

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER SENIOR CARE HEALTH & REHABILITATION CENTER - WICHITA		STREET ADDRESS, CITY, STATE, ZIP 910 MIDWESTERN PKWY WICHITA FALLS, TX 76302	
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 interview and record review, the facility failed to establish and maintain an infection control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection by failing to comply with state and local public health authority requirements for identification, reporting, and containing communicable diseases and outbreaks. The facility failed to follow their Infection Control Covid-19 policy to report 2 Covid-19 positive staff to HHSC within 12 hours. The failure could place residents and other employees at risk for a communicable disease and result in an outbreak of infection and illness.</p> <p>Findings Include: In an interview with the Administrator and DON, on 5/6/2020 at 10:00 AM, they both stated on 4/22/2020, the facility sent 1 dietary cook and 1 nurse to another corporate facility in another county to assist, and he was notified by the local health department, between 12:00 PM-1:00 PM on 5/4/2020, the 2 employees tested on [DATE], were positive for Covid-19 in the county they had been transferred to. The Administrator stated the 2 employees had assisted the other facility from 4/22/2020 until they were tested on [DATE], and stated the 2 employees had not been in either building after 5/1/2020, and at that point, they were quarantined at a motel in the same county they were tested. The Administrator and DON stated the 2 employees had not been back in their home-based facility since 4/22/2020, and had not worked at the facility in the other county since 5/1/2020. The DON stated the 2 employees were officially on their employee roster, and she was notified of the positive test results for the 2 employees on 5/4/2020 at by the corporate nurse. In an interview with the corporate nurse, on 5/6/2020 at 4:00 PM, she stated she was not aware the facility had to call HHSC since the 2 employees had assisted in another county. In an interview with the Administrator and the DON, on 5/6/2020 at 10:05 AM, they both stated they were not aware they needed to report the 2 Covid-19 positive staff members to HHSC since the 2 staff tested positive in another county. The Administrator stated he received a phone call from their local health department on 5/4/2020, between 1:00 PM-2:00 PM regarding the 2 positive Covid-19 employees, and then reported it on 5/5/2020 at 5:11 PM to HHSC (more than 12 hours later). In an interview with the DON on 5/6/2020 at 10:15 PM, she stated she was unaware the positive Covid-19 test confirmations had to be called to HHSC. In a record review of the facility Infection Control Covid-19 policy, of the Infection Prevention Control Policy, dated 5/3/2020, stated (in part): Notify the following within 12 hours of reported confirmed positive COVID-19 case to HHSC.</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.