

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER WOODWIND LAKES HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7215 WINDFERN RD HOUSTON, TX 77040	
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 observation, interview and record review the facility failed to maintain an infection control program to provide a safe and sanitary environment to help prevent the development and transmission of disease and infections for 2 of 2 (Resident #1, Resident #2) residents reviewed for infection control. -The facility failed to implement isolation procedures, standard and droplet precautions, to prevent the spread of COVID-19 to 2 residents who were recently hospitalized. -The facility failed to identify resident rooms requiring isolation procedures so that staff were aware of the PPE needed. These failures placed residents and staff at risk for infection or re-infection with the potential spread of infection to the public which could cause a decline in health. Findings Include: Record review of Residents #1 face sheet on the electronic medical records revealed he was a [AGE] year-old admitted to the facility on [DATE] and readmitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #2's face sheet revealed he was admitted to the facility on [DATE]. No other information were available in his chart or on the electronic records. In an interview on 8/13/20 at 9:45 a.m., the Administrator said the facility was full and they did not have available rooms to move residents off the quarantine hall. He said when residents reached their 20 days of observations and showed no signs or symptoms, their rooms were deep cleaned, and they remained in their rooms. When asked about residents admitted from the hospital he said the middle section of hall 200 was designated as the quarantine hall. Residents who were newly admitted, readmitted from the hospital or those who receive [MEDICAL TREATMENT] reside on the quarantine hall. PPE was placed on the doors and barrels for discarded PPE were placed inside the rooms. Staff were in-serviced and aware they must don PPE before entering the quarantine rooms and remove their PPE before leaving the room. Observation of the quarantine hall (hall 200) on 8/13/20 at 11:40 a.m. revealed 8 residents resided on that hall. Three residents were observed in the hallway with surgical masks on. One resident was observed wheeling down the hall to the front lobby. No PPE and no signs were observed in front of any resident's rooms. In an interview on 8/13/20 at 11:45 a.m., RN A said Resident #1 returned from the hospital last night and Resident #2 was admitted to facility this morning. She said Residents #1 and #2 where on both in quarantine rooms. When asked to describe quarantine precaution, she said the staff wore face masks, face shields, gowns and gloves inside the rooms. She said staff changed gloves in between quarantined residents. When asked if PPE was available outside Residents' #1 and #2 rooms, she said no PPE was available in front of their rooms. She said she would ask central supply to place the PPE on the doors immediately. In an interview on 8/13/20 at 12:14 p.m., RN #B said she worked on multiple halls, moving from hall to hall assisting staff as needed. She said staff were required to wear face masks, face shields, gowns, and gloves when entering a quarantine room. The PPE were removed and placed in biohazards barrels when exiting the room. When asked how the staff identified rooms containing residents on quarantine precaution, she said PPE was placed outside the room and a sign was posted on the door. When asked if anyone on the 200 halls were in quarantine rooms, she said no one on this hall was on quarantine precaution. In an interview on 8/13/20 at 12:25 p.m., CNA #A said residents who were newly admitted, and those who returned from hospitals were placed on isolation on this hall (200). She said staff were required to wear N95 face masks, face shields, gowns and gloves when inside the isolation rooms. Barrels were placed inside the room and PPE was removed before leaving the rooms. The PPE (uncontaminated) was place outside the doors, and barrels for used were place inside the bathroom. When asked if anyone on this hall was in an isolation rooms, she said, Resident #2 was on isolation. Nursing just placed PPE on his door. Observation on 8/13/20 at 12:30 p.m. revealed PPE and a sign were placed in front of Resident #2's room. A barrel with a red bag was observed just inside the door. Observation of Resident #1's room revealed no PPE or sign in front of his room and no barrel inside his room. In an interview on 8/13/20 at 12:35 p.m., Resident #1 said he spent two days in the hospital and returned last night. He said the staff usually wear a face mask, a gown and gloves when they entered his room. When asked if staff removed their gown and gloves before leaving his room, he said no they just left. Review of the facility's policy titled: COVID-19 Infection Control Policy Revised 8/7/20, read in part, Section 5 e, All staff must wear facemasks while in the facility. Staff who are caring for COVID-19 positive residents and those caring for residents with unknown COVID-19 must wear an N95, isolation gown, goggles or face shield. F. Promote easy and correct use of personal protective equipment (PPE) by: i. Posting signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. ii. Make PPE, including facemask, eye protected, gowns and gloves available immediately outside of the resident's room. iii. Position a trash can near the exit inside any resident room to make it easy to discard PPE. 6. Procedure when COVID -19 is suspected (PUI Units); a. Resident who are suspected to have COVID-19 and new and readmissions will be placed on PUI unit. C. Place resident in a private room (containing a private bathroom) with the door closed. h. Implement standard, contact and airborne precautions (droplet precautions if no airborne isolation room available). Wear gloves, gowns, goggles/face shields and masks (respirators) upon entering room and when caring for the resident.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.