

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER CRIMSON HEIGHTS HEALTH & WELLNESS		STREET ADDRESS, CITY, STATE, ZIP 19279 MCKAY DR. HUMBLE, TX 77338	
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 - Some	<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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment including the use of PPE and following CDC guidelines for COVID-19 for 10 of 10 residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) reviewed for infection control. -The facility failed to use appropriate PPE, including protective gowns, when providing care for newly admitted and readmitted residents. -The facility failed to have PPE set up outside of quarantined rooms for staff to don prior to entering the room. The rooms did not have signage on the door to indicate the residents were on quarantine. -The facility failed to monitor quarantined residents for signs and symptoms of COVID-19 every shift as recommended by the CDC. -The facility failed to quarantine five [MEDICAL TREATMENT] residents who left the facility multiple days per week for treatment. There was no PPE set up on the doorways for staff to don prior to entering the room. An Immediate Jeopardy (IJ) was identified on 5/29/20. While the IJ was removed on 6/3/20 the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy and a scope of pattern while they continued to monitor their plan of removal. These failures placed all residents in the facility at risk of contracting an infectious disease. Findings Include: Record review of the Admit/Discharge Report dated 5/29/20 revealed the following residents were on a 14-day quarantine: -New Admission: Resident #1 admitted on [DATE]. -Readmission: Resident #2 admitted on [DATE], Resident #3 admitted [DATE], Resident #4 admitted [DATE] Resident #5 admitted [DATE]. -[MEDICAL TREATMENT] residents on continuous quarantine Resident #6 Resident #7 Resident #8 Resident #9 Resident #10. Resident #1 Record review of Resident #1's face sheet revealed a [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #1's current MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. She needed extensive assistance of one staff for bed mobility, transfers, dressing, toilet use, and personal hygiene. Record review of Resident #1's care plan dated 5/21/20 read in part, . Problem: (Resident #1) is at risk for alteration in Psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . Approach: . provide preferred in room activities . Observation on 5/29/20 at 10:23 a.m. of Resident #1 in her room on 300 hall revealed she was in a single room and door was open to the hallway. There was no PPE set up or signage near her door that indicated she was on quarantine, and no hazard bins for trash or linen in the room. Resident #1 put on her call light for assistance for a brief change. RA A wearing a N-95 mask responded to the call light and entered Resident #1's room without donning a gown and donned gloves when she entered the room. After providing care, RA A exited Resident #1's room holding a clear trash bag containing the resident's dirty brief, gloves, and wipes and placed the trash in the 300 hall trash room. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, . HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection . Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Interview on 5/29/20 at 10:29 a.m. with RA A, she said she was not assigned to any hallway or resident but would assist with answering call lights throughout the entire facility. She said Resident #1 was not on quarantine or isolation and did not require any special PPE. She said if special PPE were needed, signage would be on the door. She said the [MEDICAL TREATMENT] residents were on quarantine on 100 hall. Observation on 5/29/20 at 2:25 p.m. of Resident #1 revealed she was in the therapy room on an exercise bike with two other residents present in the room. Resident #1 was not wearing a mask. Interview at the same time with the Physical Therapist, she said this was Resident #1's first day in the therapy room. She said therapy was previously done in Resident #1's room because she was on quarantine for 14 days. Resident #2 Record review of Resident #2's face sheet revealed a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #2's current MDS dated [DATE] revealed a staff assessment for mental status was completed and indicated the resident had a memory problem and modified independence for daily decision making. She needed extensive assistance for bed mobility, transfers, dressing, toilet use, and personal hygiene. Record review of Resident #2's care plan dated 5/21/20 read in part, . Problem: (Resident #2's) psycho-social well being is at risk r/t readmission quarantine due to COVID-19 . Approach: Monitor for psycho-social changes . Observation on 5/29/20 at 10:11 a.m. revealed Resident #2 in a single room on the 400 hall. There was no PPE set up near the doorway or biohazard bins in the room, and no signage indicating that the resident was on quarantine. Interview on 5/29/20 at 10:25 a.m. with RN A, she said no residents were on isolation and there were no isolation precautions in place. She said Resident #2 was on quarantine because she just returned from the hospital. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, . HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection . Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Resident #3 Record review of Resident #3's face sheet revealed a [AGE] year-old male admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #3's current MDS dated [DATE] revealed a staff assessment for mental status was completed, indicated the residents' memory was not impaired, and was modified independent for daily decision making. He needed extensive assistance for bed mobility, transfers, dressing, toilet use, and personal hygiene. Record review of Resident #3's care plan dated 5/21/20 read in part, . Problem: (Resident #3's) psycho-social well-being is at risk r/t readmission quarantine due to COVID-19 . Record review of Resident #3's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every MON-WED-FRI . start date 4/27/20 . Observation on 5/29/20 at 9:20 a.m. of Resident #3 sitting in a single room on the 500 hall. There was no PPE set up near his room or signs indicating the resident was on quarantine. CNA B wearing a N-95 mask walked in to Resident #3's room without a gown or gloves on to remove his breakfast tray. Resident #3's tray contained regular silverware, cups, plate, and plate cover and the tray was placed on a cart with the other resident's trays. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, . HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection . Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures . Interview on 5/29/20 at the same time with CNA B, she said Resident #3 was on quarantine because he was a [MEDICAL TREATMENT] resident. She said he leaves the facility on Tuesdays, Thursdays, and Saturdays. She said he received regular trays. Continued interview on 5/29/20 at 10:06 a.m. with CNA B, she said Resident #3 was the only resident on her hall (500 hall) on quarantine. She said the difference between quarantine and isolation was with isolation you must wear PPE. She said she did not have to use PPE when caring for quarantined residents. She said she had been trained on PPE. She said she removed linen for quarantined residents as normal and placed it with other resident's linens. The linen would be removed from the room and moved to soiled utility room. She said the quarantined trash was removed as normal. She said if a resident was on isolation, their linen would be placed in a</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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<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>red bag and their trash would be placed in a biohazard box. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, . HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection . Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Resident #4 Record review of Resident #4's face sheet revealed a [AGE] year-old male originally admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #4's current MDS dated [DATE] revealed a BIMS score of 6 out of 15 indicating severe cognitive impairment. He needed extensive assistance of one person for bed mobility, dressing, toilet use, and personal hygiene. Record review of Resident #4's care plan dated 4/24/20 read in part, . Problem: (Resident #4) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . Interview on 5/29/20 at 9:40 a.m. with Housekeeper A, she said she was not aware of any residents on isolation or quarantine and did not know who the [MEDICAL TREATMENT] residents were. She said if residents were on isolation or quarantine she would clean the rooms the same way. She said she was trained on appropriate use of PPE. She said she cleaned rooms and wiped rails around the building. She said she takes trash out frequently. Observation on 5/29/20 at 10:03 a.m. revealed Resident #4 was lying in bed in a single room on the 300 hall. The door was opened to the hallway. There was no PPE set up on the doorway or signage to indicate the resident was on quarantine. There were no hazard bins in the room to discard trash and linen. There was a glass of orange juice and a glass of tea in the resident's room. Housekeeper A entered the room wearing a N-95 mask and gloves and did not don a gown. She removed a clear trash bag from the trashcan, which contained gloves, and placed it in the housekeeping cart trash. Housekeeper A wiped down Resident #4's room door handles, bedside tray, bathroom, mopped and swept the room floor. Interview on 5/29/20 at 10:10 a.m. with Housekeeper A, as she placed the dirty mopping cloth in a clear bag which she said would go to the laundry room. Housekeeper A said she would take the trash from her cart out to the dumpster. She said after she cleaned Resident #4's room, she would go the next resident room to clean on 300 hall. She said she uses a new cloth in each room. She said she did not clean rooms in a certain order but would zig zag from room to room. She said if a resident was on quarantine there would be gown and gloves on the doorway. She said she had to use PPE if it was placed on the doorway. She said she cleaned the 100 hall first and then the 300 hall. She said she used the same broom on the resident rooms and had not sanitized the brushes. