

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER WOODWIND LAKES HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7215 WINDFERN RD HOUSTON, TX 77040	
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 - Some	<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 observations, interview and record review, the facility failed to 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 infection for 2 of 3 staff (CNA A and unidentified) reviewed for infection control, in that: - CNA A was observed pulling down mask to talk to another CNA while delivering meals to resident. - Photos recorded via AEM revealed an unidentified staff was recorded entering Resident #1's room with her face mask pulled below her chin. These failures placed residents at risk for contracting COVID-19 and other infectious diseases and a decline in health. Findings include: Resident #1 Record review of Resident #1's face sheet revealed she was [AGE] years old and was admitted on [DATE]. Her [DIAGNOSES REDACTED]. In a phone interview on 6/1/20 at 1:20 PM, Family Member #1 for Resident #1 stated the facility alerted her that they had their first confirmed positive case of COVID-19 among staff. Family Member #1 stated on 5/30/20, via automated electronic monitoring (AEM), she observed an unidentified facility staff member entering room [ROOM NUMBER] and providing care to Resident #1 with her face mask pulled below her chin. In an interview on 7/8/20 at 3:45 PM, the Administrator said all facility staff were required to wear masks in the facility since sometime in April 2020. After reviewing the photo, image 3, time-stamped on 5/30/20 at 6:36 PM, of staff providing incontinent care to Resident #1, he said he could not say why the staff would wear her mask like that. However, all staff, including the unidentified staff in the photo, received education on how a face mask was to be properly worn. He said that pulling down the face mask was not proper. Observations of image 3 time-stamped on 5/30/20 at 6:36 PM, revealed an unidentified staff providing incontinent care to Resident #1 with her face mask pulled below her chin. Resident #2 Review of Resident #2's face sheet revealed he was [AGE] years old and was admitted on [DATE]. His [DIAGNOSES REDACTED]. In an interview on 6/4/20 at 10:18 AM, Family Member #2 stated she was concerned about staff not wearing their masks. She stated she had a video call with Resident #2 and observed the staff who handed the device to the resident was not wearing a mask. Observation of CNA A on 6/1/20 at 1:00 PM, revealed staff passing out meals on hall 200. CNA A pulled down her mask to talk to another CNA. She then proceeded to grab a food tray and pass it to a resident's room without performing hand hygiene. In an interview with CNA A on 6/1/20 at 1:10 PM, when asked if she realized that she pulled her mask down talk to another CNA, she said she did not. When asked if that was an appropriate infection control practice, she answered, no. When asked if she received PPE training, she answered, yes. In an interview with the DON on 5/31/20 at 11:00 AM, when asked how infection control practices were monitored, she stated she reminded staff to practice hand hygiene every time it was necessary. She said she watched how staff wore PPE and made sure PPE was worn properly. When there was a need to re-educate staff, she documented the re-education on the on the spot re-education. The infection control policies related to PPE was requested from Administrator on 7/8/20 at 3:55 PM. Documents provided did not address specifically PPE or masks. Record review of CDC guidelines on Face Mask Do's and Don'ts, dated 6/2/20, read in part: do not wear your face mask under the nose or mouth and don't touch your face mask without cleaning your hands before and after.</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.