

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER SENIOR REHABILITATION & SKILLED NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 8825 LAMPLIGHTER LN PORT ARTHUR, TX 77642	
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 0835 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to effectively and efficiently administer in a manner that enabled it to use its resources to maintain the highest practicable physical, mental, and psychosocial well-being for residents. The administrator did not follow the facility policy (adopted from CDC guidelines and recommendations) and implement interventions to prevent the potential spread of COVID-19. The administrator directed RN A, who was tested for COVID-19, to work 3 shifts on the secure unit (20 residents) prior to receiving her test results which were positive. RN A had a physician's orders [REDACTED]. The administrator did not require RN A to wear a mask and gloves while providing care when she returned to work prior to receiving the results of the COVID-19 test. ADON D did not provide training to RN A regarding the appropriate PPE to wear to prevent the spread of COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 4/2/20. While the IJ was removed on 4/3/20, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as widespread due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: During a phone interview on 3/31/20 at 9:28 a.m., the administrator said RN A was tested for COVID-19 on 3/17/20. The administrator said he requested a letter from RN A's physician on 3/18/20. He said the letter indicated RN A could return to work after 7 days if she was asymptomatic. He said RN A worked 3/24/20, 3/25/20, and 3/26/20 on the secure unit. The administrator said RN A's test results on 3/30/20 and she was positive for COVID-19. He said RN A had a history of [REDACTED]. During an interview on 3/31/20 at 10:47 a.m., RN A said she went to the doctor on 3/17/20 because she woke up with aches. She said she was tested for the Coronavirus on 3/17/20 and was told to go home by her physician until she got the results. She said she went back to work on 3/24/20 and also worked 3/25/20 and 3/26/20 on the secure unit. She said the facility told her she would be terminated if she did not work. She said she was not told to wear a mask or any other PPE when she returned on 3/24/20. She said she did not wear a mask when she returned and only used gloves when checking blood sugars. She said she got the positive result of the COVID-19 on 3/30/20. RN A said she was told by the health department she had to stay off work for 21 days and have 2 negative tests before she could return to work. RN A said she had not had any training on COVID-19 from the facility. During an interview on 4/1/20 at 3:33 p.m., ADON D, the infection preventionist, said she took COVID-19 training material from the CDC in December 2019. She said she educated staff on the material on 3/11/20 and 3/13/20. She said she provided staff with the highlights of the facility policy on COVID-19, gave them a packet to read about COVID-19 and gave them an in-service sheet to sign. She said she did not recall providing the highlights on the policy or giving RN A a packet regarding COVID-19. An in-service dated 3/11/20 titled What you need to know about Coronavirus disease 2019 (COVID-19), did not have RN A's signature indicating she received the training. An in-service dated 3/13/20 titled Hand washing and hand hygiene did not have RN A's signature indicating she received the training. RN A's personnel file and training record indicated no training on COVID-19. Her last training on infection control was 7/17/19. During an interview on 4/1/20 9:45 a.m., the administrator said RN A was not required to wear a mask and gloves while providing care to residents after her return to work on 3/24/20, 3/25/20 and 3/26/20. He said in-services regarding COVID-19 were left at the nursing station for staff to read and sign. During an interview on 4/1/20 at 3:37 p.m., the administrator said RN A had not received training on COVID-19. During a phone interview on 3/31/20 at 10:37 a.m., the MA at RN A's physician office said RN A was seen on 3/17/20. The MA said the physician notes indicated RN A had complained of fever and symptoms off and on for 3 days. She said the physician notes indicated RN A complained of a cough and a sore throat. The MA said RN A was tested for the flu and strep throat, and both test results were negative. She said RN A was then tested for COVID-19. She said RN A was told the physician to go home and stay at home until the results were in. The MA said RN A was afraid she was going to be fired if she did not go to work. The MA said she typed a letter from the physician indicating RN A was to remain home and off of work for 7 days or until further notice. She said the results usually took 5-7 days and the until further notice was just in case the results took longer. The physician's letter dated 3/18/20 indicated This is a note to confirm