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) . Resident #5 Record review of Resident #5's face sheet revealed a [AGE] year-old male originally admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #5's current MDS dated [DATE] revealed the BIMS score and staff assessment for mental status were blank. He needed extensive assistance with bed mobility, dressing, and personal hygiene, and was totally dependent with eating and toilet use. Record review of Resident #5's care plan dated 5/21/20 read in part, . Problem: (Resident #5's) psycho-social well-being is at risk r/t readmission quarantine due to COVID-19 . Observation on 5/29/20 at 10:11 a.m. of Resident #5's in a single room on the 400 hall. There was no PPE set up near the doorway or biohazard bins in the room, and no signage indicating that the resident was on quarantine. Observation on 5/29/20 at 10:16 a.m. of RN A, she entered Resident #5's room wearing a N-95 mask and did not don a gown or gloves. Interview on 5/29/20 at 10:25 a.m. with RN A, she said no residents were on isolation and there were no isolation precautions in place. She said Resident #5 was on quarantine because he just returned from the hospital. She said PPE was not required when entering quarantined residents' rooms. She said at this time all staff wore masks while in the facility. She said the quarantined residents could not leave their rooms and she monitored them for symptoms of COVID-19. She had been trained on PPE and was assigned to work the entire 400 hall. Resident #6 Record review of Resident #6's face sheet revealed a [AGE] year-old male admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #6's current MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. He needed supervision of one staff for bed mobility and limited assistance with one staff for dressing. Record review of Resident #6's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every TUE, THUR, SAT . start date 1/26/20 . Observation on 5/29/20 at 10:44 a.m. of Resident #6's in a single room on the 100 hall. The door was open and there was no PPE set up on the doorway or signage indicating the resident was on quarantine, and there were no biohazard bags in the bathroom or room. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Resident #7 Record review of Resident #7's face sheet revealed a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #7's current MDS dated [DATE] revealed a BIMS score of 10 out of 15 indicating moderate cognitive impairment. She needed supervision of one staff for bed mobility, transfers, eating, and toilet use; and limited assistance of one staff for dressing. Record review of Resident #7's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every MON-WED-FRI . start date 7/28/19 . Record review of Resident #7's care plan dated 5/12/20 read in part, . Problem (Resident #7) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . Observation on 5/29/20 at 9:59 a.m. of Resident #7's in a single room on the 100 hall. There was no PPE set up on the doorway or sign that the resident was on quarantine, and there were no biohazard bags in the bathroom or room. Resident #8 Record review of Resident #8's face sheet revealed a [AGE] year-old female admitted on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #8's current MDS dated [DATE] revealed a BIMS score of 10 out of 15 indicating moderate cognitive impairment. She needed extensive assistance of one staff for bed mobility, dressing, and personal hygiene; and was totally dependent on one staff for toilet use. Record review of Resident #8's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every TUE, THUR, SAT . start date 4/24/20 . Record review of Resident #8's care plan read in part, . Problem: (Resident #8) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . Observation on 5/29/20 at 10:40 a.m. of Resident #8 who was lying in bed in a single room on the 100 hall. The door was open to the hallway with no PPE set up on the doorway or signage indicating the resident was on quarantine. There were no biohazard bags in the bathroom or room. Resident #9 Record review of Resident #9's face sheet revealed a [AGE] year-old male admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #9's most current MDS assessment dated [DATE] revealed a BIMS score of 14 out of 15 indicating intact cognition. He needed extensive assistance of one staff for bed mobility, transfers, dressing, toilet use, personal hygiene, and supervision of one staff for eating. Record review of Resident #9's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every TUE, THUR, SAT . start date 7/28/19 . Record review of Resident #9's care plan dated 3/12/20 read in part, . Problem: (Resident #9) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan Record review of Resident #10's care plan dated 5/14/20 read in part, . Problem: (Resident #10) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . . Observation on 5/29/20 at 10:11 a.m. of Resident #9's in a single room on the 400 hall. There was no PPE set up near the doorway or biohazard bins in the room, and there was no signage indicating the resident was on quarantine. Resident #10 Record review of Resident #10's face sheet revealed a [AGE] year-old male admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #10's current MDS dated [DATE] revealed a BIMS score of 6 out of 15 indicating severe cognitive impairment. He needed extensive help of one staff for bed mobility, dressing, personal hygiene, and was totally dependent on one staff for transfers. Record review of Resident #10's Physician order [REDACTED]. HD ([MEDICAL TREATMENT]) . every T, TH, Saturday . start date 2/1/20 . Record review of Resident #10's care plan dated 5/14/20 read in part, . Problem: (Resident #10) is at risk for alteration in psychosocial well-being related to restriction on visitation and group activities due to the COVID-19 prevention and response plan . Observation on 5/29/20 at 10:00 a.m. of Resident #10's room on the 500 hall. There was no PPE set up on the doorway or no signs indicating the resident was on quarantine. There were no biohazard bins in the room for linen or trash. Interview on 5/29/20 at 10:06 a.m. with CNA B, she said Resident #10 was on quarantine because he went to [MEDICAL TREATMENT]. Interview on 5/29/20 at 11:30 a.m. with LVN A, she said she was working with all residents (Quarantined and non quarantined) on the 100, 300, and 500 halls. She said no resident under her care was on isolation. She said the quarantined residents under her care were Residents #1, #3, #4, #6, #8, and #10. She said residents who were new admissions, readmissions, or went to [MEDICAL TREATMENT] were on quarantine. She said the residents on quarantine did not require any special precautions when</p>
