

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE OAKS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5301 UNIVERSITY AVE LUBBOCK, TX 79413	
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 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; in that: a) Staff failed to use appropriate PPE in quarantined and COVID-19 isolation areas (CNA #1, CNA #2, CNA #3 and Housekeeper #1). These problems could result in the spread of infections in the facility. The findings include: On 10/13/20 at 9:07 AM an interview was conducted with the DON. She stated that there were 32 residents that were positive for COVID-19 in the COVID unit. There were nine residents that were quarantine in the Medicare area in rooms 207 to 216. She stated that these quarantined residents were either readmits or recovered from COVID. ~ Nursing Issues - PPE worn improperly or not worn: >On 10/13/20 at 9:32 AM CNA #1 was observed making the bed in room [ROOM NUMBER] and Resident #11 was present. She was wearing gloves, gown and the mask was an N 95 mask. Her gown was not tied at the waist and she had her face shield turned upside down (upwards) and not covering her face. On 10/13/20 at 9:34 AM CNA #1 was interviewed at this time and she was asked what they were required to wear when entering quarantine rooms. She stated, They say we wear gloves, gown, face shield and mask. On 10/13/20 at 9:35 AM CNA #1 entered resident room [ROOM NUMBER] and she asked Resident #5 if she wanted some coffee. The CNA was only wearing an N 95 mask and face shield. She touched the over bed table with her bare hands and moved it around while she was in the room. She left the room did not use hand hygiene (washing her hands or using hand sanitizer). She then touched the CNA kiosk screen and went to get the coffee for the resident and did not wash her hands. She donned a gown and gloves when she went back into the resident room and gave the resident coffee. After leaving the room, she went back to the CNA kiosk monitor and was touching the screen. >On 10/13/20 at 1:53 PM CNA #1 was observed in room [ROOM NUMBER] wearing a gown that was not tied at the waist and Resident #7 was in the room. She had on her N95 mask and face shield and gloves. She exited room [ROOM NUMBER] and had bags of biohazardous waste from the room in her hand. She went into the corridor and put the biohazardous waste in a barrel and doffed her gown and gloves in the same barrel while in the corridor. She then used hand sanitizer and donned a gown and gloves and went into room [ROOM NUMBER]. She removed biohazard bags from the room and went into the corridor and place them in barrels and then doffed her PPE, gown and gloves in the trash barrel. She then took the barrels away from the area. On 10/13/20 at 12:30 PM an interview was conducted with the DON. She stated, Resident #8, who had been in room [ROOM NUMBER], was sent back to the COVID unit due to exhibiting increased symptoms. On 10/13/20 at 1:57 PM an interview was conducted with the DON. She was asked where staff should doff their PPE. She stated, They should doff inside the resident room. >On 10/13/20 at 4:45 PM an observation was made of the COVID unit with ADON #1. An observation was made of CNA #2 (agency) carrying a meal tray into room [ROOM NUMBER]. She was not wearing gloves, but she was wearing a gown, N 95 mask and goggles. She took the Styrofoam container opened it and set up the meal for Resident #13. She then adjusted the blanket and covers on Resident #12 in the B bed. She left the room and did not wash her hands. It was also noted at this time that CNA #3 took a meal tray into room [ROOM NUMBER] and put it on the over bed tray table for Resident #14. She was not wearing gloves and she put the straw in his drink and set up the meal for the resident. On 10/14/20 at 8:03 AM an interview was conducted with ADON #1 regarding the policy for PPE in COVID unit during meal distribution. She stated, Wearing gloves in the rooms was when we originally started (the increase in COVID-19 cases). On 10/19/20 at 3:12 PM an interview was conducted with the DON regarding PPE used during meal service/distribution in quarantined/isolation areas. She stated the policy had always been the same. There have been no changes to the policy (Gloves should be worn). ~ Housekeeping Issues - appropriate PPE not worn in quarantined areas: >On 10/13/20 at 9:43 AM Housekeeper #1 was observed in quarantined room [ROOM NUMBER] cleaning. He had on gloves and an N 95 mask with a surgical mask over it. He wore no other PPE. He was in the room sweeping with a broom and using a dust pan. It was noted that the dust pan had a heavy accumulation of dirt. At this time the housekeeper was asked about cleaning/disinfection of the broom and dust pans. He stated I clean mine at the end of the shift. I spray it with Virex (disinfectant). That's the way I do it He was also asked about cleaning the rooms where residents were COVID positive or quarantine. He stated, If a resident is positive or had COVID, they deep clean the room. We wear a gown and face shield. On 10/13/20 at 10:16 AM an interview was conducted with Housekeeping Laundry Supervisor. She was asked what PPE staff wore when entering quarantine and isolation rooms. She stated, When they go in isolation they are to wear entire PPE; gloves, gown, mask N95. We treat them like they have COVID. On 10/13/20 at 10:43 AM an interview was conducted with the Housekeeping Laundry Supervisor. She was asked about the cleaning/disinfecting of the brooms and dust pans. She stated, We clean them as needed and as they get nasty. They are not cleaned every day. The mopheads are cleaned after every room. She added, Quarantine and regular areas, their housekeeping carts move among both areas. None were reserved for use in designated areas; quarantined or non-quarantined. ~ Policy: Record review of the in-service documentation from 4/22/20 to 10/08/20 revealed the following facility guidelines and policies reviewed with staff: Record review the facility policy labeled Personal Protective Equipment - Using Protective Eyewear, Revised September 2010 revealed the following documentation, Purpose. To guide the use of protective outerwear. Objectives. 1. To protect employees from splashes, splattering, spraying, or droplets of blood, body fluids, or other potentially infectious materials. 2. To protect the employee's eyes, nose, and mouth from potentially infectious materials. Equipment and supplies. 1. Protective eyewear. 2. Goggles. 3. Face shields. and 4. Mask. Record review of the undated guidelines/in-service for the facility revealed the following, Warm Unit. All staff working with residents in the warm unit (MCR (Medicare) Hall). It is mandatory to wear appropriate PPE before entering room I.E. N 95. Shield/goggles. Isolation Gowns. Gloves. If seen without PPE by nursing administration disciplinary action will occur. Record review of the facility policy labeled Handwashing/Hand Hygiene, Revised August 2019 revealed the following documentation, Policy Statement. This facility content considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation. 