

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER LEGACY REHABILITATION AND LIVING		STREET ADDRESS, CITY, STATE, ZIP 4033 W 51ST AVE AMARILLO, TX 79109	
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>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 for all residents for 4 or 4 staff observed for infection control procedures (LVN A, Cook B, Cook C and Cook D). - LVN A did not wash or sanitize her hands before entering Resident #1's room to pass medications - LVN A did not wear eye protection while passing medications to Resident #1, who resided in the facility's COVID unit. - Cooks B, C, and D did not wear their masks properly while preparing food in the kitchen. These failures have the potential to affect all residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation of medication pass on 7-29-2020 at 9:35 AM, LVN A was observed opening and closing drawers, touching her computer screen and pouring water for Resident #1 and then entered into his room without washing or sanitizing her hands. During an observation of medication pass on 7-29-2020 at 9:35 AM, LVN A did not have on the correct eye protection (goggles or face shield) while passing medications. Resident #1 was in a COVID unit and staff were required to wear full PPE (gown, gloves, eye protection, and mask). During an observation of the kitchen on 7-29-2020 at 10:47 AM, Cook B and Cook C were seen with their masks down around their chin. The masks did not cover their nose or mouth. Also, Cook D was observed with his mask covering his mouth but not covering his nose. During an interview with LVN A on 7-29-2020 at 9:50 AM, she was asked why she did not wash her hands before entering into Resident #1's room. She stated that she sanitized her hands before getting his medications. She was then asked why she was only wearing eye glasses instead of a facemask or goggles. She responded that she thought that glasses were enough but didn't know because everything is changing every week, she also stated that this was her first day back. During an interview with the DON on 7-29-2020 at 10:00AM, she was asked if it was her expectation that staff members working in a COVID unit wear eye protection while being in close contact with a resident. DON responded that it was her expectation, and the expectation of the (local) Health Department that all staff working in a COVID unit wear eye protection while in close contact with residents. The DON was then asked if it was her expectation that staff wash their hands after touching med cart surfaces and computer screens and before entering into a resident's room. She responded that it was her expectation to wash hands before entering a resident's room. During an interview with Cook B on 7-29-2020 at 10:54, he was asked why he was not wearing his mask correctly. He did not respond and instead stated that he would get the kitchen manager to speak with the surveyor. During an interview with KM on 7-29-2020 at 10:56 AM, she was asked if it was her expectation that all kitchen staff while working in the kitchen wear their masks properly covering both their nose and mouth. She responded that it was her expectation that all kitchen staff wear their masks correctly. During an interview with the DON on 7-29-2020 at 10:53, she was asked if it was expectation that kitchen staff wear masks while preparing food for the facility. She responded that it was her expectation that all kitchen staff wear their masks when in the kitchen. Record review of the facility provided policy titled Public Health Notice, not dated, reflected in part: - All staff must wear surgical mask in the facility - All staff must wear appropriate PPE when within 6 feet of a resident; mask/respirator, eye protection, ect. Record review of the facility provided policy titled Infection Control and Prevention Policy, dated 3-9-2020, reflected in part: - Hand Hygiene - HCP should perform hand hygiene before and after all patient contact.</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.