

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2020
NAME OF PROVIDER OF SUPPLIER PINECREST NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 3505 OLD JACKSONVILLE RD TYLER, TX 75701	
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 - Many	<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 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. Staff failed to perform hand hygiene after removing gloves, failed to remove PPE before exiting the room of a resident on 14-day quarantine and entering the room of another resident. Staff failed to wear appropriate Personal Protective Equipment (PPE) when entering the room of a resident under 14-day quarantine. (LVN A). The facility did not ensure employees were screened for all required signs and symptoms of COVID-19 before coming to work. This failure could place residents at risk for being exposed to COVID-19, health complications, and death. Findings include: 1. During a continuous observation on 10/23/20 from 1:15 p.m. to 1:30 p.m., Housekeeper B entered the room of a resident on quarantine for COVID-19 wearing PPE including gown, goggles, mask, hair cover, shoe covers, and gloves. At 1:30 p.m., the Housekeeper B exited the room still wearing the PPE. Housekeeper B discarded her gloves and donned a new pair of gloves without performing hand hygiene. Housekeeper B then entered another resident room with the same PPE. During an interview on 10/23/20 at 1:45 p.m., the Housekeeping supervisor said he observed Housekeeper B exit the quarantine room without removing the PPE she had worn into the quarantine room. During an interview on 10/23/20 at 2:45 p.m., the Maintenance Director served as interpreter for Housekeeper B. Housekeeper B said she knew how to when to wear PPE, and that it should be used each time she goes into the quarantine room, including a gown, mask, hair cover, shoe covers and gloves. Housekeeper B said she was supposed to change PPE between each room, and use hand sanitizer between glove changes and when you come out of the room. Housekeeper B said she did not remove her PPE before exiting the quarantine room or use hand sanitizer after removing her gloves because she was nervous due to the presence of the surveyor. 2. During an interview on 10/23/20 at 11:30 a.m., the DON said according to CDC guidelines, it was appropriate for staff to wear a surgical mask when entering the room of a resident on 14-day quarantine for COVID-19. The administrator provided requested CDC guidelines on 10/23/20 at 12:10 p.m. The CDC guidelines, titled Transmission-Based Precautions were reviewed January 7, 2016. The guidelines indicated a mask (unspecified) should be donned upon entry to a patient room for droplet precautions. The guidelines indicated for airborne precautions healthcare personnel should use a fit-tested NIOSH approved N95 or higher level respirator. 3. During an observation on 10/23/20 at 12:30 p.m., LVN A entered the room of a resident on quarantine for COVID-19 wearing a surgical mask and no other PPE. During an interview at 10/23/20 at 12:40 p.m., LVN A said the resident had been admitted less than a week ago, and that she was on isolation to rule out COVID-19. LVN A said staff were supposed to wear gloves, gown, an N95 mask, face shield when entering the room, as well as perform hand hygiene when entering and exiting the room. LVN A said when she went into the room she wore a surgical mask with no other PPE. An undated policy titled COVID-19 indicated: staff will wear appropriate PPE depending on the COHORT they are assigned. Staff caring for residents who are COVID-19 status of UNKNOWN or POSITIVE must wear FULL PPE to include N95 (or approved equivalent), gown, gloves, and goggles or a face shield. TITLE40 SOCIAL SERVICES AND ASSISTANCE PART 1 DEPARTMENT OF AGING AND DISABILITY SERVICES CHAPTER 19 NURSING FACILITY REQUIREMENTS FOR LICENSURE AND MEDICAID CERTIFICATION SUBCHAPTER CC COVID-19 EMERGENCY RULE indicated: (k) All nursing facility 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 status must wear an N95 mask, gown, gloves, and goggles or a face shield. All facemasks and N95 masks must be in good functional condition, as described in the COVID-19 Response for Nursing Facilities at hhs.texas.gov, and worn appropriately, completely covering the nose and mouth, at all times. 3. During an interview with the administrator at 3:30 p.m., he said the facility screening process had recently been updated and contained all required elements. An undated form titled COVID-19 Screening had a blank to record temperature and included the following screening questions: *Have you traveled outside of the United States in the last 60 days? *Have you been exposed to anyone outside of the facility that is/was in quarantine or had COVID? *Any symptoms of fever? *Any symptoms of a cough? *Any symptoms of shortness of breath? *Any symptoms of a sore throat *Have you been in s Hot Spot area or prevalent area in the last 30 days? *Have you recently lost smell or taste? The screening form did not include the following required elements: *screening for chills, fatigue, muscle or body aches, headache, congestion or runny nose, nausea or vomiting, or diarrhea. TITLE40 SOCIAL SERVICES AND ASSISTANCE PART 1 DEPARTMENT OF AGING AND DISABILITY SERVICES CHAPTER 19 NURSING FACILITY REQUIREMENTS FOR LICENSURE AND MEDICAID CERTIFICATION SUBCHAPTER CC COVID-19 EMERGENCY RULE indicated: (c) A nursing facility must screen all residents, staff, and people who come to the facility for the following criteria: (1) fever defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat; (2) signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea; (3) additional signs and symptoms as outlined by the Centers for Disease Control and Prevention (CDC) in Symptoms of Coronavirus at cdc.gov; (4) contact in the last 14 days, unless to provide critical assistance, with someone who has a confirmed [DIAGNOSES REDACTED].</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.