced starting 5/3/20 prior to working next shift on the proper way to wear PPE, N-95 masks per CDC guidelines to protect themselves and others from the [MEDICAL CONDITION]. - Effective 5/1/2020, Facility instructed COVID unit staff to fill out time clock adjustment sheets instead of using the timeclock. Facility staff were instructed to report to front door at the beginning of the shift to be properly screened. After screening outside front door, the employee is to report to COVID unit entrance to don PPE located on the outside of the building. At the end of shift, staff will wash hands and remove PPE outside the COVID unit door. COVID unit staff will be designated to work only COVID unit that shift. Staff will be in-serviced starting 5/3/2020 prior to working next shift on: COVID unit staff to fill out time clock adjustment sheets instead of using the timeclock. To report to front door at the beginning of the shift to be properly screened. After screening outside front door, the employee is to report to COVID unit entrance to don PPE located on the outside of the building. At the end of shift, staff will wash hands and remove PPE outside the COVID unit door. COVID unit staff will be designated to work only COVID unit that shift. - Effective 5/3/2020, Facility will ensure COVID Unit is secure; barrier doors will remain closed. Facility will ensure all supplies enter the COVID unit

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 -** Many	(continued... from page 1) outside door. Staff will be in-serviced starting 5/3/2020 prior to working next shift on the COVID unit will only have one outside entrance and exit. Barrier door to remain closed at all times. Supplies will enter the COVID unit ONLY through the outside COVID unit door. - Effective 4/12/2020 The housekeeping supervisor was designated to clean the COVID unit. On 5/2/2020 COVID unit housekeeping staff will be designated to work only COVID unit that shift. Staff will be in-serviced starting 5/3/2020 prior to working next shift on COVID unit staff will be designated to work only COVID unit that shift. - On 3/9/2020, Facility implemented COVID-19 policy to include assessment and documentation of resident condition and monitoring for changes in condition. Facility monitored on Resident Respiratory Illness Surveillance Line Listing to include: Date, Shift, Temp, Pulse, B/P, Respirations, O2 Sat, Fever, Cough, Shortness of Breath, Headache, Muscle/Body aches, Loss of Appetite, Chills, and Sore Throat Q6 hours. On April 10, 2020 the facility increased monitoring to Q4 hours. Staff will be in-serviced starting 5/3/2020 prior to working next shift on assess and completion of line listing documentation every four hours. Any changes of condition will be documented in the resident record. Facility Management staff will continue the morning meeting process to ensure completion of documentation. Surveyor Verification of Plan of Removal: In an observation on 5/4/20 at 12:00 pm CNA A was observed donning and doffing a gown and gloves, his mask and eye protection where already in place to serve a lunch tray, CDC guidelines were observed. In an observation on 5/4/20 at 12:45 pm the double doors to the isolation unit have been taped off with red duct tape and signs saying do not enter were present. In an interview on 5/4/20 at 2:46 pm the Dietary Director stated the isolation unit was now using disposable dinnerware, no dietary staff were going on the unit, and the food cart for the isolation area was now left outside. It was loaded at the door of the kitchen and unloaded at the door of the isolation unit. In an observation on 5/5/20 at 9:11 am the double doors to the isolation unit were still taped of with red duct tape and do not enter signs are posted. Through the double windows housekeeping is observed cleaning, biohazard trash bins are present, isolation carts with supplies are present, and staff are donned in blue gowns, blue shoe covering, blue hair covers, face shields, and N95 mask that appear to fit properly. In an observation on 5/5/20 at 12:05 pm meal trays were being passed out. The staff were performing proper hand hygiene. In an interview on 5/5/20 at 12:15 pm Housekeeping Director stated he cleans commonly touched surfaces at least 2 to 3 times a day, such as door knobs and hand rails. In an observation on 5/5/20 at 12:20 pm the food cart was outside the facility door that lead to the isolation unit. Staff were removing food from the cart just outside the door. The food was packaged in disposable dinnerware and being delivered to residents by staff on the isolation unit. In an observation on 5/6/20 at 8:00 am observed Regional RN disinfect medical equipment including the treatment cart. In and observation on 5/6/20 at 8:08 am the DON was observed providing wound care to a resident's left hip. The DON followed proper hand washing, donning of gloves, maintained a clean field, and cleaned equipment after resident. In an observation on 5/6/20 at 8:30 am the DON was observed providing wound care to another resident's right heal. The DON followed proper hand washing, donning of gloves, maintained a clean field, and cleaned equipment after resident. In an observation on 5/6/20 at 3:00 pm CNA B reported to work she was assessed at the door and then began her shift on the isolation unit. In observation on 5/6/20 ranging from 7:45 am through 5:00 pm there was a noted improvement in employee hand hygiene and environmental cleaning on both units. Employees were seen completing hand hygiene after exiting every resident room were as before they would only do so about every third person. Cleaning of environmental surfaces was only being done by housekeeping initially once and it increased to housekeeping, nursing staff, housekeeping director, facility nursing, and reginal nurse being done continuously. In an interview on 5/7/20 at 9:00 am the Administrator stated meals on the isolation unit were being served on disposable dinnerware, the food cart was no longer entering the isolation unit or the rest of the facility. They received a delivery of disposable trays yesterday and put them into use last night (5/6/20). The Administrator stated her staff had been in-serviced on proper use of proper use of personal protective equipment with donning/doffing, and proper use and wearing of N95 mask, social distancing, resident assessments every 4 hours and the documentation of assessments, staff working isolation unit will remain on isolation unit for the duration of their shift and changes to reporting for work and end of shift, and meal time changes for isolation unit such as using disposable dinnerware and use of food cart. Record review of in-services dated 5/3/20 revealed in-servicing for the following: proper way to wear PPE, N-95 masks per CDC guidelines; COVID-19 unit staff to fill out time clock adjustment sheets instead of using the timeclock, To report to front door at the beginning of the shift to be properly screened, After screening outside front door, the employee is to report to COVID-19 unit entrance to don PPE located on the outside of the building, At the end of shift, staff will wash hands and remove PPE outside the COVID unit door, COVID unit staff will be designated to work only COVID-19 unit that shift; COVID-19 unit will only have one outside entrance and exit. Barrier door to remain closed at all times. Supplies will enter the COVID-19 unit ONLY through the outside COVID-19 unit door; and COVID-19 unit staff will be designated to work only COVID-19 unit that shift; assess and completion of line listing documentation every four hours. Any changes of condition will be documented in the resident record. In an observation on 5/7/20 at 9:53 am-12:28 pm CNA C, CNA A, and CNA D donned and doffed personal protective equipment with no concerns. In an interview on 5/7/20 at 2:30 pm the Administrator stated since the recent COVID-19 threat the facility had been doing resident assessments as recommended by the CDC and they have updated their assessments to reflect the CDC's current guidelines. Record review on 5/7/20 revealed Resident 1, Resident 2, and Resident 3 had continued documentation of assessments every four hours starting on 5/1/20 until 5/7/20. In observations on 5/7/20 starting at 8:30 am and ending at 5:00 pm. The facility maintained an isolation unit with no employees going between units, demonstrated proper use of personal protective equipment, proper use of N95 face mask, proper facility entry, proper hand hygiene, food service to isolation unit, and assessments of residents both on and off the isolation unit. On 5/7/20 at 5:26 pm the Administrator was notified that the Immediate Jeopardy was lowered, but the facility remained out of compliance at a severity level of actual harm that is not immediate jeopardy and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal.