

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PRINCETON PLACE REHABILITATION &amp; HEALTHCARE BANDER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1939 BANDERA RD SAN ANTONIO, TX 78228</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</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 observations, interviews and record reviews 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 1 of 1 facilities reviewed for infection control, in that: 1. The facility failed to follow the Health Authority Letter issued by the Local Health Department. Employees were reusing the same N95 mask for 5 consecutive days to care for all residents. 2. Employees were going to the COVID unit without full PPE (personal protective equipment). Employees only had on a N95 that they kept on when they crossed over and attended to residents in the NON-COVID unit. a. Speech Therapy Staff B and C crossed into the COVID-19 isolation zone with only a N95 then went to the NON-Covid unit to attend to the residents with the same N95. b. Housekeeper D exited the COVID-19 isolation zone without performing hand hygiene and not doffing full PPE. 3. Housekeeper E provided janitorial services on the COVID-19 isolation C wing without wearing full PPE. Housekeeper C only had on a N95 respirator. These deficient practices could affect the residents at the facility and place them at risk of infection from transmission of communicable diseases and could result in a decline in health and/or death. The findings were: 1. Observation on 7/17/2020 at 11:00 AM revealed employees wearing N95 (filters out 95% of air particulates) filtering face piece respirators (FFR's). Observation on 7/17/2020 at 12:48 of the COVID-19 isolation C wing revealed LVN A wore a N95. Observation on 7/17/2020 at 1:50 PM of the COVID-19 isolation C wing revealed CNA T wore a N95. Observation on 7/17/2020 at 3:55 PM of the COVID-19 isolation D wing revealed LVN F wore a N95. Record review of the Local Health Authority letter dated June 23, 2020, read Provide one fresh mask per worker per shift, or follow CDC guidelines on rotating use of 5 respirators. Interview on 7/17/2020 at 10:30 AM with Director of Nursing (DON) stated the facility policy was to issue each employee 1 N95 mask for a 5-day work week. The DON stated each employee is responsible for wearing the respirator while on duty and after the daily shift the mask is decontaminated using an ultraviolet portable lamp. Further interview with the DON confirmed the facility was not experiencing a N95 shortage and could procure more through the market place and South Texas Regional Advisory Council (STRAC). Interview on 7/17/2020 at 3:55 PM with LVN F said the facility issued him a N95 and trained him to wear the mask daily for each shift for a duration of 5 days and after five days he was expected to ask for a new N95. Interview on 7/17/2020 at 6:00 PM with the Administrator, Vice President of Clinical Services and Chief Operating Officer stated N95 masks were used for 5 days and decontaminated with an ultraviolet light was done in all their corporate facilities. Interview on 7/20/2020 at 12:48 PM with LVN A stated she was issued 1 N95 for a 5-day work week. LVN A stated, I wear the same respirator always while on duty and I will receive a new N95 the next week. Record review of the Centers for Disease website revealed a webpage titled Decontamination and Reuse of Filtering Facepiece Respirators Updated Apr. 30, 2020 read disposable filtering facepiece respirators (FFRs), like N95s, are not approved for routine decontamination as conventional standards of care. No current data exist to support the effectiveness of these decontamination methods specifically against [DIAGNOSES REDACTED]-CoV-2 on an FFR. retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html</a> 2.a. Interview on 7/17/2020 at 10:00 AM with the DON confirmed the laundry department, the physical therapy department, and the housekeeping department are located on the COVID-19 isolation D wing and accessed through the COVID-19 isolation C wing elevator and stairwell. Observation on 7/17/2020 at 1:50 PM with CNA T of the COVID-19 isolation wing entrance to the non-COVID-19 part of the facility revealed unidentified staff on 2 separate consecutive occurrences, entering the COVID-19 isolation C wing and utilizing the elevator to access the COVID-19 isolation D wing with only a N95 mask and without full PPE. Interview on 7/17/2020 at 1:50 PM with CNA T stated he was a dedicated staff for the COVID-19 isolation C wing and often witnesses staff cross into the C wing without donning full PPE or doffing PPE prior to exiting the wing. CNA T further stated he dons his PPE when he enters the COVID Unit, at the PPE depot by the residents rooms. CNA T stated they did not have a donning and doffing area by entrance or exit of the unit. Observation with the DON on 7/17/2020 at 12:50 PM of the entrance to the facility's COVID-19 isolation C wing revealed no donning / doffing / hand hygiene area prior to