

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676368</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TREVISO TRANSITIONAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1154 EAST HAWKINS PARKWAY LONGVIEW, TX 75605</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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview and record review, the facility did not maintain an infection prevention program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 3 residents reviewed for infection control. (Resident #1) The facility did not implement measures to prevent Resident #1 who was positive for COVID-19 (an illness caused by [MEDICAL CONDITION]) that can spread from person to person) from leaving the facility. The facility did not notify the individual transporting Resident #1 to the appointment or the physician's office the resident was positive for COVID-19. The facility did not postpone a non-urgent outpatient visit for Resident #1, who was COVID-19 positive, according to the comprehensive care plan. This failure could place residents a risk of exposure to COVID-19. Findings include: The Resident Testing Log dated 5/11/2020 indicated 23 residents tested positive for COVID -19. Resident #1 was listed on the COVID-19 Log. A Face Sheet dated 05/04/2020 indicated Resident #1 was a [AGE] year-old male admitted on [DATE] with [DIAGNOSES REDACTED]. A hospital discharge progress note dated 5/4/2020 indicated Resident #1 to follow up within one week to see the cardiologist. A MDS dated [DATE] indicated Resident #1 was on transmission-based precautions. A COVID-19 care plan dated 5/8/2020 for Resident #1 indicated: Postpone any elective procedures, surgeries or non-urgent outpatient visits, restrict appointments/LOA to medically deemed essential only as per physician. During an interview via phone on 5/26/2020 at 11:26 a.m. Force EMS dispatcher said on 05/12/2020 they were not notified Resident #1 was positive for COVID-19 at the time they transported him to his appointment. Resident #1 wore a N-95 face mask, and they checked his temperature before transport. During an interview via phone with Force EMS transportation on 5/26/2020 at 11:55 a.m., the office manager said her drivers were not notified Resident #1, was positive for COVID-19. During an interview via phone on 5/26/2020 at 1:30 p.m., the medical director said he did not know Resident #1 went out to the cardiologist appointment on 5/15/2020, because the cardiologist did visits via virtual telehealth. He also said he called the cardiologist on 5/16/2020 and informed him Resident #1 tested positive for COVID-19. He said there was no urgent need for this resident to go out for a scheduled appointment. This was a scheduled appointment from a hospital discharge and the facility should have followed up with cardiologist before the resident was sent. During an interview via phone on 5/26/2020 at 1:42 p.m. the cardiologist said he was not aware Resident #1 had tested positive for COVID-19 until he received a call from the medical director on 5/19/2020. Cardiologist said this visit was not an essential visit. He said he conducts virtual telehealth visits. During an interview via phone on 5/26/2020 at 1:42 p.m. the office manager said they were not aware Resident #1 was positive for COVID-19 until the cardiologist informed his office staff. During interview via phone on 5/26/2020 at 12:41 p.m. RN A said she sent resident out to a cardiologist appointment on 5/18/2020. She said, the transport policy was to follow universal precautions and to notify transportation of any significant information. She said she did not inform Force EMS transportation and the cardiologist's office of Resident #1 positive COVID-19 status. She said she assumed they were aware. She said she thought a cardiology appointment as an essential appointment. She said she could have called the cardiologist or the medical director to see if this was an essential appointment. During observation and interview on 5/28/2020 at 6:11 p.m., Resident #1 was on the isolation unit designated for residents who were positive for COVID-19. He said he had no idea he was going to a visit until the nurse told him transportation was there to take him to his cardiologist appointment. During an interview on 5/22/2020 at 1:00 p.m. the DON said she did not notify the cardiologist that Resident#1 was positive for COVID-19. She said their policy was for emergency medical services would be alerted of COVID-19 positive cases. During an interview on 5/26/2020 at 12:35 p.m. the activity director said no residents were to go out unless it was for an essential visit. During an Interview on 5/22/2020 at 1:35 p.m. the Infection Control Preventionist said it was her second day on the job. She was not aware Resident #1 was sent out to an appointment. An undated Coronavirus - (COVID-19) - Interim Policy for Suspected or Confirmed Coronavirus(COVID-19) Policy indicated: .Resident Transport: Prior to resident transport, both the emergency medical services will receive alerted information regarding resident [DIAGNOSES REDACTED]. .The facility is able to follow CDC guidance for transmission-based Precautions for COVID-19 . .Emergency Medical Services personnel when taking residents to offsite appointments will take necessary actions to prevent any potential transmission . .Determine communication (written, verbal, electronic) for: Local hospitals, EMS providers and provider community Vendors Resident Representatives State/local health departments .</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.