

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE OAKS AT RADFORD HILLS HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>725 MEDICAL DR ABILENE, TX 79601</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 - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>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 3 of 6 residents (#1, #3 and #5) observed for infection control and COVID-19 as evidence by: Non-essential visitors were allowed into facility to pick up clothing, question staff and perform admission paperwork. An Immediate Jeopardy (IJ) was identified on 05/13/20. While the IJ was lowered on 05/15/20, the facility remained out of compliance at a no actual harm with the potential for more than minimal of harm that is not immediate jeopardy and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal. This failure could place the resident, staff and other residents at unnecessary risk for transmission of infection, COVID-19 and death. The Findings included: Record review of resident #1's Face Sheet on 5/14/20 revealed she was an [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's MDS (Minimum Data Sheet) assessment, dated 2/22/20, indicated the resident's BIMS (Brief Interview for Mental Status) score was 99 indicating unable to complete interview. Resident #1 had moderate difficulty with hearing and sometimes made self-understood. Resident #1 required extensive assistance of one to two-person physical assistance and was frequently incontinent of bladder and bowel. Review of Resident #1's Care Plan updated 1/9/2020 indicated: Resident #1 was at risk for COVID-19 virus related to compromised co-morbidities and increased risk of social isolation due to social distancing precautions. Resident #1 had bladder incontinence related to [CONDITION] and was at risk for pressure ulcers. In an interview on 5/13/20 at 2:13 p.m. Resident #1's family member stated that on 5/7/20 she was allowed to enter facility and entered Resident #1 bedroom to pick up clothing (after Resident #1 was transported to emergency room ) with Resident #1's roommate being in room at the time she entered room. Stated she was allowed to enter facility and enter dining room to question staff about Resident #1's fall that occurred on 5/7/20. Stated that on 5/10/20 she was allowed to visit with Resident #1 outside of facility. Stated that staff took the Resident #1 outside to meet with her and stated that Resident #1 was not wearing a mask. Family member stated that she exited her vehicle and was allowed to be close to Resident #1, due to the Resident #1 being hard of hearing. Family member stated she was not wearing a mask during this visit. In an interview on 5/13/20 at 6:10 p.m. Administrator stated that he was not aware of Resident #1's family member entering facility on 5/7/20 to pick up clothing. Administrator stated on 5/8/20 Resident #1's family member arrived at facility and was upset about fall that occurred on 5/7/20 and wanted to speak with staff present at time of incident. Stated that staff were gathered in dining room with family member to question staff. Administrator stated that Resident #1's family member was screened when she entered facility and was made to don mask and gown before going into dining room. Administrator stated that Resident #1's family member was not screened on 5/10/20 when family member met with Resident #1 outside because family members were not to exit their vehicles during visit (social distancing of 6 feet). In an interview on 5/14/20 at 9:30 a.m. DON stated that Resident #1's daughter arrived at facility on 5/8/20 and wanted to question staff that were present at time of fall on 5/7/20. Stated that administrator instructed her to have staff on duty (on date of incident) to gather in dining room for questioning by family member. In an interview on 5/14/20 at 9:41 a.m. RN #1 stated she was present in dining room when Resident #1's family member came in to question staff on 5/8/20 with 6 staff members involved. Stated that all staff and family member were wearing masks and there was 6 feet social distancing at time of interview. RN #1 stated she does not recall any residents being present in dining room at time of meeting. In an interview on 5/14/20 at 10:10 a.m. CNA #1 stated she was not working on 5/7/20 when Resident #1 had a fall but was in dining room when Resident #1's family member came in to question staff on 5/8/20. In an interview on 5/14/20 at 12:07 p.m. CNA #2 stated she was present in dining room when Resident #1's family member came in to question staff on 5/8/20. In an interview on 5/14/20 at 1:17 p.m. CNA #3 stated she was present in dining room when Resident #1's family member came in to question staff on 5/8/20. Review of Resident #1's Nurse's Notes, documented on 5/10/20, indicated that RN #2 had documented. Family members of resident came to visit for Mother's Day. It was planned that resident and family would maintain 'social distancing' during the visit to