STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675949	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE WATERTON AT COWHORN CREEK	**5524 COWHORN CREEK TEXARKANA, TX 75503**

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 ensure an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections was maintained for the facility related to COVID-19 (a new respiratory disease which can cause mild to severe illness with most severe illness in adults [AGE] years and older). The facility did not: *prevent CNA B who tested positive for COVID-19 from returning to work and exposing residents and staff who tested negative. *CNA B did not disclose she was under investigation due to a positive COVID-19 test on the screening form. *have designated staff for their warm unit (unknown COVID-19 status). An Immediate Jeopardy (IJ) situation was identified on 10/6/20. While the IJ was identified on 10/6/20, the facility remained out of compliance at a 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: The Texas Health and Human Services COVID-19 RESPONSE FOR NURSING FACILITIES version 3.6 dated 10/8/2020 indicated .Actively screen, monitor, and surveil everyone who comes into the facility . Staff who are confirmed or probable to have COVID-19 must stay at home . Implement protocols for cohorting residents based on their COVID-19 status: COVID19 positive, COVID-19 negative, and unknown COVID-19 status. NF providers should designate HCWs for each cohort and staff should not work with more than one cohort. A Infection Control Guidelines Related to Covid 19 policy, revised 9/1/20 indicated .Facility shall actively screen essential personnel and persons for contact with someone or under investigation for Covid-10. .Patient Placement: as a measure to limit employee exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated employees, to care for known or unknown Covid-19. Dedicated means those employees are assigned only to care for those patients during their shift. During an interview on 10/6/20 at 10:30 a.m., the administrator said during weekly COVID-19 testing on 10/5/20 two employees (CNA B and CMA C) tested positive using the rapid result method and they retested on the same day and both were negative. The administrator said both employees were given a PCR test at the facility and told to leave the facility until told otherwise, she said neither employee had worked since receiving the positive result. The administrator said the facility had one COVID-19 positive resident who had been in the hospital for a month, she said there were no active cases in the building. A COVID-19 testing employee record dated 10/5/20 indicated CNA B tested positive on 10/5/20. A timecard sheet dated 10/6/20 indicated CNA B clocked in for work on 10/5/20 at 9:32 p.m. and clocked out at 6:00 a.m. An employee and visitor screening log dated 10/5/20 indicated CNA B signed in at 9:51 p.m. and she answered no to all questions including have you had contact with or under investigation for COVID-19. CNA B's temperature was documented as 98.8 degrees. A daily assignment sheet dated 10/5/20 indicated CNA B was scheduled to work the 10:00 p.m. to 6:00 a.m., shift on the 400 hall, she signed in on 10/5/20. An undated facility map indicated warm zones (unknown COVID-19 status) as rooms 100-104 (3 residents) and rooms 400-403 (3 residents). Cold zones (negative COVID-19 status) were rooms 300-309 (18 residents) and rooms 404-410 (13 residents). During an observation and interview on 10/6/20 at 11:10 a.m., LVN A went into the warm zone on 400 hall several times and returning to the cold zone of 400 hall. She said that she worked both warm halls (6 residents) and the cold hall (13 residents). She said she administered medications, checked vital signs, and performed assessments on all of her residents. LVN A said the facility did not have staff strictly for the warm units. She said when they had COVID-19 positive residents on the hot hall they did have dedicated staff for that unit. During an observation and interview on 10/6/20 at 11:18 a.m., CNA D left the warm zone and went into a resident's room on the cold zone to answer a call light. CNA D said she worked the warm halls (6 residents) and the cold hall (13 residents). During an interview on 10/6/20 at 2:10 p.m., CNA B said she worked the night shift on 10/5/20. She said she was not informed not to come back to work. She said she was told someone would call her with her PCR results. CNA B said she worked the warm and cold units on the 400 hall and she said she had worn all PPE. CNA B said she did not realize she answered the screening questions incorrectly. During an interview on 10/6/20 at 2:30 p.m., CMA C said she was told by the ADON to wait for her results before returning to work. During an interview on 10/6/20 at 2:25 p.m., the ADON said the warm zones did not have dedicated staff because there were only a few residents in the warm zones. She said they did not have COVID-19 and could work on the warm and cold zones in the same shift. She said that herself and the DON were responsible for making the schedule. She said they did not check the schedule to see if CNA B was on the schedule to work the same day she tested positive. During an interview on 10/6/20 at 2:35 