that RN A was seen in my office on 3/17/20 for flu like symptoms. Screening for Flu A and Flu B as well as strep were done with negative results. Due to CDC recommendations as a precaution RN A was swabbed for Coronavirus. Patient is to remain home and off of work for 7 days or until further notice. Any questions or concerns please contact our office at . During an interview on 4/3/20 at 11:50 a.m., RN A's physician said she tested RN A for Coronavirus on 3/17/20 because she was negative for strep and flu. She said RN A told her (the physician) she (RN A) had symptoms for several days. She said she told RN A she was not to return to work until the results of the test were in. The physician said RN A was afraid she was going to lose her job if she did not return to work. During an interview on 4/1/20 at 5:05 p.m., ADON B who was the staffing coordinator, said she called RN A's physician office on 3/23/20, the day before RN A was scheduled to work, and was told by the physician's MA the results from the COVID-19 test were not back and RN A was to remain off work until the results were received. ADON B said she told the administrator what RN A's physician office said and he picked up the phone and called RN A and told her she needed to show up for work. She said she thought the administrator made the call to RN A on 3/23/20, the day before she was scheduled to work on 3/24/20. During an interview on 4/2/20 at 11:15 a.m., the administrator said the staffing coordinator brought the phone to him on either 3/23/20 or 3/24/20 and asked him to talk to RN A about returning to work. He said he asked RN A if she had any symptoms or had to take anything to relieve a fever in the last seven days. He said RN A told him she had not had any symptoms and he told her to return to work. He said he thought if she was asymptomatic for seven days she was able to work. He said he got the information from the CDC guidelines. He said he knows now that was a mistake and he was using the information for an employee who had not been tested . He said he was not told RN A's physician said she could not return to work until her COVID-19 test result was back. During an interview on 4/1/20 at 5:15 p.m., the DON said RN A usually worked on the secure unit but worked 1 shift on hall 400 prior to being tested for the coronavirus. During an observation on 4/1/20 at 12:43 p.m., the residents in the secure unit were noted in the hallway, dining area, near the medication cart and in the smoking area with no PPE and without social distancing. A COVID-19, Prevention and Control policy revised 3/14/20 indicated Policy Statement - This facility follows current CDC guidelines and recommendations for the prevention and control of COVID-19. The COVID-19, Prevention and Control policy revised 3/20/20 referenced Provider Letter 20-11, dated 3/20/20, indicating a nursing facility should do the following: 1. Follow guidance issued by: a. the Centers for Disease Control . The website https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html, accessed on 03/31/20 indicated the following: .Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19, Return to Work Practices and Work Restrictions: Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 - Use one of 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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F 0835 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>below strategies to determine when HCP may return to work in healthcare settings 1. Test-based strategy. Exclude from work until *Resolution of fever without the use of fever-reducing medications and *Improvement in respiratory symptoms (e.g., cough, shortness of breath), and *Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart (total of two negative specimens) 2. Non-test-based strategy. Exclude from work until *At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, *At least 7 days have passed since symptoms first appeared If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. After returning to work, HCP should: * Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer * Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset * Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles) * Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen . The administrator and VP of Clinical Services was notified on 4/2/20 at 11:22 a.m. an IJ situation was identified due to the above failures. The facility's Plan of Removal was accepted on 4/2/20 at 5:21 p.m. and included: Tag F-880 Plan of Removal for Senior Rehabilitation 4-2-20 There is evidence that it is possible that the residents and staff in the facility could possibly contract COVID-19. An infection of COVID-19 could lead to health complications in high risk residents and/or possibly death. The facility initiated immediate action to correct the noncompliance. Step 1. 