

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2020
NAME OF PROVIDER OF SUPPLIER KINDRED TRANSITIONAL CARE AND REHABILITATION-MANSF		STREET ADDRESS, CITY, STATE, ZIP 301 N MILLER RD MANSFIELD, TX 76063	
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>Based on observations, interviews, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for eight (Administrator, DON, Receptionist, LVN A, LVN B, Maintenance Director, Housekeeper C, and LVN D) of nine staff members observed for infection control. The Administrator, DON, Receptionist, LVN A, LVN B, Maintenance Director, Housekeeper C, and LVN D failed to wear a face mask. This deficient practice could place residents, staff and visitors at risk of transmission of communicable diseases and infections such as Covid-19. Findings included: Observation on 04/07/20 at 11:00 a.m. revealed the the Receptionist was not wearing a mask while interacting with visitors and screening them for symptoms of Covid-19. Observation and interview on 04/07/20 at 11:30 a.m. with the Administrator and DON revealed neither were wearing a face mask. The DON stated her understanding was that the CDC recommended a facemask be worn, but it was not mandatory. Both Administrator and DON were observed walking throughout the facility without mask and interacting with staff and residents. An observation and interview on 04/07/20 at 12:18 p.m. with the Administrator revealed corporate suggested wearing a face mask but it was not mandatory. He was not wearing a facemask. An observation and interview on 04/07/20 at 12:27 p.m. with LVN A revealed she was not wearing a mask while pushing a resident in a wheelchair down the hallway. LVN A stated it was optional for staff to wear a facemask and was not mandatory. An observation and interview on 04/07/20 at 12:39 p.m. with LVN B revealed she was in the hallway preparing a medication to be administered without wearing a mask. LVN B revealed she made a mask out of her personal cloth-like scarf. She pulled the scarf up around her mouth before she entered a resident's room to give medications. LVN B stated facemasks were optional. An observation on 04/07/20 at 1:41 p.m. revealed the Maintenance Director was walking throughout the facility without wearing a facemask. An observation and interview on 04/07/20 at 1:48 p.m. revealed Housekeeper C was observed cleaning on the 100 hall without wearing a facemask. An interview with Housekeeper C revealed she should be wearing a facemask because Covid-19 was contagious. An observation and interview on 04/07/20 at 2:35 p.m. revealed LVN D was not wearing a facemask. LVN D stated as of today, it was mandatory for facemasks to be worn and before it was optional according to management. Review of the Center for Medicare and Medicaid Services Covid-19 Long-Term Care Facility Guidance, dated April 2, 2020, revealed: 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). For 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. Review of the facility's current, undated Covid-19 implementation and guidance for Texas reflected: Policy Statement Our facilities goal is to protect our residents in order to prepare or have persons under investigation for cases of COVID-19 virus assessed and treated appropriately, and to protect and ensure we are preventing cases occurring in our facilities The general strategies CDC recommends to prevent the spread of Covid-19 in LTCF are the same strategies our facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.</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.