

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER RIVERSIDE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6801 E RIVERSIDE DR AUSTIN, TX 78741	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to establish and 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 92 of 92 residents (Residents #1 - 92) reviewed for infection control. 1. The facility failed to provide resident room notification for residents (Resident #3, Resident #4, Resident #5, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13) under droplet precautions. 2. The facility failed to establish an effective method of communicating COVID-19 positive status to staff. 3. The facility failed to isolate pending symptomatic residents from asymptomatic residents (Resident #17, Resident #19, Resident #22) which resulted in those residents becoming symptomatic and testing positive for COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at a severity level of actual harm at a scope of widespread due to staff needing more time to monitor the plan of removal for effectiveness. Findings included: 1. Review of the Face Sheet for Resident #1 reflected a [AGE] year-old male who was admitted on [DATE] with [DIAGNOSES REDACTED]. Review of progress note for Resident #1 dated [DATE], reflected that resident tested positive for COVID-19 and moved to resident room [ROOM NUMBER]b under isolation precautions. Review of the significant change MDS for Resident #1 dated [DATE] reflected a BIMS of 05 indicating severe impairment cognition. Further review of the significant change MDS Section I additional active [DIAGNOSES REDACTED].#1 with a revision date [DATE] reflected interventions for positive results of COVID-19, which included contact/droplet precautions, observe signs/symptoms of COVID-19 document and report any signs of fever, coughing, sneezing sore throat, respiratory issues, change in vital signs. Resident #1's care plan reflected to keep door closed whenever possible and encourage resident to wear the mask. The care plan reflected to maintain resident in private room or cohort with other COVID-19 positive residents. Review of the Face Sheet for Resident #2 reflected a [AGE] year-old male who was admitted on [DATE] with [DIAGNOSES REDACTED]. During an interview conducted on [DATE] at 1:14 p.m. LVN A stated that there should be see the nurse before entering the room sign on doors for positive and pending residents of COVID-19 test results. Review of the facility census for [DATE] reflected that Resident #1 was positive for COVID-19, Resident #2 and #21 were pending for COVID-19. Observations conducted in the 100 isolation hall on [DATE] at 1:14 p.m. revealed that Resident #1, Resident #21 and Resident #2's resident room door didn't have a see the nurse before entering the room sign. Review of resident roster dated [DATE] reflected Resident #3, Resident #4, Resident #5, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13 were pending results for COVID-19. Observations conducted on [DATE] between 12:30 p.m. to 4:00 p.m., revealed that there were no signs on the door for resident rooms with COVID-19 pending residents (Resident #3, Resident #4, Resident #5, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13). Observations conducted on [DATE] at 10:00 a.m. revealed that there were no signs on the door for resident rooms with COVID-19 pending residents (Resident #3, Resident #4, Resident #5, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, Resident #12, Resident #13). Observation conducted on [DATE] at 3:56 p.m. revealed transportation staff entering resident rooms [ROOM NUMBERS] without PPE on those resident rooms were occupied by pending residents. Resident rooms did not have signs on the door. During an interview on [DATE] at 3:57 p.m., transportation staff stated she didn't know which residents were pending. During an interview on [DATE] at 12:19, DON stated he communicates with staff verbally regarding who is pending so staff should be aware of who is pending COVID-19 test results and COVID-19 positive. DON further stated if they do not know who is pending or positive they can spread the infection. During an interview on [DATE] at 12:34 p.m., MA stated that when he started his shift there was no sign on the door for rooms occupied by residents with pending COVID-19 test results. During an interview conducted on [DATE] at 2:44 p.m., ICP stated that residents with COVID-19 pending results should be treated as positive, meaning they should be on droplet precautions, signs should be on doors until the results come back. Review of the facility COVID-19 Emergency plan Prevent the Spread of Respiratory Germs within your facility reflected Provide the right supplies to ensure easy and correct use of PPE, Post signs on the door or wall outside the resident room that clearly describe the type of precaution needed and required PPE. 2. Review of resident roster dated [DATE] reflected highlighted resident names for resident rooms 104, 206, 209, 213, 301, 303, 311, 312 which indicated that pending symptomatic residents occupied these resident rooms. DON highlighted these rooms when surveyor asked which residents were pending symptomatic residents. Review of resident roster dated [DATE] reflected highlighted resident names for resident rooms 104, 206, 209, 213, 301, 303, 311, 312, 404, 409 which indicated that pending symptomatic residents occupied these rooms. DON highlighted these rooms when surveyor asked which residents were pending symptomatic residents. During an interview on [DATE] at 2:47 p.m., CNA A stated that she does not know which residents were pending COVID-19 test results. CNA A stated that positive residents and symptomatic residents were only on the isolation wing. During an interview on [DATE] at 3:03 p.m., CNA B stated positive residents were on the isolation wing, she doesn't work that wing because she has kids. CNA B stated she has no idea which residents were pending