

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675134	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER WHISPERING OAKS REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP 105 HOSPITAL DR CUERO, TX 77954	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, 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 infections during a 1 for 1 facility of 1 level for infection control prevention, in that: 1. State surveyor was not screened for COVID-19 upon entrance to facility. 2. Employee/Visitor bathroom at the entrance of B hall did not have paper towels in the paper towel wall mount dispenser for use after handwashing. These deficient practices could place residents and staff at risk of transmission of communicable diseases, illness, infections and COVID-19. The findings included: 1. Observation on 9/2/2020 at 11:45 A.M. revealed Employee A allowed state surveyor into the facility and did not screen the surveyor for signs/symptoms of COVID-19. During an interview on 9/2/2020 at 12:33 P.M. RN B confirmed all visitors entering the facility should be screened for signs and symptoms of COVID-19 prior to entering the facility. During an interview on 9/2/2020 at 1:34 P.M. Employee A confirmed she did not screen surveyor for signs and symptoms of COVID-19 at the time of entrance. She further stated she should have asked the questions on the questionnaire regarding signs and symptoms of COVID-19 prior to allowing surveyor entry and did not. During an interview on 9/2/2020 at 2:28 P.M. The DON confirmed all visitors entering the facility should be screened for signs and symptoms of COVID-19 prior to entering the facility. She further stated, the employee who answered the door this morning should have screened the surveyor for COVID-19 signs and symptoms and asked the questions on the questionnaire. 2. Observation on 9/2/2020 at 1:32 P.M. revealed the employee/visitor bathroom at the entrance to B hall had no paper towels to dry hands within the wall mounted dispenser. During an interview on 9/2/2020 at 1:33 P.M. Sanitation Employee C confirmed there were no paper towels in the paper towel dispenser or hand sanitizer. He further stated, there should be paper towels in the dispenser. During an interview on 9/2/2020 at 2:42 P.M. Housekeeping Supervisor D stated, there should always be paper towels available in the bathroom dispenser. She further stated she did not have a policy on paper towel dispensers. Review of the facility policy titled, Surveillance Plan: Infection Control COVID19 Response, revised June 2, 2020 revealed, Policy: To minimize exposures and spread of respiratory pathogens including 2019 -nCoV. Visitor Management 1b. read, all visitors/vendors are screened based on the most current CDC and CMS guidance prior to entering the facility. Review of the CDC guidelines dated June 25, 2020 Preparing for COVID-19 in Nursing Homes revealed, Screen visitors for fever (Temp great than 100.0 degrees F), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Review of the facility provided policy titled Bathroom Cleaning read, Materials Needed, Paper Towels. Review of the facility provided policy titled Hand Hygiene dated 11/12/2017 read, Policy Explanation and Compliance Guidelines: 1. Hand hygiene is a general term that applies to either handwashing or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). 5. Hand hygiene technique to use when using soap and water: e. Dry thoroughly with a single - use towel. Review of the CDC guidelines (Covid-19 Response For Nursing Facilities: (Abstract) This document provides guidance to Nursing Facilities on Response Actions in the event of a COVID-19 exposure) dated August 18, 2020, this Reinforce the importance of hand hygiene among all facility staff, including any contract staff. Furthermore states: facilities can increase the frequency of hand hygiene audits and implement short in-service sessions on the proper technique for hand hygiene. Facilities to ensure that supplies for performing hand hygiene are readily available and easily accessible by staff. Most of the actions that can be taken to prevent or control COVID-19 outbreaks in NFs are not new and include increasing hand hygiene compliance among staff, residents, and their families through education and on the spot coaching, as well as providing facemasks and hand hygiene supplies at the entrance to the facility.:</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.