

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455724</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EDGEWATER CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1213 WATER ST KERRVILLE, TX 78028</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to 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 1 of 1 facilities reviewed and 4 of 4 residents (#1, #2, #3 and #4) reviewed for reuse of N95 Face Filtering Respirators (FFR), in that: The facility issued each employee one N95 FFR and instructed the staff to wear the N95 FFR for five daily work shifts, without rotation, and while the facility was not in crisis mode, per the CDC guidelines. This deficient practice could affect residents by placing them at risk of severe illness or death by transmitting and contracting COVID-19 and/or other communicable disease and infections. The findings: Observation on 8/25/2020 at 8:40 AM of the facility's Personal Protection Equipment (PPE) donning area, located in the foyer entrance, revealed 2 chests atop a table. The chests were labeled A-M and M-Z. The chests contained paper bags labeled with employee names and contained used N95 FFR's. Further observation revealed a third chest labeled return, the return chest revealed it contained brown paper bags labeled with employee's names containing used N95 FFR's. Observation on 8/25/2020 at 10:38 AM of CNA (Certified Nurse Aide) A revealed she wore a N95 FFR. Observation made while CNA A was in the hallway. Interview on 8/25/2020 at 10:39 AM with CNA A confirmed she wore a N95 FFR and revealed that 08/25/20 was the 4th day she wore the N95 FFR. Further interview confirmed she was instructed by the facility to don the N95 FFR at the beginning of her shift and doff it at the end of her shift for no more than 5 daily shifts, where upon she would receive a new N95 FFR. CNA A confirmed she retrieved her N95 FFR from the chest at the facility's entrance, stating there is a paper bag with my name on it that contains the mask I wore the day before. CNA A confirmed she doffs her N95 FFR into a paper bag labeled with her name and places the paper bag into the chest labeled Returns. Observation on 8/25/2020 at 10:45 AM of LVN (Licensed Vocational Nurse) B revealed she wore a N95 FFR. Observation made while LVN B was in the hallway. Interview on 8/25/2020 at 10:46 AM with LVN B confirmed she wore a N95 FFR and 8/25/2020 was the 2nd day she wore the N95 FFR. Further interview confirmed she was instructed by the facility to don the N95 FFR at the beginning of her shift and doff it at the end of her shift for no more than 5 daily shifts. LVN B confirmed she doffs her used N95 FFR into a paper bag, labeled with her name, and places it into the chest at the entrance of the facility labeled Returns, at the end of her daily shift. Further interview with LVN B confirms the facility decontaminates the FFR with Ultraviolet (UV), light prior to replacing the N95 FFR into the chests atop of the table at the facility's entrance. Observation of the Director of Nursing (DON) on 8/25/2020 at 11:05 AM revealed she wore a N95 FFR. Observation made while DON was in the office. Interview on 8/25/2020 at 11:06 AM with the DON confirmed the facility utilizes a Personal Protective Equipment (PPE) burn calculator (a method of calculating PPE usage vs PPE resupply). The DON confirmed the facility is not in Crisis status for PPE and has more than a 1-month supply of N95 FFR's. The DON confirmed the facility's reuse of N95 FFR's policy is to issue each employee 1 N95 FFR per 5 daily work shifts. Each employee is to wear the same N95 for the duration of their shift while performing care services for the residents and at the end of their daily work shift the employee doffs their used N95 FFR into a paper bag labeled with their name, into the chest labeled Returns. The N95 FFR's will then be decontaminated with a UV light and replaced into the paper bag and returned into the chest storing the employees decontaminated N95 FFR's. The employee upon their next daily work shift retrieves and dons the same N95 FFR and proceeds to work their daily shift. Upon the 5th day of N95 FFR reuse the employee discards the FFR and receives a new N95 FFR for their next set of 5 daily shifts. Surveyor asked the DON about the manufacture instructions regarding the disinfecting procedures and how the disinfecting occurs. The DON said, it varies, there is not one person assigned to that task. DON further revealed that each employee was responsible for discarding their own mask after the 5th day. Observation