protect the resident and other residents. Resident #1 relatives were verbally abusive and profane to the CNA who had wheeled Resident #1 out, stating 'they didn't care about the rules.' They would 'do what they wanted'. It was okayed by the Administrator that they visit without masks or social distancing. In an interview on 5/14/20 at 1:54 p.m. RN #2 stated on 5/10/20 CNA #4 had informed her that Resident #1's family were visiting without a mask or social distancing and had informed her that she spoke with administrator who okayed visit without restrictions. Stated she wanted to have this documented if a positive COVID-19 result occurred. In an interview on 5/14/20 at 2:47 p.m. Administrator stated he did not okay visit with family and Resident #1 to occur without mask or social distancing. In an interview on 5/15/20 at 12:49 p.m. CNA #4 stated that on 5/10/20 Resident #1's family arrived at facility to visit for Mother's Day. Stated that when Resident #1 was transported outside the facility stated they were not going to stay in their vehicle during visit because Resident #1 was hard of hearing. CNA #4 stated she informed administrator that family stated they were not visiting Resident #1 from the vehicle and that the family member did not have a mask for visit. CNA #4 stated that administrator informed her that family could visit without mask or social distancing. CNA #4 stated she informed Resident #1's RN (on duty) of decision of administrator on visit (mask and social distancing). CNA #4 stated that Resident #1 had mask donned during visit. Record review of facility Staff and Visitor Coronavirus Disease Symptom Monitoring Log, dated 5/6/20 to 5/13/20, revealed Resident #1's family member signed in on 5/7/20 at 10:30 a.m. and signed in on 5/8/20 at 3:10 p.m. Record review of Resident #1's Nurse's Notes, dated 5/6/20 to 5/14/20, did not indicate family member entering facility on 5/7/20 or 5/8/20. Record review of Incident Report for Resident #1's fall on 5/7/20 did not indicate family member entering facility on 5/7/20 or 5/8/20. Record review of resident #3's Face Sheet, dated 5/08/20, indicated he was a [AGE] year-old male admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #3's MDS assessment, dated 5/15/20, indicated the resident's BIMS score was 01 indicating severely cognitively impaired. Resident #3 had no difficulty with hearing and rarely made self-understood. Resident #3 required extensive assistance of one to two-person physical assistance and was frequently incontinent of bladder and bowel. Review of Resident #3's Care Plan, dated 5/9/2020 indicated: Resident #3 was at risk for COVID-19 virus related to compromised co-morbidities and increased risk of social isolation due to social distancing precautions. Resident #3 had bladder incontinence with indwelling catheter. Record review of facility Staff and Visitor Coronavirus Disease Symptom Monitoring Log, dated 5/6/20 to 5/13/20, revealed Resident #3's wife signed in on 5/9/20 at 9:17 a.m. and Resident #3's daughter signed in on 5/9/20 at 12:30 p.m. Then on 5/11/20 Resident #3's daughter and son-in-law signed in at 2:03 p.m. Record review of resident #5's Face Sheet, dated 5/09/20, indicated she was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of Resident #5's MDS assessment, dated 5/16/20, indicated the resident's BIMS score was 05 indicating moderate cognitive impairment. Resident #5 had unclear speech and sometimes made self-understood. Resident #5 required extensive assistance of one to two-person physical assistance and was frequently incontinent of bladder and bowel. Review of Resident #5's Care Plan updated 1/9/2020</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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>revealed: Resident #5 was at risk for COVID-19 virus related to compromised co-morbidities and increased risk of social isolation due to social distancing precautions. Resident #5 had bladder incontinence with indwelling catheter, had pressure ulcer's present and was taking antibiotics for Urinary tract infection at time of admission. Record review of facility Staff and Visitor Coronavirus Disease Symptom Monitoring Log, dated 5/6/20 to 5/13/20, revealed Resident #5's son signed in on 5/9/20 at 8:25 p.m. and 5/11/20 at 12:30 p.m. In an interview on 5/15/20 at 2:13 p.m. Social Worker stated that she met with Resident # 3's daughter and son in law in her facility office (with family member's screened at front door and required to don masks and gowns) to discuss Resident #3's financial issues. Stated that she had not met with any other family members within the facility since lockdown for COVID-19. Social worker stated that she was not aware of who allowed family members into facility. Stated that the family members showed up at her office. Stated that she was not aware that family members were not allowed to enter facility for admission issues until recent in-service on 5/11/20 held by administrator and DON that