COVID-19 test results because they had not informed her of this information. Observation conducted on [DATE] at 3:05 p.m., revealed the AD in resident room [ROOM NUMBER] painting Resident #3's nails. Resident was not wearing a facemask. Further observations revealed no indication that this resident was on droplet-precaution as there were no sign on the door. During an interview on [DATE] at 3:37 p.m., LVN B stated that she was not sure which residents were pending COVID-19 test results. LVN B stated the DON has the list but she wasn't sure who was tested. When surveyor asked if LVN B had a copy of the list, she stated she was new. During an interview on [DATE] at 9:21 p.m., HK stated that she does not know which residents were pending COVID-19 test results. During an interview on [DATE] at 12:22p.m, LA stated that all residents who have positive or pending COVID-19 test result were on the isolation wing. He stated that there were no residents pending COVID-19 test results or symptomatic residents in other halls. During an interview on [DATE] at 12:30 p.m., AD stated that he knew which residents were pending COVID-19 test results because of the red sign by the resident's door but added that he would not be able to identify which of the two residents was pending and which was asymptomatic. During an interview on [DATE] at 12:34 p.m., MA stated that he was sent from a sister facility to assist. He stated that no one informed him of who or where the COVID-19 positive or pending COVID-19 test results residents were. During an interview conducted on [DATE] at 2:44 p.m., ICP stated that the DON communicates with staff regarding who was pending for COVID-19 and the DON communicates with staff when there is a change to the list. She stated that CNAs should know which residents were pending COVID-19 test results and added that it was important for staff to know to take precautions and to prevent the spread of [MEDICAL CONDITION]. Review of the facility COVID-19 Emergency plan interim infection prevention and Control Recommendation for patients with suspected or confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings Implement mechanism and policies that promote situation awareness for facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patient and facility plans for response 3. Review of the resident roster provided by the ADM on [DATE] revealed the total positive COVID-19 resident cases in the</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>facility was 3 (Resident #1, Resident#14, Resident #15) and 2 pending (Resident #21 and Resident #24). On [DATE], the ADM sent an e-mail to surveyor stating that the total positive COVID-19 resident cases was 38 with 22 of those positive COVID-19 cases in the facility and five of those having expired. Review of the facility 24 hour Report Resident Test Status dated [DATE] Version 28 reflected 44 positive COVID-19 residents in the facility. 14 COVID-19 positive residents have expired. Observation conducted on [DATE] at 1:30 p.m., revealed Resident #5 who was symptomatic and pending COVID-19 test results sharing a resident room with Resident # 19 who was asymptomatic and not tested for COVID-19. Review of Resident #5's laboratory results with a collection date of [DATE] reflected resident was positive for COVID-19. Review of Resident # 19's Respiratory Therapy notes dated [DATE], reflected Breath sounds clear. Denies SOB. No cough or congestion. Review of Resident #19's nursing notes dated [DATE] reflected, Notified RP regarding positive COVID results. Observation conducted on [DATE] at 2:00 p.m. reflected Resident # 11 who was symptomatic and pending COVID-19 test results sharing a resident room with Resident #17 who was asymptomatic and not tested for COVID-19. Review of progress note for Resident # 11 dated [DATE], reflected that resident had diarrhea. Review of Resident # 11 's laboratory results with a collection date of [DATE], reflected that resident was positive for COVID-19. Review of physician's progress notes for Resident # 17 dated [DATE], reflected that resident had cough, diarrhea and fever and was tested for COVID-19. Review of the face sheet for Resident # 17 dated [DATE] reflected a [DIAGNOSES REDACTED].#3 who was symptomatic and pending COVID-19 test results sharing a resident room with Resident # 22 who was asymptomatic and not tested for COVID-19. Review of a progress note for Resident #3 dated [DATE], reflected that resident had diarrhea. Review of progress note for Resident #3 dated [DATE], reflected that resident had elevated temperature of 99.7 F and poor appetite. Review of Cluster line list dated [DATE], reflected that Resident #3's collection date for COVID-19 test was [DATE] with an onset date of [DATE]. Review of NP's progress notes dated [DATE], reflected that Resident #3 tested positive on [DATE] and moved to the COVID-19 unit. Review of NP's progress notes for Resident # 22 dated [DATE], reflected that resident was positive for COVID-19, with an onset date of [DATE] presented symptoms of fever, diarrhea, myalgias. Review of NP's progress notes for Resident # 22 dated [DATE], reflected that resident was negative for COVID-19 on [DATE] and positive on [DATE]. Review of facility roster on [DATE] reflected 92 residents resided in the building. During an interview conducted on [DATE] at 1:08 p.m., when surveyor asked the DON which residents were pending COVID-19 test results and if he could provide a list, DON walked to his office, printed off a resident room roster dated [DATE] and brought back a resident roster with highlighted residents who were pending COVID-19 test results. DON stated residents showing signs and symptoms of the COVID-19 were tested but their roommates were not tested because they did not have COVID-19 symptoms. Review of the facility COVID-19 Emergency plan interim infection prevention and Control Recommendation for patients with suspected or confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings reflected Isolate symptomatic patients as soon as possible. Set up separate, well-ventilated triage areas, place patient with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (as possible) ADM was notified on [DATE] at 3:40 PM an Immediate Jeopardy situation had been identified due to the above failures. The IJ template was provided to ADM on [DATE] at 3:45 PM. The facility's first Plan of Removal (POR) was submitted by the ADM on [DATE] at 6:40 p.m. The following POR was accepted by the survey team on [DATE] at 8:11 p.m. Actions Taken/Plan included: DON / designee will reeducate facility staff regarding donning and doffing of PPE, expectations for COVID-19 wing and any resident on isolation/droplet precautions. Currently all residents who are symptomatic have been moved to the isolation wing or are already cohorted with another symptomatic resident in a room designated for droplet precaution isolation- these rooms are supplied with PPE and are noted/posted for staff . All staff working today will be reeducated and all staff oncoming reeducated prior to the start of their shift or via telephone prior to entering facility. The DON / designee will reeducate nursing staff to post See Nurse Prior to Entering Room signage on the doors to alert staff of residents that are on isolation precautions. If and when a resident becomes symptomatic, the resident will be re-assessed and treatment provided and noted in the medical record. Symptomatic resident(s) will be placed on droplet precaution isolation. Current staff and new staff will be made aware of residents on isolation precautions by hanging a sign of isolation needs on the residents door and a listing of Covid-positive and symptomatic/pending residents provided to the charge nurses via the 24 hour nurses report. DON/ designee will track Covid-positive residents and symptomatic/pending residents on the tracking log. Staff will be re-educated to communicate with charge nurse for residents becoming symptomatic/pending or positive Covid test result. on residents and to observe postings on residents' doors. PPE is readily available at resident rooms on isolation precautions. The survey team monitored the plan of removal from [DATE] through [DATE] as follows: Observations from [DATE] through [DATE] revealed compliance with wearing PPE appropriately, positive and pending resident for COVID-19 results were placed on isolation/droplet precautions, the 24hrs report was used for staff to identify pending and positive residents for COVID-19 test results, signs and PPE were available at resident rooms on isolation precautions Review of in-services conducted from [DATE] through [DATE] /2020 regarding putting on and removing, wearing the PPE appropriately, positive and pending resident for COVID-19 results were placed on isolation/droplet precautions, the 24hrs report use identify pending and positive residents for COVID-19 test results, signs and PPE were available at resident rooms on isolation precautions. In-services were appropriate and contained all necessary information for staff. Observations conducted on [DATE] reflected that pending residents are under droplet precautions, a sign was placed by the resident's door, PPE carts are available outside of the resident's room. Staff is wearing PPE before entering the residents room. Pending residents for COVID-19 test results and symptomatic were separated from not pending asymptomatic residents. Interview conducted on [DATE] at 4:40, RN stated that pending residents are under droplet precautions. She stated that she had to wear PPE before entering the resident room. She stated that the facility is providing every shift with a list of all the pending and positive resident for COVID-19. She stated that resident pending for COVID and asymptomatic were separated from asymptomatic and negative residents. Interview conducted on [DATE] at 4:48, ICP stated that every morning the list for positive and pending resident of COVID-19 results was updated and provided to the staff. She stated that in-services were provided to the staff about the 24 hrs. report. She stated that pending resident for COVID-19 test results are isolated and under droplet precaution. Observation conducted on [DATE] at 9:23 a.m. reflected ADON provided an in-service about the 24hrs report to the strike team. Interview with the CNA on [DATE] at 9:15am stated that there are copies available of the 24hrs report that reflected what resident is pending and positive.</p> <p>Observations conducted on [DATE] at 7:42 a.m. revealed staff wearing PPE before entering the resident's rooms. Observations conducted on [DATE] at between 3:41p.m. and 3:54 p.m. reflected facility staff removing the used biohazard bags and placing new ones. Observations conducted on [DATE] at between 7:00 a.m. and 7:00 p.m. revealed, the facility had the 24hrs report available with the list of the pending and positive COVID19 residents at the nurse station. During an interview conducted on [DATE] at 4:24 p.m. ADM stated that they are planning to open a second isolation hall in 400 to transfer the new positive residents. During an interview conducted on [DATE] at 6:17 p.m., DON stated that they had dedicated staff for both Isolation halls. Observations conducted on [DATE] between 4:14p.m to 6: 00p.m, revealed that all positive COVID-19 residents were moved to the new 400 isolation hall. During an interview conducted on [DATE] at 9:48a.m, HK stated that she used the 24hrs report sheet that carries with her to identify the resident who are positive and pending. She stated that she had in-services on how to wear PPE and that she needs to wear it when cleaning the resident's room. ADM was notified on [DATE] at 3:35 PM the Immediate Jeopardy was removed, and that the facility remained out of compliance at a severity of actual harm and a scope identified as widespread due to a need for ongoing monitoring.</p>		