entering or exiting the COVID-19 Isolation C wing. Further observations with the DON revealed Speech Therapy Tech B and Speech Therapy Tech C entered the COVID-19 isolation C wing while wearing only a N95 mask and no other PPE. Interview on 7/17/2020 at 12:55 PM with the DON confirmed she witnessed Speech Therapy Tech B and Speech Therapy Tech C entered the COVID-19 Isolation C wing while wearing only a N95 mask and no other PPE. Further interview with the DON revealed the facility did not provide a donning / doffing area prior to entering or exiting the COVID-19 isolation C wing. Interview on 7/24/2020 at 12:08 PM with Speech Therapy Tech B confirmed she entered the COVID-19 isolation C wing on 7/17/2020 at 12:50 PM while wearing only a N95 mask and no other PPE. Speech Therapy Tech B revealed she went into the COVID-19 C wing to access the physical therapy department on the COVID-19 D wing for her lunch break. Speech Therapy Tech B stated she accessed the physical therapy offices located on the COVID-19 D wing daily, specifically on 7/17/2020 to have lunch with Speech Therapy Tech C. During further interview Speech Therapy Tech B stated she went downstairs to the NON-COVID on 7/17/2020 to provide services to Resident # 1. Record review of Resident #1's Face sheet dated 7/24/2020 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Interview on 7/24/2015 at 1:30 PM with Speech Therapy Tech C confirmed she entered the COVID-19 isolation C wing on 7/17/2020 at 12:50 PM while wearing only a N95 mask and no other PPE. Speech Therapy Tech C revealed she went to the COVID-19 C wing to access the physical therapy department on the COVID-19 D wing. Speech Therapy Tech C stated she accessed the physical therapy offices located on the COVID-19 D wing daily for documentation tasks. Speech Therapy Tech C further stated she then attended to Residents on the NON-COVID-19 B wing, on 7/17/2020. 2.b. Observation on 7/17/2020 at 12:30 PM of the C wing, through the windows of the closed double doors, revealed Housekeeper D ambulating in the COVID-19 isolation C wing wearing a N95 mask and no other PPE, Housekeeper D then exited the COVID-19 isolation C wing and entered the NON-COVID-19 B wing without performing hand hygiene. Interview on 7/17/2020 at 12:33 PM with Housekeeper D confirmed she exited the COVID-19 isolation C wing and entered the non-COVID-19 B wing without performing hand hygiene. Stating I washed my hands in the bathroom. Housekeeper D confirmed she entered the COVID-19 isolation C wing to access the housekeeping department located in the COVID-19 isolation D wing while only wearing a N95. Housekeeper D stated I went to the housekeeping office and used the bathroom. When asked if this practice was part of her normal work day she stated she accessed housekeeping supplies located in the storeroom on the COVID-19 isolation D wing routinely. Further interview with Housekeeper D confirmed she provided housekeeping services to the residents on the non-COVID-19 B wing on that day. 3) Observation on 7/17/2020 at 1:53 PM of the COVID-19 isolation C wing revealed Housekeeper E providing janitorial duties on the COVID-19 isolation C wing while only wearing a N95 FFR and gloves. Interview on 7/17/2020 at 1:55 PM with Housekeeper E confirmed he worked on the COVID-19 isolation C wing providing janitorial duties while wearing a N95 mask and gloves only. When asked if this was his training to wear PPE on a COVID-19 wing he replied, yes. Record review of the Texas HHSC COVID-19 Response for Nursing Facilities version 3 dated 5/22/2020 revealed: To Do's for Nursing Facilities reading Staff who are caring for residents with COVID-19 or caring for residents in a building with widespread COVID-19 infection, should</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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>wear an N95 respirator and all suggested PPE. Per the CDC, all suggested PPE includes: N95 respirator, eye protection, gloves, gown. When possible, use an area with an entrance separated from the rest of building. The isolation space should be separated so the essential NF personnel maintaining the building or providing services to residents in the isolation space are not required to go through areas where negative or asymptomatic residents are receiving care., Provide hand hygiene areas as needed, including inside and outside of the entrance to isolation area when possible. Record review of the facility's undated policy titled Caring for resident with known /suspected COVID-19 read Facility staff should regularly monitor CDC website for information and resources. Record review of the facility's policy dated December 2019 titled Hand-Washing / Hand Hygiene read this facility considers hand hygiene the primary means to prevent the spread of infections and bullet #7 Use alcohol-based hand rub; or, alternately, soap (antimicrobial or non-antimicrobial) and water for the following situations: n) before and after entering isolation precaution settings.</p>		