

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER HOLLYMEAD		STREET ADDRESS, CITY, STATE, ZIP 4101 LONG PRAIRIE ROAD FLOWER MOUND, TX 75028	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to 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 two (Residents #2 and #4) of four residents, and four (LVN A, LVN B, Housekeeper F, and CNA D) of twenty staff observed for infection control. 1. LVN A failed to perform hand hygiene after assessing Resident #1's vital signs and before assessing Resident #2's vital signs. 2. LVN B failed to sanitize the thermometer and blood pressure monitor after assessing Resident #3's vital signs and before assessing Resident #4's vital signs. 3. Housekeeper F and CNA D failed to wear a face mask while inside the facility. 4. The facility failed to perform appropriate screening and education of visitors and staff, during the night shift, for COVID-19. These failures placed residents at risk for spread of infection through cross-contamination. Findings included: Observation on 08/14/20 at 12:05 PM revealed Receptionist at front desk wearing face mask. Receptionist screened the surveyor's temperature, oxygenation, and for symptoms of COVID-19 prior to allowing surveyor entry into the building. In an interview on 08/14/20 at 12:10 PM, the Administrator and DON stated there were not any residents who were COVID-19 positive in the facility. 1. Observation on 08/14/20 at 2:55 PM revealed LVN A completed hand hygiene and donned clean gloves. LVN A then placed a thermometer on Resident #1's forehead, placed a pulse oximeter on Resident #1's finger, and placed a blood pressure cuff on Resident #1's wrist. LVN A did not conduct hand hygiene after doffing dirty gloves in Resident #1's room. LVN A then entered Resident #2's room without performing hand hygiene. LVN A donned clean gloves, placed a thermometer on Resident #2's forehead, placed a pulse oximeter on Resident #2's finger, and placed a blood pressure cuff on Resident #2's wrist. Resident #1 nor Resident #2 had a fever, decreased oxygenation, or cough. In an interview on 08/14/20 at 3:05 PM, LVN A stated hand hygiene should have been performed between caring for Resident #1 and Resident #2. When asked if he performed hand hygiene between Resident #1 and Resident #2, he stated he was wearing gloves and I forgot. When asked at what other times hand hygiene should have been performed, he said anytime your hands come into contact with anything. 2. Observation on 08/14/20 at 3:10 PM revealed LVN B assessed Resident #3's temperature and blood pressure by placing the thermometer on Resident #3's forehead, and by placing the blood pressure cuff on Resident #3's wrist. LVN B exited Resident #3's room and placed the thermometer and blood pressure cuff on the medication cart. She did not sanitize the thermometer or blood pressure monitor before or after leaving Resident #3's room. LVN B did not sanitize the thermometer or blood pressure monitor before using the equipment to assess Resident #4's temperature and blood pressure by placing the thermometer on Resident #4's forehead and the blood pressure cuff on Resident #4's wrist. LVN B sanitized the thermometer and blood pressure cuff after leaving Resident #4's room. Resident #3 nor Resident #4 had a fever, decreased oxygenation, or cough. In an interview on 08/14/20 at 3:25 PM, LVN B stated vital sign equipment shared between residents should have been sanitized between every resident. LVN B stated she forgot to clean her equipment with alcohol pads before and after assessing Residents #3 and #4. In an interview on 08/14/20 at 3:35 PM, the DON stated the expectation was to perform hand hygiene between each resident. The DON said the expectation for cleaning multi-use equipment such as blood pressure cuffs and thermometers was that it needed be sanitized before each use with alcohol pads or Micro Kill (disinfecting wipe). 3. In an observation on 08/14/20 at 10:25 PM, Housekeeper F and CNA D were observed not wearing face masks at the nursing station. There were not any residents observed in the hallway or at the nursing station. In an interview on 08/14/20 at 10:30 PM, Housekeeper F stated he was not wearing a face mask because his mask had fallen on the floor and he was waiting on the nurse to bring him a new one. He stated he did not have access to face masks. 