

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER RIVER OAKS HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2416 NW 18TH ST FORT WORTH, TX 76106	
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 - Few	<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, record review and document review the facility failed to ensure physician ordered strict Transmission Based Precautions (TBP), for two of six sampled residents (Resident (R)2 and R6), were correctly implemented resulting in potentially spreading aerosolized [MEDICAL CONDITION], including potentially COVID-19, to other residents and staff. Findings include: Observations, on 07/20/20 around 1:00 PM, during the tour of the building, on the middle hallway, by the side entrance to the building, resident rooms were designated for 14-day quarantine isolation for new admissions and re-admissions. The hallway had personal protective equipment (PPE) in drawers outside each room. There were signs on the doors that said to see the nurse before entering. The room doors for R2 and R6 were observed open and also contained the signs with directions to see the nurse before entry. R2 and R6 also had PPE drawers on the outside of their doors. On 07/20/20 at 1:05 PM, The Director of Nursing (DON) verbalized the resident rooms, that were on isolation, had signs that said to see the nurse. According to the DON, this was for staff to know what type of isolation and PPE was needed in order to enter the room and provide care. The DON confirmed the signs did not indicate the type of isolation or the PPE to wear when entering the room. Review of R2's undated Face Sheet, located in the electronic medical record (EMR), indicated the resident was admitted on [DATE] with a [DIAGNOSES REDACTED]. A physician's orders [REDACTED].resident requires strict isolation for preventative measures in a single occupancy room. All therapy and treatments are to be provided in the room. All meals are to be served in the room, every shift for preventative COVID-19. Review of R6's undated Face Sheet, found in the EMR, indicated the resident was admitted on [DATE] and readmitted on [DATE] with a displaced fracture of base of neck of left femur. A physician's orders [REDACTED].(R6) resident requires strict isolation for COVID-19 exposure. All therapy and treatments are to be provided in the room. All meals are to be served in the room, every shift. On 07/20/20 at 1:25 PM, the Licensed Vocational Nurse (LVN) 1 explained R2 was on contact isolation and R6 was on isolation for [MEDICAL CONDITIONS] (a condition where diarrhea is present due to poor gut (contagious) bacteria. On 07/20/20 at 1:30 PM, LVN2 explained R6 was on isolation for [MEDICAL CONDITION] and R2 was on contact isolation for 14 days, because the resident was a new admission from the hospital. Review of R6's electronic medical record, under the tab marked Medical Diagnosis, lacked documentation of a [DIAGNOSES REDACTED]. On 07/20/20 at 2:05 PM the Certified Nursing Assistant (CNA)1 verbalized the PPE for the isolation rooms for R2 and R6 was a gown, mask and gloves when entering the room. No eye protection was needed. On 07/20/20 at 3:02 PM, the Administrator, during a phone conversation, confirmed the new admission residents were on contact isolation. On 07/20/20 at 3:15 PM, the Social Worker (SW) explained strict isolation meant the resident does not leave the room, the door stays closed, disposable dishes for meals and full PPE when entering the room. Full PPE included mask, gown, gloves and eye protection. The SW confirmed R2 and R6 had physician's orders [REDACTED]. On 07/20/20 at 3:40 PM, the Regional Director of Clinical Services confirmed strict isolation required full PPE, when entering the room, and the facility followed Center for Disease Control (CDC) recommendations for admissions. On 07/20/20 at 4:25 PM, the DON and the Assistant Director of Nursing (ADON) verbalized the admission policy, for new admissions and re-admissions with an unknown COVID-19 status, was that these residents were to be placed in a private room and on strict isolation for 14 days. The DON confirmed strict isolation PPE included mask, gown, gloves and eye protection. They said if the new admission or re-admission resident tested positive for COVID-19 in the hospital, they were admitted to the COVID unit. The DON and the ADON confirmed the admission policy was verbal and not in writing. On 07/20/20 at 4:40 PM, the Medical Director confirmed, on the phone, the orders written for strict isolation indicated staff were to wear full PPE, which included mask, gown, gloves and eye protection, keep the door closed. The Medical Director further revealed the resident was to remain on isolation for 14 days. On 07/20/20 at 4:50 PM, CNA2 was observed donning PPE prior to entering R6. CNA2, with a mask in place, donned a gown and gloves prior to entering the resident's room. The aide did not don any eye protection, as noted by the Medical Director earlier. Review of the facility's policy titled, Isolation-Notices of Transmission-Based Precautions, revised September 2005, indicated when transmission-based precautions were implemented, an appropriate sign (color coded) will be placed at the entrance/doorway of the resident's room. Color coded signs will be used to alert staff of the implementation of Droplet (yellow), Airborne (blue), or Wound (orange) precautions. Review of the facility's policy titled, COVID-19 Policy and Procedure updates, dated 04/20/20, indicated full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 symptoms or diagnosis.</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.