

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455901	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/10/2020
NAME OF PROVIDER OF SUPPLIER KPC PROMISE SKILLED NURSING FACILITY OF WICHITA FA		STREET ADDRESS, CITY, STATE, ZIP 1101 GRACE ST WICHITA FALLS, TX 76301	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety in one of one kitchen. The facility failed to ensure dietary staff wore the appropriate covering of their hair, including the beard and mustache. The facility's failure could affect the residents by placing them at risk for foodborne illness and a decline in their appetite should a resident find hair in their food. The findings included: Observations on 4/10/2020 at 1:47 PM, during the initial tour of the facility kitchen, revealed Dietary Aide B, did not have a hair net on and his mustache, beard was not covered. In an interview on 4/10/2020 at 1:47 PM with Dietary Aide B touched his head and said he didn't realize he did not have it on and he would get one. Observation and interview on 04/10/20 at 2:00 PM Cook A returned to the facility, came through the kitchen with a hat on and no covering of his beard. Cook A said hair and beard covers were required. Review of the facility's Nutrition Policies and Procedures, dated as Revised 9/2012, revealed (in part): #8. Anyone working in the kitchen during normal food production hours is expected to wear appropriate hair restrains (such as hats, hair covers or nets, beard restrains).		
F 0880 Level of harm - Minimal harm or potential for actual harm 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 effective infection control program designed to provide a safe, sanitary and comfortable environment, and to help prevent the development and transmission of communicable diseases, for the current threat of COVID - 19, by not ensuring the facial covering of any facility employee, including the nursing staff, activity, social services, housekeeping, maintenance, therapy and the respiratory therapy staff. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: Observation of facility staff upon entry to the facility on [DATE] at 1:10 PM revealed the staff in the front office, including licensed nurses, and office staff were not wearing any face protection, mask or other covering. Observations during the initial tour on [DATE] revealed the nursing staff working on the resident halls, housekeeping Maintenance, therapy and respiratory therapy staff were not wearing any facial covering. Interview with the Administrator and DON during the entrance conference at 1:23 PM revealed the facility had not implemented the preventative measure of facial covering, per CDC guidelines because the Corporate office said it was recommended but not required. The Administrator said the Corporate did not want staff wearing coverings other than face masks. The staff temperature was checked each time they came on duty and when they returned if they left the building for their break or something. In an interview with a Facility CEO on [DATE] at 2:47 PM the CEO said the Corporate office said they should not implement the face masks, the face masks were hard to get. The CEO said they had been trying to get additional masks and the Maintenance staff was working with the local Coalition to obtain masks, but the Coalition had not been filling full orders. The CEO said they were screening staff and residents. When asked about high risk residents, such as the ventilator dependent residents, the CEO said why would they be (at greater risk)? Record review of the Center for Medicare and Medicaid Services (C[CONDITION]) COVID -19 Long Term Care Facility Guidance, date 4/02/2020 revealed the following: The Center for Medicare and Medicaid Services (C[CONDITION]) along with the Center for Disease Control and Prevention (CDC) are issuing new recommendations to State and Local governments and Long Term Care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID - 19). Long-term care facilities are a critical component of America's healthcare system. They are unique, as they serve as healthcare providers and as full-time homes for some of the most vulnerable Americans. ⁴ Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. For the duration of the state of emergency, in their State all long-term care personnel should wear a face mask while they are in the facility. In an interview on [DATE] at 3:47 PM LVN C said there were 10 residents using ventilators and they had residents with trachs and used Bi-Paps (used to decrease sleep apnea). In a confidential interview on [DATE] at 4:10 PM it was said some of the staff had ask about wearing a mask or face covering and they were told not to. In an interview on [DATE] at 3:20 PM the CEO said the facility had a Crisis Strategy Plan for use of face masks but they had not implemented it. Record review of the undated Crisis Strategy Plan documented the plan for prioritization and re-use of face-masks.		
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.