informed staff that no non-essential visitors are to enter facility. In an interview on 5/14/20 at 2:44 p.m. Admission Manager stated that she had met with Resident #3's wife and daughter on 5/9/20 at different times to discuss admission paperwork. Stated that she met with Resident #5's son on 5/11/20 to discuss admission paperwork. Stated that she would contact family members at time of admission to set up meeting for admission paperwork. Stated that the staff checking in family at the front door would bring visitors to her office when they entered facility. Stated that she was not aware that family members were not allowed to enter facility for admission issues until recent in-service on 5/11/20 held by administrator and DON that informed that no non-essential visitors are to enter facility. In an interview on 5/15/20 at 3:11 p.m. Hospitality Aide stated that when visitors came to front door she would ask the nature of their visit and if they stated they were at facility to meet with the admission manager she would contact manager prior to admitting visitor into facility. Stated that either the admission manager would come to the front door or would ask hospitality aide to escort visitor to her office (after visitors are screened and mask/gowns donned). Stated that she works the front door (screening staff and visitors) part time and works on the floor as hospitality aide part time. Stated that during her time performing screenings (since mid-March 20) she remembers two family visitors entering facility to meet with admission manager. In an interview on 5/15/20 at 3:52 p.m. Administrator stated that he was not aware of family members entering facility to perform admission paperwork and/or discuss financial issues. Administrator stated that the facility does not have a corporate/facility COVID-19 policy and stated that he was informed by facility corporate office to use Texas Health and Human Services, COVID 19 RESPONSE FOR NURSING FACILITIES along with all guidance information sent by FDA/CDC/CMS (Quality and Safety Oversight Group Memorandums) and HHSC as facility policy. Stated that at present time facility was using Version 2.7 but was aware that an updated version (2.8) was released earlier today and had not updated version in COVID-19 binder. In a record review of Texas Health and Human Services, COVID 19 RESPONSE FOR NURSING FACILITIES Date Issued: May 08, 2020,</p> <p>Version 2.7, documents on: - Page 09, It is important to note current CMS and state guidance to NFs requires they limit visitors to only those who are providing critical assistance and only if these essential visitors are properly screened. - Page 6, Current CMS and state guidance for NFs state that communal activities, including dining, should be canceled, and no more than 10 people, maintaining at least 6 feet of separation, can be in a room at any time. In a record review of the facility's policy title, Infection Prevention and Control Program, Revised April 2020, indicated in part, Important facets of infection prevention include: institute measures to avoid complications or dissemination, educate staff and ensure that they adhere to proper techniques and procedures and follow established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). On 05/13/20 at 6:58 pm. the Administrator was notified an IJ had been identified and a copy of the IJ template was provided. The facility provided an Acceptable Plan of Removal on 5/14/20 at 11:37am and included the following: - Effective 5/13/2020, The Vice president of Operations in-serviced the Administrator on the state and federal guidelines regarding visitor restrictions. - Effective 5/13/2020, The Regional Nurse Manager in-serviced the facility Administrator, DON and department heads on CMS guidance issued March 13, 2020 Guidance for Limiting the Transmission off COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors will be allowed entrance/visitation. 1) Essential Staff: Facility employees essential for operations and resident care. 2) Essential Visitors: Doctors, Nurses, Hospice, EMT, Police, Fire Dept, State and Federal/Govt Officials. 3) [MEDICATION NAME] Care: end of life restricted to area of access. 4) Proper use of facemasks while in facility (when to wear how to apply, how to remove mask, masks should cover mouth and nose. 5) Avoiding close contact 6ft. 6) All allowable visitors will be screened prior to entry with the exception of emergency responders during life threatening events. -Effective 5/13/2020, The Administrator/DON in-serviced the facility staff on CMS guidance issued March 13, 2020 Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors will be allowed entrance/visitation. 1) Essential Staff: Facility employees essential for operations and resident care. 2) Essential Visitors: Doctors, Nurses, Hospice, EMT, Police, Fire Dept, State and Federal/Govt Officials. 3) [MEDICATION NAME] Care: end of life restricted to area of access. 