1. All personnel shall be trained and regularly in-service on the importance of hand hygiene and preventing the transmission of healthcare - associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to prevent spread of infections to other personnel, residents and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (anti-microbial or non-antimicrobial) and water for the following situations. b. After and before direct contact with residents. i. After contact with a resident's intact skin. 1. After contact with objects (e.g., Medical equipment) in the immediate vicinity of the resident; m. After removing gloves; n. Before and after entering isolation precaution settings. p. Before and after assisting a resident with meals. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves it does not replace handwashing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as a best practice for preventing healthcare associated infections. Procedure. Washing hands. 3. Rinse hands with water and dry thoroughly with a disposable towel. 4. Use towel to turn off the faucet. Record review of the facility current guidance and in-service documentation revealed the following, Face Shields. Face shields must be on when providing direct care. Record review of current facility's documentation guideline and in-service materials labeled Sanitizing Hands, revealed the</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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>F 0885</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>following documentation, Apply hand sanitizer to hands then rub it in as if washing hands until hands are dry. Before and after using computer, kiosk, copy machines, time clocks, etc. Hands are to be sanitized after leaving residents room.</p> <p>Based on interview and record review, the facility failed to inform residents, their representatives, and resident families by 5 p.m. the next calendar day following the occurrence of a single confirmed infection of COVID-19. The facility further failed to include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of each time a confirmed infection of COVID-19 was identified for 8 of 8 residents (Residents #1, 2, 4, 5, 7, 8, 9 and 10), in that: a)Eight of 8 residents (Residents #1, 2, 4, 5, 7, 8, 9 and 10) did not have consistent documentation of the resident's representatives and/or resident families being informed, individually or cumulatively, of each positive COVID-19 case in the facility. These problems could result in residents, families and responsible parties not being kept abreast of the COVID-19 status in the facility. The findings include: Record review of the facility's COVID-19 positive tracking form revealed that between 9/17/20 and 10/12/20 the facility had a total of 29 staff and 58 resident positive cases. The first case was documented on 9/17/20. Weekly notification updates for family/responsible parties would start 9/24/20 and would have added 4 additional resident cases and two additional staff cases. The weekly update for 10/01/20 would have inform the families/responsible parties of 9 additional staff cases and 29 additional resident cases. The weekly update for 10/8/20 would have informed the families and responsible parties of 10 additional staff cases and 16 additional resident cases. On 10/13/20 at 12:30 PM an interview was conducted with the DON. The DON was asked about their guidelines and policies for notifying families, residents and responsible parties of COVID-19 cases in the facility. She stated, Families are notified of positive cases. Marketers called, earlier, all the families. Now we tell the social worker and she calls the families and they document it in the computer. If the social worker is not here, someone in nursing does it. She calls every time it's a positive case. She does not notify if staff are positive. If a family asks, we tell them. We are not calling family for positive staff; only if they ask. She further stated, Since the outbreak (which would be the first case in September), we just notified the resident's specific family of their (resident) positive case. Not all families. On 10/13/20 at 3:00 PM an interview was conducted with the director of nurses regarding COVID-19 case notification. She stated, Notification would be in the progress notes. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #1 revealed that her family was informed of 4 resident cases and 2 staff cases on 10/13/20. The only other notification to the family was a positive COVID case in the facility on 9/22/20. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #2 revealed documentation that his family was informed of a case of positive COVID on 9/22/20 there were no other notifications documented. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #4 revealed that his family was informed of a COVID-19 case in the facility on 9/22/20. There were no other notifications of positive cases to the family. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #5 revealed that the family was informed of a positive COVID-19 case in the facility on 9/22/20. An attempt was made by the Administrator to notify family via telephone on 10/13/20 of cases of COVID-19. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #7 revealed that the family was informed of a COVID-19 case in the facility on 9/22/20. There were no other notifications to family or responsible parties regarding positive cases in the facility. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #8 revealed that the family was notified of a COVID-19 case in the facility on 9/22/20. The family was also informed on 10/13/20 of 4 resident cases and 2 staff cases. There were no other notifications to the family or responsible parties regarding positive cases in The facility. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #9 revealed that her family was notified of a positive case of COVID-19 in the facility on 9/22/20. Documentation on 10/13/20 revealed that the social worker informed the family of 4 resident cases and 2 staff cases of COVID-19 in the facility. There was no other documentation of the have family or resident representatives being informed of other positive cases in the facility. Record review of the 9/01/20 - 10/13/20 progress notes for Resident #10 revealed that the family was notified of 4 resident cases and 2 staff cases by the social worker on 10/13/20. There were no other notifications documented for the family or resident representative. ~ Policy: Record review of the in-service documentation from 10/08/20 to 4/22/20 revealed the following guidelines and policies reviewed with staff: Record review of the facility documentation and in-service training dated 4/22/20 revealed the following, Subject: Face shield policy and how to disinfect it, Additional documentation attached to this in-service revealed the following, 4/22/2020. New CMS guidance (see attached). Notification of families/residents/staff within 12 hours of a suspected (non-CDC lab positive) or confirmed (CDC lab positive) COVID-19 case or 3+ staff/residents with severe respiratory infections in a 72-hour period .</p>		