

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675931	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER CEDAR HILLS GERIATRIC CENTER		STREET ADDRESS, CITY, STATE, ZIP 710 HWY 55 CAMP WOOD, TX 78833	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to maintain an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases in 53 of 59 residents and 23 of 60 staff members, in that: 1. Staff Member A was not wearing face shield while providing direct care to Resident #1 who was COVID-19 positive. 2. All trash in resident's rooms was treated as regular trash for both positive COVID-19 and negative COVID -19 residents. Trash was not separated into biohazard containers for COVID -19 positive residents. These deficient practices placed residents at risk for mental anguish, COVID-19 infections, and possible death. The findings included: Record review of Resident #1's face sheet revealed an original admission date of [DATE], with [DIAGNOSES REDACTED]. Record Review of Resident #1's Quarterly MDS, dated [DATE], for Resident #1 revealed a BIMS (staff assessment for cognitive ability) score of 9, which indicated the resident has cognitive deficits. DOB:2/3/1964. Care plan: COVID 19 positive. Record review of Resident #2's face sheet/clinical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. DOB:9/22/1072. Care plan: contact isolation. Record review of Resident #2's MAR indicated [REDACTED]. DOB:8/21/1946 MDS: BIMS 99. Care plan: appropriate-99 - non-cognitive. Record review of Resident # 4's face sheet/clinical record revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. DOB:11-10-1944 MDS: BIMS 9 cognitively disabled. Record review on 7/22/2020 revealed transferred to local hospital via ambulance for low O2 saturation and fever. COVID -19 positive. Observation on 7/21/2020 at 10:00 AM, revealed Nurse Aide A wearing a KN95 mask and goggle. He was not wearing a faceshield during direct patient care with a COVID -19 positive resident (#1) Interview on 7/21/2020 at 10:00 AM, Nurse Aide A confirmed that he was not wearing a face shield. Interview on 7/21/2020 at 12:15 PM, DON stated that all staff should be wearing face shields during direct patient care with a COVID-19 positive resident. Record review of the facility policy titled Infection Control Guidelines COVID-19, revised in 2020, read: To minimize exposures and spread of respiratory pathogens including 2019-nCoV. Staff should wear face mask, goggles, face shield, gown, and gloves when providing direct care to residents who are COVID-19 positive. Observation on 7/21/2020 at 11:00 AM revealed Nurse Aide B removed resident trash from a COVID-19 positive resident's room in a clear trash bag, instead of a red biohazard bag. Nurse Aide B then placed the clear trash bag in a barrel with another clear trash bag, inside the barrel. Interview on 7/21/2020 at 11:00 AM with Nurse Aide B confirmed that she removed a COVID-19 positive resident trash from the room in a clear trash bag and placed it in a barrel lined with another clear trash bag. Interview on 7/21/2020 at 11:20 AM with DON stated that all trash in facility should be in red biohazard bags and disposed of as biohazard waste at this time due to COVID-19 in this facility. According to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html, with a revision date of 03/07/2020. Defining Risk Exposure: Medium-risk exposures generally include HCP (Health Care Personnel) who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with [MEDICAL CONDITION] causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. Further review revealed: Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure. Further review revealed However, HCP exposures could involve a PUI (Person Under Investigation) who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results.</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.