

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455533	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER WINDCREST NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 8800 FOURWINDS DR SAN ANTONIO, TX 78239	
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 - Potential for minimal harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed maintain an infection control policy and procedure designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission and disease and infection for 3 (DON, LEA, and HK) of 14 staff, observed for the facility reviewed for COVID-19 in that: The facility staff did not wear PPE (N95 Particulate Respirator) correctly when working in the facility. This deficient practice placed residents at risk for contracting COVID-19 and other infections, decline in health status and death. The findings were: Observation on 8/31/20 at 3:15 PM in the DON's office, revealed HK to have a cloth mask on secured behind each ear and over her mouth and nose, underneath an N95 Particulate Respirator mask. The N95 Particulate Respirator mask had the bottom strap hanging down loosely in front of her neck. In an interview on 8/31/20 at 3:15 PM HK confirmed she wore a cloth mask under her N95 Particulate Respirator and confirmed she was supposed to have the bottom strap secured around the back of her neck, but she took it off because she was getting off from work. HK confirmed her mask was not on properly. Observation on 8/31/20 at 3: 19 PM revealed the DON entered her office from the hallway, wore a cloth mask secured around both ears and over her face with an N95 Particulate Respirator mask over the cloth mask. In an interview on 8/31/20 at 3:20 PM, the DON stated she placed a cloth mask underneath her N95 Particulate Respirator to create a better seal. The DON confirmed the N95 Particulate Respirator mask manufacturer's instructions read N-Never substitute, modify, add, or omit parts. Observation on 8/31/20 at 3:34 PM revealed the LEA wore a surgical mask around both ears and across his face underneath an N95 Particulate Respirator. In an interview on 8/31/20 at 3:35 PM, the LEA confirmed he had a surgical mask on under the N95 Particulate Respirator, stated he did not know he was not supposed to have another mask underneath the Brand N95 Particulate Respirator. In an interview on 8/31/20 at 4:18 PM, the DON revealed there was no specific policy or training on not substituting, modifying, adding or omitting parts to the facility Brand N95 Particulate Respirators. Record review of the facility's training/in-service records dated 8/26/20 revealed staff were trained on how to put a Respirator on and take it off. The training document read, Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator. Record review of the facility's training/in-service records dated 8/26/20 revealed the DON signed as attended training on how to put on a Respirator and take it off on 8/27/20. Record review of the facility's training/in-service records dated 8/26/20 revealed the LEA signed as attended training on how to put on a Respirator and take it off on 8/27/20. In an interview on 8/31/20 at 4:38 PM HSG District Training Manager, a contracted employee, revealed the housekeeping staff were not trained to place another mask underneath their Brand N95 Particulate Respirators and the expectation was not to add anything between the face and the Brand N95 Particulate Respirator. In an interview at 4:45 PM the Administrator confirmed the facility supplied Brand N95 Particulate Respirator mask manufacturer's instructions read N-Never substitute, modify, add, or omit parts. Review of the Brand N-95 container instructions revealed 1. Unfold the mask and hold it with both hands, with the metallic strip facing up .2. Place elastic bands around the neck and head respectively. Put the mask against your face covering both nose and mouth .3. Adjust the metallic strip cover bridge of the nose using two fingers to press down until achieving a close fit .4. Perform a fit check according to instructions .Fit Check .1. Place both hands over mask .2. Take a deep breath and hold your breath for a few seconds, making sure the mask collapses inward as you inhale .3. Then exhale and hold your breath for a few seconds, making sure the mask bulges outward as you exhale .4. If air leaks, reposition the mask, tighten the metallic strip and reposition the elastic bands for a better fit. Follow steps 1-3 again until a tight seal has been achieved .5. Masks that have passed the fit check are now safe to use. Review of the Brand N-95 container instructions under 2. Cautions and Limitations revealed N-Never substitute, modify, add, or omit parts. Review of the Brand N-95 container instructions under warnings revealed 2. Improper use may lead to illness and even death. Review of the Facility's policy Personal Protective Equipment- Using Face Masks dated 9/2020 revealed no specific guidance on not substituting, modifying, adding, or omitting parts to the masks.</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.