

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675319</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DELEON NURSING AND REHABILITATION LP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>809 E NAVARRO DE LEON, TX 76444</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on record review and interview the facility failed to implement a system for preventing, identifying and reporting communicable diseases and infections for 3 of 8 facility departments (Rehabilitation Therapy, Laundry/Housekeeping and Dietary Services). a. Staff in Rehabilitation Therapy (RT A) , Laundry/Housekeeping (LH A) were not screened for the risk factors and/or symptoms of respiratory illness. They were not inserviced on COVID-19 (a communicable and potentially [MEDICAL CONDITION]). b. Dietary Staff were not documented as having been screened and inserviced for COVID-19. These failure could increase the risk of the spread a potentially lethal respiratory illness to vulnerable residents. The findings included: During an interview with LH A on 03/11/20 at 10:00 AM, said that she had not been inserviced regarding any restrictions or risks for respiratory illness and was not aware of what COVID 19 was. She denied seeing any warnings regarding respiratory illness on outside doors. During an interview with the Dietary Manager on 03/11/20 at 10:38 AM, she said nursing staff had screened staff that were working last week, which she thought should have been documented. She said she was screening her staff for illness or risk factors each shift, but had not been documenting it anywhere. During an interview with RT A on 03/11/20 at 10:47 AM, she said that she had not been inserviced on respiratory illness, had not been asked if she had respiratory illness or fever, and didn't know anything about COVID-19. Review of the facility Staff Screening Log located at the nurses station revealed the notebook cover read as follows: You should not report to work if any of the following apply to you: In the last 14 days you traveled to China, Iran, South Korea, Italy, Japan or other country with restricted visitation because of COVID 19. If you have symptoms of a respiratory infection which include: Fever with Cough or Sore Throat Fever-You are no longer potentially infectious if you have gone 24 hours fever free without use of antipyretic medication (Tylenol, Advil, Aspirin) Had contact with someone with or under investigation for COVID-19 Any staff that develops signs and symptoms of a respiratory infection while on-the-job, should: Immediately stop work, put on a facemask, and self-isolate at home; Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment). Review of the Staff Screening Log revealed sign in sheets dated 03/05/20-03/07/20 for staff to attest that they did not meet any of the restriction criteria and had received inservice information regarding COVID-19. LH A, RT A and dietary staff were not listed. In an interview with the DON on 03/11/20 at 11:23 AM she confirmed she was the facility Infection Control Preventionist. She said all staff should have been screened and that it would be in the Staff Screening Log at the nurses station. After the reviewed the Staff Screening Log sheets, she confirmed there was no documentation that LH A, RT A, and any of the Dietary staff had been screened or inserviced. In an interview with the Administrator on 03/11/20 at 11:30 AM, she said that all staff had been screened and had gotten infection control inservices in all staff areas. She said, as far as she was aware, all staff had done the initial screen and signed that they had read the inservice information on the COVID-19 virus. She said the facility did not have a specific policy regarding the screening and inservicing of staff, but was following information received in webinars from the CDC.</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.