

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TWIN LAKES REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>451 S EL CAMINO CROSSING SAN AUGUSTINE, TX 75972</b>	
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 0727  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</b></p> <p>Based on interview and record review, the facility failed to provide the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. The facility failed to provide RN coverage from 08/07/2020 to 9/11/2020. This failure could place residents at risk for not having their nursing and medical needs met. Findings Included: During an interview on 9/11/20 at 12:25 p.m., the administrator said there was no RN coverage on a daily basis since the DON went on maternity leave, 8 weeks ago. During an interview on 09/11/20 at 1:21 p.m., LVN B said there had been no RN coverage during the week since the previous DON went on maternity leave eight weeks ago. She said there was not a corporate RN or consulting agency to provide the required coverage. During an interview on 09/11/20 at 3:58 p.m., the administrator said there was not a policy for RN coverage. During an interview on 9/11/20 at 4:30 p.m., LVN A said the nurses have no one to go to for medical problems, such as weight loss and pressure wounds, since there are no management nurses and no RNs. During an interview on 09/11/20 at 5:46 p.m., the administrator said he did not call the staffing agency for RN coverage. He said he called the staffing agency on 09/08/20 at 10:00 a.m. for CNA and LVN coverage and again on 09/11/20 at 3:50 p.m. for CNA and LVN coverage. The administrator said he did not request RN coverage at any point. The administrator said this facility did not have a consulting contract and there was no corporate RN to provide required coverage. During interviews on 09/11/20 at 12:30 p.m., 3:58 p.m., and 6:00 p.m., the administrator said there were no RN coverage so there were timesheets to review. Timesheets were not provided during this investigation. During an interview on 9/11/2020 at 6:25 p.m., the BOM said she did not place an advertisement for an RN on Indeed. During a continuous observation on 09/11/20 from 12:30 p.m. until 7:00 p.m., there was no RN to provide coverage. A Medical Staffing Agreement signed 05/15/20 read as follows on page 1, .Now, therefore, in consideration of the covenants contained herein and intending to be legally bound, the parties hereby agree as follows: 1. Employees To Be Provided - The employees to be provided include, but are not limited to, the following: RN's, LPN's, CNA's . The Fact Sheet of the Medical Staffing Agreement, Section 3. Contract Summary: a. non-binding: you are not obligated to use our nurses even after signing a contract. You can simply sign on just as a back-up plan and to have outsourcing options when urgent needs arise b. Standard: a fast, simple contract that is easy to approve which leaves quick turn-around from when you sign it until you utilize our services - we can fill spots almost immediately after signing your contract.</p>		
F 0838  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</b></p> <p>Based on an interview, the facility failed to conduct and document a facility wide assessment to determine the resources necessary to competently care for residents during day-to-day and emergency operations. The facility did not have a Facility Assessment. This failure could place residents at risk for decreased quality of life and not having their needs met. Findings included: During an interview on 9/11/20 at 4:30 p.m., the administrator said he could not locate a facility assessment. During an interview on 09/11/20 at 6:55 p.m., the administrator said he would continue to search for the Facility Assessment. He did not provide a facility assessment.</p>		
F 0886  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to conduct COVID-19 testing based on the positivity rate of COVID-19 in the county. The facility did not provide testing of staff or residents for COVID-19 (a new respiratory disease which can cause mild to severe illness with most severe illness in adults [AGE] years and older) bi-weekly as required based on their county's positivity rate of 25.9% as of 9/8/2020. This failure could place residents at risk for illness, seclusion, decline in mood and death. Findings included: During an interview on 09/11/2020 at 12:30 p.m., the administrator said he has not begun COVID-19 testing of staff and residents. During an interview on 09/11/20 at 4:19 p.m., CNA C said the facility tested on e time several months ago, with the military, but has not tested since, neither staff or residents. During an interview on 09/11/20 at 5:18 p.m., the administrator said hopefully Tuesday (09/15/20) testing would be done but that was not a definite date. He said there was no other plan in place for testing and he had not contacted any other labs. He said We are doing our best right now to figure it out. During an interview on 09/11/20 at 6:05 p.m., the administrator said, It is absolutely correct that we should have been testing for 2 weeks and we have not. A CMS publication, QSO 20-38-NH, states, Routine testing should be based on the extent of [MEDICAL CONDITION] in the community, therefore facilities should use their county positivity rate in the prior week as the trigger for staff testing frequency. Reports of COVID-19 county-level positivity rates will be available on the following website by August 28, 2020 (see section titled, COVID-19 Testing): <a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpyg">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpyg</a>. It indicated if the county positivity rate in the past week was greater than 10%, minimum testing frequency is twice a week. The CMS guidelines dated 9/8/2020 for COVID-19 Test Positivity rates per county accessed on 9/11/2020 at <a href="https://data.cms.gov/stories/s/q5r5-gjyu">https://data.cms.gov/stories/s/q5r5-gjyu</a> indicated San(NAME)County had a 25.9% positivity rate in the prior 7 days.</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.