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>providing care, only to wear a mask and perform hand hygiene. She said protective gowns were not required because the residents were not on isolation. She said the quarantined residents were provided with masks. She said the residents on quarantine did not use Styrofoam plates nor did they have biohazard bins in their rooms. She said all resident vitals were conducted once a day. Interview on 5/29/20 at 11:42 a.m. with the Dietary Director, she said disposable dishware was not in use because no resident was on isolation or quarantine. She said disposable dishware was on hand if needed. She said the DON would inform her if a resident required disposable dishware. Interview on 5/29/20 at 12:05 p.m. with the DON, she said new admission and readmission residents were on quarantine for 14 days. She said [MEDICAL TREATMENT] residents were on continuous quarantine and were provided a N-95 mask when leaving their room or the facility. She said quarantined residents were at higher risk for being around someone who could be positive for COVID-19. She said new residents who had a negative COVID-19 result had to quarantine for 14 days because they could have been exposed from the date of the test to the day they entered the facility. She said it was O.K. that quarantined residents were spread throughout the facility on the 100, 300, 400, and 500 halls because they were in single rooms. The quarantined residents were placed in a single room and monitored by staff once a day for vitals, temperature, signs and symptoms of COVID-19, coughing, and sweats. She said her policy did not say temperatures had to be taken every shift. She said staff were expected to wear N-95 masks and gloves and follow handwashing when providing care for quarantined residents. She said staff were not required to wear gowns in quarantined rooms because the resident was not on isolation and it would be wasted use of PPE. She said the quarantined residents were not symptomatic of COVID-19 and there were no positive cases in the facility. She said gowns would provide protection for clothes, but clothes should be washed every day. She said any resident was potentially positive for COVID-19 and the residents at higher risk (new admissions, readmissions, and [MEDICAL TREATMENT]) were not treated different from the residents who do not leave the facility. She said [MEDICAL TREATMENT] residents were not more at risk than anyone else for COVID-19. She said the [MEDICAL TREATMENT] residents were alert and could tell staff if they felt different. She said staff were expected to notify the nurse if a quarantined resident developed a fever, chills, or headache. If symptomatic, the staff would don full protective equipment, notify MD, isolate the resident, set up isolation bins, and act like the resident is positive for COVID-19. She said nursing staff were working in the same general areas and Medication and Restorative aides worked with all the residents. She said the facility used regular dishware with quarantined residents because the heat used to clean dishes should kill any virus. She said there was no special precautions for quarantined resident's trash or linen. Linen was washed as normal because the hot water should kill the infection. She said there were no special precautions with the way housekeeping cleaned the quarantined resident's rooms. She said if the facility had a positive COVID-19 case, designated staff would work with the resident. Interview on 5/29/20 at 12:38 p.m. with the Administrator, he said new admissions and hospital readmissions were placed on a 14-day quarantine, and [MEDICAL TREATMENT] residents stayed on quarantine. He said the residents were quarantined because they had gone out of the facility. He said</p> <p>they would be treated as potentially positive for COVID-19 but were not a true positive. He said new admissions were placed on the 100 or 300 hall in a private rooms. Residents who returned from the hospital remained in their previous room if they did not have roommate. If they had a roommate, the readmitted resident would be moved to a new room. He said [MEDICAL TREATMENT] residents were also in a private rooms. He said he informed new admission and readmission residents that they would be on a 14-day quarantine, provided them with a N-95 mask, and encouraged them to stay in their rooms. He said if residents were seen out of their room they would be redirected to their room. He said staff wore gloves and a N-95 mask when providing care for quarantined residents. He said staff did not wear gowns in quarantined residents' rooms because it was not required per their quarantine policy. He said quarantined residents' linen and trash were maintained the same as other residents. Quarantined residents' linen would be washed with non-quarantined residents' linen. He said paper plates were not used for quarantined residents because they were not on isolation and it could be considered a dignity issue. He said vitals and signs and symptoms for COVID-19 