4) Proper use of facemasks while in facility (when to wear how to apply, how to remove mask, masks should cover mouth and nose. 5) Avoiding close contact 6ft. 6) All allowable visitors will be screened prior to entry with the exception of emergency responders during life threatening events. - Effective 5/13/2020, The Administrator/DON immediately in-serviced the facility employee on current shift on CMS guidance issued March 13, 2020 Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors will be allowed entrance/visitation. 1) Essential Staff: Facility employees essential for operations and resident care. 2) Essential Visitors: Doctors, Nurses, Hospice, EMT, Police, Fire Dept, State and Federal/Govt Officials. 3) [MEDICATION NAME] Care: end of life restricted to area of access. 4) Proper use of facemasks while in facility (when to wear how to apply, how to remove mask, masks should cover mouth and nose. 5) Avoiding close contact 6ft. 6) All allowable visitors will be screened prior to entry with the exception of emergency responders during life threatening events. Staff were called via telephone and in-serviced. Other staff will be in-serviced prior to beginning of working shift. - Families/RP were called and explained the Governors order and the State and Federal Regulations of visitation restrictions. -Out of cycle QAPI meeting to review plan of removal actions Surveyor Verification of Plan of Removal: In an interview on 5/14/20 at 9:46 a.m. HK stated that she had not witnessed any Non-Essential visitors within the facility and stated on 5/13/20 she had been in-serviced regarding Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors. HK voiced understanding of essential versus non-essential visitors. In an interview on 5/14/20 at 10:20 a.m. Transportation Manager stated that he had not witnessed any Non-Essential visitors within the facility and stated on 5/13/20 she had been in-serviced regarding Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors. Transportation Manager voiced understanding of essential versus non-essential visitors. In an interview on 5/14/20 at 10:41 a.m. LVN #1 stated that she had not witnessed any Non-Essential visitors within the facility. Stated she had in-serviced on 5/14/20 (upon entering facility for shift) of No Non-Essential visitors allowed in facility and stated on 5/13/20 she had been in-serviced regarding Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors. LVN #1 voiced understanding of essential versus non-essential visitors. In an observation on 5/14/20 at 12:00 p.m. Social Worker met with a family resident outside the front door. Family dropped off supplies purchased at the store. SW brought supplies into facility and left with DON who will keep in her office for 24 hours and then deliver to resident. Observed SW informing resident that supplies were delivered and procedure. In an interview on 5/14/20 at 12:46 p.m. Social Worker stated that staff were in-serviced on 5/14/20 (upon entering facility for shift) of No Non-Essential visitors allowed in facility. In an interview on 5/14/20 at 3:18 p.m. CMA stated that she had not witnessed any Non-Essential visitors within the facility and stated on 5/14/20 she had been in-serviced regarding Guidance for Limiting the Transmission of COVID-19 for Nursing Homes; Restriction of visitors; only essential staff, essential visitors and [MEDICATION NAME] visitors. CMA voiced understanding of essential versus non-essential visitors. In an interview on 5/15/20 at 9:00 a.m. Hospitality Aide stated that she was in-serviced on 5/14/20 to not allow non-essential visitors into the facility. Stated that if a non-essential visitor arrives at facility and requests entry she is to get Administrator or DON to meet with visitor to inform of state and federal guidelines reading non-essential visitors. In an interview on 5/15/20 at 11:28 a.m. ADON stated that she had not witnessed any Non-Essential visitors within the facility. Stated that staff were in-serviced on 5/13/20 with on duty staff and then on 5/14/20 with staff when entering facility for shift of No Non-Essential visitors allowed in facility. In an interview on 5/15/20 at 2:33 p.m. LVN #2 stated that she had not witnessed any Non-Essential visitors within the facility. Stated that she had in-serviced on 5/15/20 (upon entering</p>		

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<p>F 0880</p> <p><b>Level of harm</b> - Immediate jeopardy</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 2)</p> <p>facility for shift) of No Non-Essential visitors allowed in facility. In an observation on 5/15/20 from 8:00 a.m. to 4:00 p.m., no non-essential visitors were noted entering the facility. On 5/15/20 at 4:15 pm the Administrator was notified that the Immediate Jeopardy was lowered, but the facility remained out of compliance at a severity level of no actual harm with the potential for more than minimal harm that is not immediate jeopardy and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal.</p>		