

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675769	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER STAMFORD RESIDENCE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1003 COLUMBIA STAMFORD, TX 79553	
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 - Minimal harm or potential for actual harm Residents Affected - Many	<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 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 the current threat of COVID-19 for 2 of 2 (CNA A and Employee TD) employees observed for hand hygiene and 8 of 8 for face masks. The facility failed to ensure hand hygiene procedures were followed by staff involved in direct resident contact and failed to follow guidance provided by Centers for Medicare & Medicaid Services (CMS) by not having all facility staff don facemask while they are in the facility during the COVID-19 threat. This failure placed residents at risk of infection, including COVID-19. Findings: In an observation on 4/7/20 at 8:45 am upon this surveyor walking up to the facility's main entrance, through the glass windows and door this surveyor observed the COVID-19 monitoring station with no employee monitoring. After waiting for 1-2 minutes the ADON came from within the facility to allow entry. The ADON completed my entry assessment but never requested hand hygiene and did not instruct this surveyor to frequently perform hand hygiene during this visit. This surveyor also observed 7 employees at entry. 5 of the 7 employees had masks present. 3 of the 5 with masks present and had them around their neck, and 2 of the 7 did not have a mask that was visible. The two people with masks on were observed later not properly wearing their masks. In an observation on 4/7/20 at 9:35 am LVN A was preparing medications for medication pass with no mask. LVN A was then observed properly placing her mask to go to into the resident's room. Upon exit of the room LVN A moved her mask down to around her neck. In an observation on 4/7/20 at 9:45 am facility staff were walking about the facility without properly wearing their masks. In an interview on 4/7/20 at 9:55 am LVN A stated they are only wearing mask if they are within 6 feet of residents. In an observation and interview on 4/7/20 at 10:19 am CNA A was passing out snacks to resident rooms she was observed entering and leaving at least 5 rooms without any type of hand hygiene. CNA A explained hand hygiene is expected between rooms, but she just did not do hand hygiene between rooms. In an interview on 4/7/20 at 11:02 am the ADON stated her expectation for staff is to wear their mask when they are with in 6 feet of residents. She was not aware that as of 4/2/20 the CMS recommended all long-term care facility staff wear a mask while they are in the facility at all times. Record review of Centers for Medicare & Medicaid Services (CMS) COVID-19 Long-Term Care Facility Guidance dated 4/2/20 revealed the following: The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19). Long-term care facilities are a critical component of America's healthcare system. They are unique, as they serve as both healthcare providers and as full-time homes for some of the most vulnerable Americans. 4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. In an observation and interview on 4/7/20 at 12:03 pm revealed Employee TD serving lunch meal trays to resident rooms without any form of hand hygiene between resident rooms. Employee TD stated he was to be doing hand hygiene between resident rooms and that he did not do it even though he knew he should be completing hand hygiene. In an interview on 4/7/20 at 1:38 pm the Administrator stated his expectation as of today was for staff to wear a facemask for their duration of time in the facility, and not only when they are within six feet of a resident. The Administrator also stated that hand hygiene should be performed between resident rooms. Record review of facility policy dated 2017 revealed Hand Hygiene Procedure: Purpose: To outline the correct procedure when performing hand hygiene. Policy: Staff will perform hand hygiene at the appropriate times using the appropriate technique to prevent the spread of infection via health care worker's hands. I. Hand hygiene should be performed if there has been any contact with a resident, resident's environment. Record review of facility policy provided on 4/7/20 with no date of origin revealed the following: Emergent Infectious Disease Management Program. Policy: To protect our resident, families, and staff from any harm resulting from exposure to any emergent infectious disease while they are in our care or are in our facility. The single most important prevention is to control acquiring and spread of the infection is appropriate hand hygiene. Hands should be washed for at minimum 20 seconds using warm/hot soap and water. Hand sanitizer can also be utilized as available. Record review of Centers for Disease Control and Prevention (CDC) statement for healthcare personnel on hand hygiene during the response to the international emergency of COVID-19 accessed on 4/2/20 revealed the following: CDC recommendations reflect the important role of hand hygiene for preventing the transmission of pathogens in healthcare settings for a wide range of pathogens. The ability of hand hygiene, including hand washing or the use of alcohol-based hand sanitizers to prevent infections is related to reductions in the number of viable pathogens that transiently contaminate the hands. Hand washing mechanically removes pathogens, while laboratory data demonstrate that 60% [MEDICATION NAME] and 70% [MEDICATION NAME], the active ingredients in CDC-recommended alcohol-based hand sanitizers, inactivates viruses that are genetically related to, and with similar physical properties as, the 2019-nCoV. While the exact role of direct and indirect spread of coronaviruses between people that could be reduced by hand hygiene is unknown at this time, hand hygiene for infection prevention is an important part of the U.S. response to the international emergence of COVID-19. CDC recommends the use of alcohol-based hand sanitizers with greater than 60% [MEDICATION NAME] or 70% [MEDICATION NAME] as the preferred form of hand hygiene in healthcare settings, based upon greater access to hand sanitizer. Health care providers who use alcohol-based hand sanitizers as part of their hand hygiene routine can inform patients that they are following CDC guidelines. https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</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.