

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675959	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER SONGBIRD LODGE		STREET ADDRESS, CITY, STATE, ZIP 2500 SONGBIRD CIR BROWNWOOD, TX 76801	
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 one of one entry and one of one kitchen. 1. The facility failed to ensure hand hygiene procedures were followed by staff involved in direct resident contact and outside entities upon entry into the building during the COVID-19 threat. 2. The facility failed to protect residents from cross-transmission by sitting resident personal items on an in-use isolation chart placed by the door residents use to go outside and smoke. 3. The facility failed to ensure the facilities only commercial dishwasher was properly sanitizing dishes. This failure placed residents at risk of infection and COVID-19. Findings: In an observation on 4/2/20 at 9:56 am the only entry to the building was a door by the facility outdoor smoking area. Upon entry to the building the surveyor's temperature was taken by Employee A. There was no hand washing sink near and there was no Alcohol-Based Hand Sanitizer (ABHS) available at the check in monitoring station. Employee A did not request any use of ABHS of this surveyor and did not provide any education on hand hygiene to this surveyor. The nearest ABHS dispenser located about 5 feet from the monitoring station was on an in-use isolation cart which was for the first room to the left (room [ROOM NUMBER]) which was located at the entry of the building. The next ABHS dispenser was approximately 20-30 feet from the entry to the building. In an interview and observation on 4/2/20 at 10:27 am Employee B was the door monitor while Employee A was at lunch. Employee B was seen going in room [ROOM NUMBER] which was where a resident that was on contact precaution resided with an isolation cart to the right of the door. Employee B did not believe anyone on the hall was on isolation or contact precaution. During this interview Employee C assisted a resident to place portable 02 on the in-use isolation cart at room [ROOM NUMBER] so they could exit the building to go smoke. In an observation on 4/2/20 at 10:38 am 4 staff and one resident entered the building with no hand hygiene done or requested. In an observation on 4/2/20 at 10:39 am 4 staff, one resident, and an x-ray tech with a portable x-ray machine entered with no hand hygiene done or requested. In an interview and observation on 4/2/20 at 10:42 am Employee A stated he had been in serviced by the DON to be the door monitor, but he stated he forgets to tell people to sanitize their hands. No ABHS was observed at the door monitor station. In an observation and interview on 4/2/20 at 11:14 am the facilities only commercial dishwashing machine after three cycles was only reaching a temperature of 110 degrees Fahrenheit. Employee D stated he had informed maintenance over two weeks ago that the dishwasher was not reaching the proper temperature of 120 degrees Fahrenheit, but as far as he knows he has not fixed the issue. Record Review of facility policy dated 2012 revealed Dishwashing Preparation and Dishwashing. The facility will complete the dishwashing process in a sanitary manner to provide clean and sanitary dishes and utensils. 2. Automatic dishwasher: Low temperature machine. c. The wash period shall be at least 40 seconds with a temperature of 120 degrees F in dish machine. The Sanitizing rinse period shall be at least 20 seconds with minimum temperature of 120 degrees F. In an interview on 4/2/20 at 11:25 am Employee C stated he does not in-service his staff on Personal Protective Equipment (PPE) and isolation and he assumed nursing is in-servicing his staff which is Employee B. Employee C can't recall if nursing has in-serviced him on PPE and isolation but thinks he did one online training covering it. In an interview on 4/2/20 at 12:02 pm Director of Nursing (DON) stated they have two persons on contact precaution. DON stated they do in-service the door monitors and she expected hand hygiene to be done at entrance to the facility. DON also reported there had been no monitoring of the door monitor for proper implementation of COVID-19 entrance procedures. In an interview on 4/2/20 at 1:33 pm the Administrator stated she expected hand sanitizer to be used at entry to the building and for staff to also wash their hands with soap and water before working. The Administrator also stated it is not acceptable to place resident personal items on the isolation carts. The Administrator also stated the dishwashing machine should be running at 120 degrees Fahrenheit. Record Review of facility COVID-19 Plan revealed an origin date of 3/13/20 and a revision date of 3/30/20. This facility will also: review CDC guidance for infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: . Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS). Ensure ABHS is accessible in all resident-care areas. Record review of 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>		
F 0883 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to develop policies and procedures to ensure that each resident is offered a pneumococcal immunization and education regarding the benefits and potential side effects of the pneumococcal immunization for 1 (Resident 1) of 5 residents reviewed for influenza and pneumococcal immunizations. The facility failed to have documentation of educating Resident 1 on the benefits and potential side effects of the pneumococcal immunization and documentation that the facility failed to offer a pneumococcal immunization to Resident 1. This failure placed residents at the risk of acquiring, transmitting, or experiencing complications from pneumococcal disease and not allowing them the access to informed about the benefits and risks of pneumococcal immunizations. Findings: Record review of Resident 1's electronic face sheet accessed on 4/2/20 revealed a [AGE] year old male originally admitted on [DATE] with a most recent admission date of [DATE] with the following Diagnosis: [REDACTED]. Record review of Resident 1's discharge assessment with return anticipated Minimum Data Set (MDS) dated [DATE] revealed under section C Cognitive Patterns a Brief Interview for Mental Status (BI[CONDITION]) had not been recorded, but under the same section under Staff Assessment for Mental Status it indicated Resident 1's memory is ok and Resident 1 made decisions regarding tasks of daily life with modified independence. Section O indicated Resident 1's pneumococcal vaccination was not up to date. Record review of Resident 1's electronic care plan accessed on 4/2/20 did not address immunization or his risk for pneumonia. Record review of Resident 1's electronic health record accessed on 4/2/20 did not reveal any evidence of resident or</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 0883 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>responsible party teaching concerning pneumococcal vaccine or that the pneumococcal vaccine was offered and refused. In an interview on 4/2/20 at 2:21 pm the Assistant Director of Nursing (ADON) stated she could not find any documentation for pneumococcal vaccine for Resident 1. Record review of facility policy dated 2018 revealed a policy addressing Resident Influenza and Pneumococcal Vaccine . It is the policy of this company that all resident will be offered the pneumococcal immunization . This facility offers the pneumococcal vaccines according to Advisory Committee on Immunization Practices (ACIP) .The following must occur prior to administering the immunization: Provide a Vaccine Information Statement (VIS) to the resident and /or resident representative that corresponds to the pneumococcal vaccine being administered to the recipient. The VIS will outline education, benefits and potential risks of the immunization. The facility will maintain documentation of pneumococcal vaccination or refusals of the pneumococcal immunization in the Point Click Care clinical record and will include: That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and that the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p>		