p.m., the DON said she did not realize CNA B worked the night before. She said it was her understanding CNA B was told to quarantine at home. The DON said there was no dedicated staff for the warm and cold zones. She said only dedicated staff were provided for the hot zone. During an interview on 10/6/20 at 2:40 p.m., the administrator said CNA B should not have been allowed access inside the building and she was not made aware CNA B had in fact worked after testing positive. She said CNA B was terminated for not following directions. The administrator was notified on 10/5/20 at 4:20 p.m., an IJ situation was identified due to the above failures and the IJ template was provided. The facility's Plan of Removal was accepted on 10/6/20 at 8:15 a.m. and included: 1. Immediate actions a. The staff member was terminated for failing to follow instructions related to self-isolation following a disputed positive test result. b. The facility will call and provide telephonic education to any other currently positive staff that they may not return to work or enter the facility until approved by the administrator. The facility currently has one other staff member out with a positive result. c. Infection control policy was updated to indicate that dedicated staffing for warm units is preferred and that staff should not change designation from one day to another unless required in order to maintain adequate staffing for a cohort. Staff have been previously educated on how to safely enter / exit the warm unit, using proper PPE and hygiene techniques to reduce the risk of infection spreading. 2. Education a. Staff who test positive will be provided written and signed education after receiving a positive test that they may not return to work until approved by the administrator, including in cases where the positive result was in question and follow-up testing in process to confirm. b. Staff will be re-educated on the active screening process that employees must undergo prior to entering the facility for their shift, including: 1. Staff must be screened by the on-duty charge nurse or other individual designated by the administrator. The screening shall be logged on our Employee and Visitor Log and initialed off by the person doing the screening (see attached log). 2. Any staff member who answer yes to any question or has a fever of 99.4 or greater (using the temporal method), will not be allowed to enter until the administrator has reviewed and made a determination. Note: while we discourage staff from working at multiple facilities, those who are compliant with and test negative during the mandatory testing requirement (based on our county positivity rate) shall be allowed to work so long as they pass the other screening questions. c. Administrative staff will be educated on the written education to be provided as discussed in item 2(a) above. d. Administrative staff will be educated on the Infection Control Policy update discussed in item 1(c). e. DON or ADON will provide this training starting 10/6/2020 and will ensure all staff nurses and other designated screeners are educated by 10/7/2020. 3. Monitoring a. The Director of Nursing or Designee monitor the following items 5 days per week for 2 weeks, weekly for 4 weeks and then monthly and

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) reported to the facility QAPI committee. 1. That staff on self-isolation for positive results do not work until approved by the administrator 2. That staff on self-isolation for positive results have received written and signed education at the time of the positive result 3. That staff are adhering to the re-education provided on the active screening process 4. The updated infection control policy is being followed. 4. Medical Director - The Medical Director has been notified of the Immediate Jeopardy. 5. QAPI Committee Review - The Director of Nursing/Designee will present findings to the Quality Assurance Performance Committee monthly for 3 months until the Quality Assurance Performance Committee deems it no longer necessary. Any recommendations will be implemented and monitored until compliance is achieved. On 10/6/20 the surveyor confirmed the facility implemented their plan of removal sufficiently to remove the IJ by: Eight LVNs (on all shifts - 6 a.m. to 2 p.m.; 2 p.m. to 10 p.m.; 10 p.m. to 6 a.m.; and weekends), two RNs (8 a.m. to 5 p.m. and weekend RN), 10 CNAs (all shifts), 2 MAs (6 a.m. to 2 p.m., 2 p.m. to 10 p.m., and weekends), two laundry staff, two housekeeping staff, two dietary staff, and one hospitality aide said they were in-serviced on actions to take if they tested positive including signing a form indicating acknowledgement of the protocol to follow after testing positive. All staff were able to inform surveyor of the active screening process at the front door to be performed by the charge nurse or assigned designee, and that dedicated staff would be implemented on the warm unit as much as staffing allowed. All staff were able to answer the questions with correct information to the above in-service training topics. On 10/6/20 at 9:20 a.m., the administrator 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 complete in-service training and evaluate the effectiveness of the corrective systems.