

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676221	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE PARK OF KATY NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 6001 GEORGE BUSH DR KATY, TX 77493	
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	Provide and implement an infection prevention and control program. 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 for one of one staff (Director of Environmental Services) reviewed for infection control. The facility Director of Environmental Services failed to remove used PPE prior to leaving the quarantine hall where residents of unknown COVID-19 status resided before returning to COVID-19 negative area of the facility. This failure placed residents at risk of being exposed to infectious disease from cross contamination. Findings included: Observation on 9/1/20 at 11:25 am revealed the Director of Environmental Services came out from the quarantine hallway wearing a disposable gown. He then entered the facility's COVID-19 negative hallway with the contaminated gown on. The biohazard boxes inside of the quarantine hallway were empty and did not contain any used PPE. Observation and interview on 9/1/20 at 11:57 am, the Director of Environmental Services came out of his office not wearing a gown. He said he went to the quarantine hallway to do routine maintenance in the first two rooms. He said he did not believe there were any residents currently residing on the hallway. He said PPE required on the quarantine hall included an N95 mask, face shield, gown, and gloves. He said the gown should be discarded in the biohazard box before exiting the hallway. He said he forgot to discard the gown before leaving the hallway and threw it away in a regular trash can. During an interview on 9/1/20 at 1:50 pm, LVN A said the protocol was to enter the quarantine hall wearing a gown and discarding the gown prior to leaving the hallway. She said a new gown should be retrieved and donned prior to leaving the hall. During an interview on 9/1/20 at 1:55 pm, the DON said there were currently three residents who resided on the quarantine hallway. She said staff were trained to enter the quarantine hallway wearing full PPE and discard the gown in the biohazard box and put on a new gown before leaving the hallway. Record review of the facility's infection control policy dated July 2014 revealed This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infection.		
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.