

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676155</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE COURTYARDS AT PASADENA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4048 RED BLUFF ROAD PASADENA, TX 77503</b>	
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 0885  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, record review, and facility document review, it was determined the facility failed to notify residents, residents' representatives, and residents' families of the facility, by 5:00 PM the following day, after a resident of the facility tested positive for COVID-19. On 07/09/20, the facility received a laboratory-confirmed positive COVID-19 test result for Resident (R) 3; however, the facility did not communicate this positive result to other residents, residents' representatives, and/or residents' families until 07/15/20. The facility's failure had the potential to affect all residents, residents' representatives, and residents' families of the facility. The facility census was 104. Findings include: Review of the untitled and undated document provided by the facility revealed, This is from a CMS (Centers for Medicare and Medicaid Services) Memo on the reporting requirements. We note that there are a variety of ways that facilities can meet this requirement, such as informing families and representatives through email listservs, website postings, paper notification, and/or recorded telephone messages. We do not expect facilities to make individual telephone calls to each resident's family or responsible party to inform them that a resident in facility has laboratory-confirmed COVID-19. However, we expect facilities to take reasonable efforts to make it easy for residents, their representatives, and families to obtain the information facilities are required to provide. Review of R3's undated Resident Face Sheet, provided by the facility, revealed the resident was admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of R3's laboratory Abnormal Results Summary, with a report date of 07/09/20, provided by the facility, revealed Coronavirus (COVID-19) Detected. Review of R3's Progress Notes, dated 07/09/20, found in the resident's electronic medical record (EMR) under the Progress Notes tab, revealed Citizen (Resident) covid (sic) test received. Results are positive. Review of the facility's website revealed the facility's COVID-19 updates were completed 07/08/20 and 07/15/20; however, there were no updates between 07/09/20 and 07/10/20, which indicated the facility did not communicate the positive COVID-19 test of a resident by 5:00 PM the following day. Interview, on 07/17/20 at 3:02 PM, with the Administrator, revealed the facility's method of informing residents' representatives of COVID-19 positive cases was through the facility's website. Continued interview with the Administrator revealed she thought she was in compliance by notifying the residents' representatives and families weekly regarding communication.</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.