4. In an observation on 08/14/20 at 10:25 PM, Housekeeper F opened the side entrance door for the HHSC surveyor to enter. The surveyor then entered the facility and waited at the nursing station. There was no COVID-19 screening, including temperature check and questionnaire, or education provided upon entry. In an interview on 08/14/20 at 10:35 PM, CNA D stated she had just arrived for her shift. She entered in through the main entrance and had not been screened for signs and symptoms of COVID-19 because there was not a person there to complete the screening. She was waiting on the nurse to complete the screening and obtain a mask. In an interview on 08/14/20 at 10:40 PM, LVN C stated the facility's screening process included a temperature and oxygenation check. Staff at night are were to enter the facility and would be screened by the first person they find and would obtain a mask from a nurse. In an interview on 08/14/20 at 10:55 PM, RN E stated the facility's policy was that face masks should be worn at all times when inside the facility. She stated that face masks are to protect people from whatever you have. She also stated that if a face mask was not worn, it was possible to transmit it to other people. RN E said that the facility's screening process was to screen every person for temperature, pulse, and oxygenation upon entrance. RN E stated, at night, the night supervisor stays at the main entrance, but she had left the main entrance to notify a nurse of critical labs. RN E stated the surveyor should not have been allowed entry through the side entrance and should have been screened at the front entrance. RN E stated that CNA D should have waited at the front desk to be screened and provided a mask prior to entering the building. In an interview on 08/14/20 at 11:00 AM, the Administrator stated the breakdown in mask and screening procedures were only occurring during the night shift. Review of the facility's policy titled Handwashing, dated March 2019 reflected, Hand washing is the single most important means of preventing the spread of infection. After Patient contact -Wash hands with soap and running water -Rinse hands with running water -Dry hands well with paper towel -Use paper towel to turn off faucet. All manually controlled faucets are considered contaminated. -Dispose of single use or linen towels in appropriate receptacle. -May use Hand sanitizing gel in lieu of soap and water. Review of the facility's policy titled, Cleaning Multi Use Medical Equipment, dated March 2019 reflected, Multi use equipment such as glucometers, blood pressure cuffs, stethoscopes, lifts and other medical equipment that goes in and out of Patient's rooms will be disinfected before and after using the equipment with an [MEDICAL CONDITION] wipe or approved disinfecting solution. Prior to entering the Patient's room clean any medical equipment you will be using on the patient with the appropriate [MEDICAL CONDITION] wipe. Allow to dry. Immediately after exiting the Patient's rooms clean the medical equipment you used with the appropriate [MEDICAL CONDITION] wipe. Allow to dry. This must be done again prior to entering another Patient's room to use the same equipment. Review of the facility's policy titled, CORONAVIRUS - COVID-19, dated 04/27/20 reflected, Coronavirus (COVID-19) poses a serious threat to adults, 65 and over, especially those greater than [AGE] years old and for those with underlying health conditions. Processes have been established in order to decrease the risk of exposure, transmission, and to determine the appropriate tasks is a patient is diagnosed with [REDACTED]. COVID-19 screening to be completed on all patients (new and existing), visitors, providers and employees using COVID-19 CDC tool. Proactive Health Check for employees that includes Temperature Checks and Pulse Oximetry twice per shift and a questionnaire q shift worked: a. Perform prior to start of shift. Restrict ALL non-essential individuals from visiting and screening those deemed necessary prior to entering. If medical necessity is determined, screen as follows: a. COVID-19 CDC Tool questionnaire b. temperature/Pulse Oximetry checks. Protocols/Policies to be adjusted based on local/state/federal guidelines. Transmission Based Precautions for Patient with Unknown or Suspected COVID 19. Staff to wear gloves, gown, eye protection and an N95 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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>higher level respirator mask if available; surgical mask acceptable if N-95/KN-95 mask unavailable .a facemask is an acceptable alternative if an N-95/KN-95 is not available. Visitor Entry . Permitted medically necessary visitors should be instructed to: a. perform hand hygiene frequently b. limit interactions with others in the facility c. limit surfaces touched d. restrict visit to patient room e. Offer PPE id they do not have their own as facility supply allows f. Instruct on sign and symptoms of COVID-19 and to take appropriate actions if signs and symptoms occur .Education .Educate on screening process and need . Review of the CDC guideline Hand Hygiene in Healthcare Settings, dated 1/30/20, revealed in part .Following are the clinical indications for hand hygiene: Immediately before touching a patient .After touching a patient or the patient's immediate environment . After contact with blood, body fluids or contaminated surfaces .Immediately after glove removal. Review of CDC guideline Disinfection and Sterilization, dated May 2019, revealed in part .Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label's safety precautions and use directions . Ensure that, at a minimum, noncritical patient-care devices are disinfected when visibly soiled and on a regular basis (such as after use on each patient .</p>		