

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER BRIDGECREST REHABILITATION SUITES		STREET ADDRESS, CITY, STATE, ZIP 14100 KARISSA COURT HOUSTON, TX 77049	
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>**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 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 4 of 6 staff (LVN A, LVN B, Dietary Aide A, and Dietary Aide B) reviewed for infection control. The facility did not screen all staff for symptoms of COVID-19 every day on entrance. This failure placed all 79 residents in the facility at risk of infection and death. Findings include: Record review of Resident #1's face sheet revealed he was [AGE] years old and was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. In an interview on 5/22/20 at 9:00 AM, Resident #1 said not all staff wore masks like they were supposed. He said he saw staff entering the building at different times of the day using multiple entry doors. He said the thought they entered the building through the entrance that was closest to where they parked. He said staff entering the building this way was what scared him the most. In an interview with the DON and Infection Preventionist RN on 5/22/20 at 10:13 AM, they said were expected to come into the facility using the back door closest to the nurses' station. Charge nurses were to take each other's temperature. The charge nurses were also supposed to take the other staff members' temperature and then document the results on to the sign in sheet. In an interview on 5/22/20 at 11:00 AM, Dietary Aide A stated that the Administrative Assistant sometimes went to the kitchen and screened the kitchen staff. She said this did not happen every day, but more like every other day. The Dietary Aide stated she usually entered the building through the side door, directly into the kitchen. In an interview on 5/22/20 at 11:05 AM, the Administrative Assistant stated she screened anyone that entered through the front door and all of them were supposed to fill out a questionnaire. She often screened the Dietary Manager or he was sometimes screened at the nurses' station. In an interview on 5/22/20 at 11:25 AM, Dietary Aide B stated dietary staff sometimes entered the building through the side door, directly into the kitchen. She stated that staff were expected to be screened for temperatures daily, but thought all staff were not checked daily. In an interview on 5/22/20 at 11:55 PM, the Dietary Manager stated all dietary staff were expected to get screened at the front desk prior to starting their shift. He also stated he had not seen any of his dietary aides enter the kitchen through the side door. In an interview with LVN A and the DON on 5/22/20 at 11:20 AM, LVN A stated she took her own temperature when she came to work and wrote it down on the sign-in sheet. The DON corrected her saying that she was to be screened by another nurse and that she was not permitted to screen herself. In an interview on 5/22/20 at 11:25 AM, LVN B stated she checked her own temperature if no one was around and documented it on the sign in-sheet. In an interview on 5/22/20 at 11:30 AM, the Housekeeping Manager stated that she filled out a questionnaire and took it to the nurses, who then checked and documented her temperature. In an interview on 5/22/20 at 12:15 PM, when asked for the official screening process for all staff in the building, the Administrator stated expectations are based on the COVID-19 Focused Survey for Nursing Homes. All staff were to be screened either at the front desk or at the nurses' station. She was not aware and did not know why some staff were working without getting screened when they had been trained that daily screening was required. Record review of a letter from the Administrator addressed to all staff, dated 3/30/20, read, Please be advised that all staff should enter the building through the little/second dining room and report to your Nurses' Station to have your temperature taken. We are required to have a system to monitor who is entering our building and ensure they are screened. Record review of the Health and Human Services Commission COVID-19 RESPONSE FOR NURSING FACILITIES version 2.9 dated 5/19/20 revealed, Actively screen anyone entering the building.</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.