16 staff members that had direct contact with the RN whom tested positive for COVID-19 have been quarantined to their place of residence as of 3/30/20 per the local health department. The staff were given the COVID-19 hotline number and urged to self-screen for signs and symptoms and get tested for COVID-19. The testing is being directed by the local health department. Step 2. All residents are being monitored for signs and symptoms Q4 hours via respiratory function/pulse ox and temperature. Any residents showing any signs will be quarantined to the 200 hall which is set up for isolation. This is a designated isolation wing. Any suspected cases will be reported to HHSC via TULIP and the local health department. Step 3. Education for all staff had been initiated as of 3/31/20 and will be completed by the VP of Clinical Services for Southwest and/or designee in a face to face setting. The Administrator was reeducated by the VP of clinical services for Southwest LTC on COVID-19 on 4/2/20 at 10 A.M in a face to face setting regarding signs and symptoms as put forth by the CDC of when an employee may return to work. Training will be completed for all non-quarantined staff ASAP as they come on to shift in a face to face setting by VP of Clinical Services for Southwest and/or designee. The goal is to have all staff trained by 4/3/20 at 2 PM. Step 4. Training for quarantined staff will have face to face training prior to returning to work. Training will be completed on 4/13/20 at the beginning of their shift when all quarantined employees are allowed to return to work per local health department. Training will be completed by VP of Clinical Services for Southwest and/or designee. Step 5. Anyone who has been tested for COVID-19 will not be allowed to return to work unless cleared by local health department. Step 6. The plan for continued screening of staff includes an assigned designee per shift will screen oncoming staff which includes questionnaire and temperature log. Staff are not able to screen themselves. Residents will be screened for respiratory symptoms and temperature each shift by a nurse. The local health department will dictate to the facility when those employees will be allowed to return to work. Currently the allowances for returning to work are after 14 days of quarantine from time of last exposure and they are asymptomatic, which would be April 10th. On 4/3/20 the surveyors confirmed the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy by: * An in-service dated 4/2/20 and continued on 4/3/20 indicated staff were trained on the facility policy related to COVID-19. Quarantined staff received training via facetime and would receive training when they returned to work. * All residents were being monitored for elevated temperature, oxygen saturation and respirations every four hours. * 16 staff members who had direct contact with RN A were self-quarantined for 14 days. * During an interview on 4/3/20 at 8:15 a.m., the administrator said he was educated as to when employees were allowed back to work after exposure or being tested for COVID-19. He was aware staff were to wear a mask when returning to work. *During an interview on 4/2/20 at 10:55 a.m., the VP of Clinical Services said the facility had 1 resident who was moved to hall 200 on 4/2/20 due to a temperature of 101.2. She said the resident was tested for flu and strep that morning but the results were not back. * During an interview on 4/3/20 at 8:40 a.m., The administrator and VP of Clinical Services said a resident had spiked a temperature and had a cough and the resident was moved to hall 200 and tested for strep and the flu. *During interviews on 4/3/20 from 12:29 p.m. thorough 3:10 p.m., the administrator, BOM, SW, activity director, housekeeping personnel, ST, marketer, cook, 3 charge nurses (all 3 shifts), 8 CNAs (all 3 shifts), and housekeeping supervisor said they had been in-serviced on the facility's policy for COVID-19. They were aware of signs and symptoms including fever, cough, and runny nose and to report to the on-call person or administrator if they feel sick or have a fever. On 4/3/20 at 4:00 p.m., the administrator, VP of Clinical Services and ADON C were informed the IJ was removed; however, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as widespread due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.</p> <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure an effective infection control program to prevent the transmission of communicable diseases was provided for the facility regarding COVID 19. The facility did not implement interventions to prevent the potential spread of COVID 19. The facility allowed a Registered Nurse who was tested for COVID 19 to work 3 shifts on the secure unit (20 residents) prior to receiving her test results which were positive. The facility did not follow RN A's physician order [REDACTED]. The facility did not follow the CDC guidelines and recommendations for COVID-19 and require RN A to wear a mask when she returned to work, prior to the results of the COVID-19 test. The facility did not provide training to RN A regarding the appropriate