on 8/25/2020 at 1:10 PM of MA (Medication Aide) C revealed she wore a N95 FFR. Observation made while MA C was in the hallway. Interview on 8/25/2020 at 1:11 PM with MA C confirmed she wore a N95 FFR which she reuses for no more than 5 days whereupon she receives a new N95 FFR from the facility. Further interview confirmed she was instructed by the facility to don the N95 FFR at the beginning of her shift and doff it at the end of her shift for no more than 5 daily shifts. MA C confirmed she doffs her used N95 FFR into a paper bag, labeled with her name, and places it into the chest at the entrance of the facility labeled Returns, at the end of her daily shift. MA C states she wears the same N95 always during her shift and while performing her duties as a MA. MA C confirmed she administered medications on 8/25/2020 to Residents #1, #2, #3 and #4. Observation on 8/25/2020 at 4:00 PM of the Administrator revealed she wore a N95 FFR. Observation made while Administrator was in the office. Interview on 8/25/2020 at 4:00 PM with the Administrator confirmed the facility utilizes a Personal Protective Equipment (PPE) burn calculator and the facility is not in Crisis status for PPE, per the CDC guidelines. Further interview confirmed the facility has more than a 1-month supply of N95 FFR's. The Administrator confirmed the facility's policy for reuse and decontamination of N95 FFR's is to issue each staff member a N95 FFR to wear for their daily work shift and reuse the same FFR for 5 continuous daily work shifts whereupon the 5th reuse of the N95 FFR the FFR is to be discarded and a new N95 FFR will be issued. Record review of the facility' policy for N95 FFR's dated August 2020, titled N95 P &amp; P revealed Conserving N95 Mask Reuse refers to the practice of using the same N95 mask for multiple encounters with residents removing it after each encounter. Further evidence revealed that the facility policy did not define CDC guidelines of crisis, contingency and conventional modes for PPE criteria. Record review of Resident #1's admission record, dated 8/25/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #2's admission record, dated 8/25/2020, revealed an admitted [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #3's admission record, dated 8/25/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #4's admission record, dated 8/25/2020, revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Record review of the CDC's website, accessed 8/20/2020, revealed a webpage titled Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators which read N95 FFRs are meant to be disposed after each use. CDC developed contingency and crisis strategies to help healthcare facilities conserve their supplies in the face of shortages. When the availability of N95 FFRs become limited due to an expected shortage, supplies first should be conserved using contingency strategies. Further review of the CDC website revealed Contingency Strategies, with extended use, N95 FFRs are worn for a prolonged period, for multiple patient contacts, before being removed and discarded (unless conventional strategies in which an N95 FFR is used for one patient contact then discarded). And Crisis Capacity Strategies, with limited reuse, an N95 FFRs is donned for one patient contact, then doffed and stored before being used for another patient contact for a limited number of donnings. The same CDC webpage revealed A limited reuse strategy to reduce the risk of self-contamination, one strategy to reduce the risk of contact transfer of pathogens from the FFR to the wearer during FFR reuse is to issue five N95 FFRs to each healthcare staff member who care for patients with suspected or confirmed COVID-19. The healthcare staff member can wear one N95 FFR each day and store it in a breathable paper bag at the end of each shift with a minimum of five days between each N95 FFR use, rotating the use each day between N95 FFRs. This will provide some time for pathogens on it to die off during storage (8). This strategy requires a minimum of five N95 FFRs per staff member,</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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>provided that healthcare personnel don, doff, and store them properly each day. Observation with the Administrator on 8/25/20 at 4:05 p.m. the CDC guidelines for N95 FFR re-usage. Interview during observation with the Administrator revealed that she acknowledged deficient practice per the CDC guidelines and would change the policy regarding N95 FFR to a rotation.</p>		