were checked daily according to their policy. He said if a resident became symptomatic for COVID-19 or had a positive test he would place them on isolation on the 200 hall. Residents on isolation would require gowns and designated staff would be assigned at that time. The Administrator said COVID-19 could spread without symptoms. He said if staff were required to wear gowns when caring for residents on quarantine, all staff would have to wear full PPE on every resident because everyone (residents and staff) were considered at risk for COVID-19. He said he stayed up to date with the Nursing Facility State Response Plan and CDC guidance. He said as of 5/29/20, all 61 residents were tested for COVID-19. He said the results were 59 tested residents were negative and two residents were retested on [DATE] because their previous test was rejected. He said approximately 84 staff were tested and the results were negative. Interview on 5/21/20 at 12:58 p.m. with LVN G, she said all resident temperatures and vitals were taken once a day. She said she was told everybody needed a temperature once a day. She said she had not been told to take temperatures every shift. Continued interview at 1:15 p.m. with the Administrator, he said the facility had an adequate supply of PPE including N-95 masks, gowns, and gloves. The Administrator said the residents were not symptomatic for COVID-19 and everyone was at risk for COVID-19. He said staff did wear an N-95 mask and gloves. Interview on 5/21/20 at 2:15 with the Administrator, he reviewed the HHS COVID 19 Response Plan for Nursing Homes and said technically everyone had unknown COVID-19 status. Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures . Record review of Preparing for COVID-19 in Nursing Homes www.cdc.gov dated May 19, 2020 read in part, . Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown . Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area, so the resident can be monitored for evidence of COVID-19. HCP should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected . Record review of the facility's Accepting and Transferring Patients/Residents policy with no date read in part, . New and Returning patients/residents that tested negative during a recent acute care stay, can be transferred to a long-term care facility after discharge from the hospital. The following must be implemented: 1. The patients/resident should be placed on a 14-day quarantine on admission from the hospital. 2. Transmission Based Precautions (TBP) for at least 7 days from the date of the negative COVID-19 test. OR 3. Or at least three (3) days have passed since the resident has had a fever without the use of fever reducing medications and does not exhibit any signs of respiratory symptoms . Patients/Residents with No Clinical Concerns for COVID-19 . 1. The patient/resident should be placed on a 14-day quarantine on admission from the hospital 2. Based on the facilities status (respiratory illness present) The resident screening tool should be completed daily for non-respiratory illness facilities, and twice a day for facilities with respiratory illness-on all patients/residents .Things to Remember: 1. Patients/residents on therapy must have therapy completed in their room if they are on isolation and/or quarantine . Record review of the facility's Infection Prevention and Control Policies and Procedures: policy dated 11/27/17 read in part, . Subject: isolation /precautions including standard/universal precautions . 3. Transmission-based isolation . B. Three types of Transmission-Based Precautions 1. Airborne isolation 2. Droplet isolation. 3. Contact Isolation C. Used in addition to Standard Precautions, when needed . 4. Rationale for Transmission-Based Isolation: . B. Source: 1. Human sources of infecting microorganisms may be patients/residents, personnel, or visitors. 2. May include: . b. persons in the incubation period of a disease . Record review of the facility's Coronavirus Disease 2019 (COVID-19) Pandemic Prevention and Response Plan revised 4/15/2020 read in part, . Infection Preventionist . 3. Monitors CDC recommendations for pandemic prevention and response communicating pertinent information to key committee members . Record review of Harris County Public Health Department https://publichealth.harriscountytexas.gov/Resources/2019-Novel-Coronavirus revealed from 5/21/20 to 6/3/20 there were a total of 1,366 new cases in Harris County. These failures resulted in an Immediate Jeopardy (IJ). The Administrator was notified of the IJ on 5/29/20 at 4:44 p.m. and a plan of removal (POR) was requested at that time. The IJ template was left with the Administrator. After one revision, the Plan of Removal (POR) was accepted on 6/1/20 at 11:27 a.m. The Plan of Removal read: 100 Hall will be the designated section of the facility for residents who have admitted or readmitted to the facility within the past 14 days and residents receiving [MEDICAL TREATMENT] treatment outside the facility. These residents will be in droplet isolation, to include the use of full personal protective equipment (PPE). This was completed on 5/29/20. At this time there are 5 newly admitted or readmitted residents and 5 residents receiving [MEDICAL TREATMENT] outside the facility. Re</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER CRIMSON HEIGHTS HEALTH & WELLNESS		STREET ADDRESS, CITY, STATE, ZIP 19279 MCKAY DR. HUMBLE, TX 77338	
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)		
<p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Some</p>	(continued... from page 3)		