

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455683</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HENDRICK SKILLED NURSING FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1900 PINE ABILENE, TX 79601</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview the facility failed to establish and maintain an infection prevention and control program that includes when and to whom possible incidents of communicable disease or infections should be reported. The facility failed to immediately report 1 of 1 staff (Nurse A) who was COVID 19 positive to HHSC. This failure could affect any staff or resident of the facility by increasing the risk of infection. The findings included: Review of a Patient Under Investigation (PUI) form dated 06/03/20 revealed Nurse A, was tested on [DATE] with positive results returned on 05/30/20. Nurse A was asymptomatic. In an interview with the Nurse Manager on 06/05/20 at 2:11 PM, she stated that the Skilled Nursing Facility was temporarily closed and that the last resident was discharged on [DATE]. That resident tested negative on the date of discharge and all staff had been wearing full protective gear for a full week prior and wearing masks before that. She said she was notified that Nurse A was positive for COVID 19 on 05/30/20. The last night Nurse A worked was 05/29/20. The Nurse Manager said she had been waiting for all of the pending staff results to be returned before reporting to HHSC. In a telephone interview with the hospital Wellness Director on 06/05/20 at 2:16 PM, she said that Nurse had been off for the weekend (May 30 and 31st) when the results came back and she was notified to be on self-quarantine until 06/06/20. She said that she had notified the local health department on 05/30/20. In an interview with the Director on 06/05/20 at 2:19 PM and 2:24 PM, she said that all staff had started wearing N95 masks on the 19th or 20th of May and that all staff were screened on entry with their temperature checked. She said the facility followed the hospital policy on reporting. In an interview with the Vice president of Quality and Patient Safety on 06/05/20 at 2:24 PM, she said a line list was sent daily to the local health department and the PUI form was sent within a few days. In an interview with the Nurse Manager on 06/05/20 at 3:15 PM, she said that she was aware of the COVID response plan for skilled nursing facilities, but that she had just been waiting for all the results to be in before reporting. Review of the . Health System policy Reporting of Legally Reportable Diseases dated 03/18/19 revealed the following: Purpose: . Medical Center will maintain appropriate mechanisms for the internal reporting of suspected legally reportable disease and for the external reporting of confirmed reportable diseases as defined (sic) the laws of the State of Texas. Policy: 5. All patients diagnosed as having any legally reportable disease will be reported to the appropriate state or local health agency by the Infection Prevention Office in the timeframe's prescribed by the laws of the State of Texas. Review of the State of Texas COVID-19 Response for Nursing Facilities version 3.1 (6/2/20) revealed the following: 6. To Do's for Nursing Facilities: Report a confirmed COVID-19 case to the local health department or DSHS and to HHSC . Upon the first positive test result of a NF staff member or resident, the facility shall work with local health authorities, DSHS, and HHSC to coordinate testing of all NF staff and residents.</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.