

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455934	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER NORTHERN OAKS LIVING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2722 OLD ANSON RD ABILENE, TX 79603	
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 - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 for the current threat of COVID-19 for 5 out of 17 employees reviewed for infection control. 1. The facility failed to ensure hand hygiene procedures were followed by people entering the building during the COVID-19 threat. 2. The facility failed to follow guidance provided by Centers for Medicare & Medicaid Services (CMS) by not having all facility staff don facemask while they are in the facility during the COVID-19 threat. 3. The facility failed to ensure supply vendors did not transport supplies inside the facility during the COVID-19 threat. This failure placed residents at risk of infection, including COVID-19. Findings: In an observation on 4/9/20 at 9:45 am this surveyor was allowed entrance to the building by the door monitor. There were no instructions from the door monitor to frequently perform hand hygiene and to limit interactions with others in the facility and touched surfaces. The facility's nurse station is approximately 20 to 30 feet from entrance and visible from the main entrance. At the nurse station a lady was seated with her facemask placed around her neck and she was talking to another staff with their facemask not covering their nose. In an observation and interview on 4/9/20 at 10:15 am Employee A was in the facility's only dishwashing area (which is centrally located in the facility) washing dishes with no facemask. Employee A stated she does not wear her mask while washing dishes because it gets wet when washing dishes. Employee A revealed that food vendors are still delivering food to the facility's kitchen and the last time she observed a food vendor deliver food into the building was 4/3/20. Employee A also stated that this am the uniform company used by the facility made a delivery into the building as well. In an interview on 4/9/20 at 11:19 am CNA A stated she is not sure if vendors are making deliveries inside the building, she has seen some vendors leave items outside, but she has accepted delivery of sodas from family and given them to nursing. She is unsure what nursing did with them after that. In an observation on 4/9/20 at 12:03 pm Employee E entered the building without a facemask and had to be instructed by the door monitor to place on a mask. The door monitor never requested hand hygiene be performed of Employee E. Employee E then began to walk through the lobby to the nurse station, where at that time he was stopped by the Director of Nursing (DON) and was requested to perform hand hygiene. Employee E stated to the DON I will do it back there and she instructed him to do it now and he was compliant. In an interview on 4/9/20 at 12:05 pm Employee C stated she has been in-service to be the door monitor which included taking temperatures, complete hand hygiene, the questionnaire, and placing a face mask. Employee C stated she has not been in-services on providing telling those who enter to frequently perform hand hygiene, limit their interaction with others and surfaced that are commonly touched. Employee C stated she has accepted food at the door from families and friends to deliver to residents, but it has mostly been items such as cookies, sodas, crackers, and chips. In an interview on 4/9/20 at 3:20 pm the Dietary Director (DD) stated even though they have told vendors not to come in the building she can't say for sure if they are or not because they deliver between 5:00 am and 6:00 am and she is not at work at that time. In an observation and interview on 4/9/20 at 1:24 pm the DON and surveyor where standing at the kitchen and another employee was observed washing dishes with no mask. The DON stated she expects kitchen staff to be wearing a mask as well. The DON requested for staff to place on a mask. In an interview on 4/9/20 at 1:26 pm Employee E stated he has been walking through the building with no mask on, because he keeps his mask in the kitchen. He prefers to keep his mask in the kitchen because he is worried if he takes it home it may get dirty. Employee E also stated he hasn't been doing hand hygiene at the entrance because he likes to do it at the clock in station, because that just makes more sense to him. In an interview on 4/9/20 at 1:44 pm the DON stated they are allowing food to be brought to the residents at this time if it is in a container that can be wiped down. In an interview on 4/9/20 at 2:55 pm the Administrator stated they do not have a policy during this COVID-19 threat regarding outside laundry or food, they have informed family and friends to not bring in outside laundry and food. Policies addressing entry to facility covering vendors, hand hygiene, masking, and education during this COVID-19 threat was requested and the Administrator stated they have no policies specific to that, but he provided me with in-services for masking, screening, and hand washing. Record review of facility policy dated 2007 covering Hand Washing revealed the following: Purpose: Hand washing is generally considered the most important single procedure for preventing nosocomial infections. Record review of facility in-service dated 4/8/20 revealed an in-service covering Screening. Nowhere in the in-service is hand hygiene addressed or donning a facemask. Record review of facility in-service dated 4/3/20 revealed an in-service covering Masking. Centers for Medicare & Medicaid Services (CMS) has now required that all healthcare workers in the United States (US) are always to wear facemasks while working. Record review of facility in-service dated 4/6/20 revealed an in-service covering Masking. Universal masking for employees and visitors while in the building as a preventative measure. To be successful with this preventative measure, the use of the mask should not replace: Social distancing and proper respiratory and cough etiquette; Meticulous hand hygiene including before and after removing the mask; Mask must be worn properly, covering the nose and the mouth. Visitor: All visitors should be educated on the rationale for mask use and reminded to practice social distancing, respiratory/cough etiquette, meticulous hand hygiene, and avoid touching the mask or face. (This in-service addresses allowing essential medical visitors and [MEDICATION NAME] visits, nowhere does it address allowing vendors.) Record review of Centers for Medicare & Medicaid Services (CMS) Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes dated 3/13/20 revealed the following: Guidance for Limiting the Transmission of COVID-19 for Nursing Homes For ALL facilities nationwide: Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain [MEDICATION NAME] care situations, such as an end-of-life situation. 5. For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched. 7. Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. Record review of Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance dated 4/2/20 revealed the following: The Centers for Medicare & Medicaid Services (CMS) and the Centers 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 both 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</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Record review of Centers for Disease Control and Prevention (CDC) statement for healthcare personnel on hand hygiene during the response to the international emergency of COVID-19 accessed on 4/2/20 revealed the following: CDC recommendations reflect the important role of hand hygiene for preventing the transmission of pathogens in healthcare settings for a wide range of pathogens. The ability of hand hygiene, including hand washing or the use of alcohol-based hand sanitizers to prevent infections is related to reductions in the number of viable pathogens that transiently contaminate the hands. Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% [MEDICATION NAME] and 70% [MEDICATION NAME], the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, the 2019-nCoV. While the exact role of direct and indirect spread of coronaviruses between people that could be reduced by hand hygiene is unknown at this time, hand hygiene for infection prevention is an important part of the U.S. response to the international emergence of COVID-19.</p>		