PPE to wear to prevent the spread of COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 4/2/20. While the IJ was removed on 4/3/20, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as widespread due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: During a phone interview on 3/31/20 at 9:28 a.m., the administrator said RN A was tested for COVID-19 on 3/17/20. The administrator said he requested a letter from RN A's physician on 3/18/20. He said the letter indicated RN A could return to work after 7 days if she was asymptomatic. He said RN A worked 3/24/20, 3/25/20, and 3/26/20 on the secure unit. The administrator said he received RN A's test results on 3/30/20 and she was positive for COVID-19. He said 16 staff had direct contact with RN A. During an interview on 3/31/20 at 10:47 a.m., RN A said she went to the doctor on 3/17/20 because she woke up with aches. She said she was tested for the Coronavirus on 3/17/20 and was told to go home by her physician until she got the results. She said she went back to work on 3/24/20 and also worked 3/25/20 and 3/26/20 on the secure unit. She said the facility told her she would be terminated if she did not work. She said she was not told to wear a mask or any other PPE when she returned on 3/24/20. She said she did not wear a mask when she returned to work and only used gloves when checking blood sugars. She said she got the positive result of the COVID-19 on 3/30/20. RN A said she was told by the health department she had to stay off work for 21 days and have 2 negative tests before she could return to work. RN A said she had not had any training on COVID-19 from the facility. During an interview on 4/1/20 at 3:33 p.m., ADON D, the infection preventionist, said she took COVID-19 training material from the CDC in December 2019. She said she educated staff on the material on 3/11/20 and 3/13/20. She said she provided staff with the highlights of the facility policy on COVID-19, gave them a packet to read about COVID-19 and gave them an in-service sheet to sign. She said she did not recall providing the highlights on the policy or giving RN A a packet regarding COVID-19. An in-service dated 3/11/20 titled What you need to know about Coronavirus disease 2019 (COVID-19), did not have RN A's signature indicating she received the training. An in-service dated 3/13/20 titled Hand washing and hand hygiene did not have RN A's signature indicating she received the training. RN A's personnel file and training record indicated no training was provided on COVID-19. Her last training on infection control was 7/17/19. During an interview on 4/1/20 9:45 a.m., the administrator said RN A was not required to wear a mask and gloves while providing care to residents after her return to work on 3/24/20,</p>		
F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure an effective infection control program to prevent the transmission of communicable diseases was provided for the facility regarding COVID 19. The facility did not implement interventions to prevent the potential spread of COVID 19. The facility allowed a Registered Nurse who was tested for COVID 19 to work 3 shifts on the secure unit (20 residents) prior to receiving her test results which were positive. The facility did not follow RN A's physician order [REDACTED]. The facility did not follow the CDC guidelines and recommendations for COVID-19 and require RN A to wear a mask when she returned to work, prior to the results of the COVID-19 test. The facility did not provide training to RN A regarding the appropriate PPE to wear to prevent the spread of COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 4/2/20. While the IJ was removed on 4/3/20, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as widespread due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: During a phone interview on 3/31/20 at 9:28 a.m., the administrator said RN A was tested for COVID-19 on 3/17/20. The administrator said he requested a letter from RN A's physician on 3/18/20. He said the letter indicated RN A could return to work after 7 days if she was asymptomatic. He said RN A worked 3/24/20, 3/25/20, and 3/26/20 on the secure unit. The administrator said he received RN A's test results on 3/30/20 and she was positive for COVID-19. He said 16 staff had direct contact with RN A. During an interview on 3/31/20 at 10:47 a.m., RN A said she went to the doctor on 3/17/20 because she woke up with aches. She said she was tested for the Coronavirus on 3/17/20 and was told to go home by her physician until she got the results. She said she went back to work on 3/24/20 and also worked 3/25/20 and 3/26/20 on the secure unit. She said the facility told her she would be terminated if she did not work. She said she was not told to wear a mask or any other PPE when she returned on 3/24/20. She said she did not wear a mask when she returned to work and only used gloves when checking blood sugars. She said she got the positive result of the COVID-19 on 3/30/20. RN A said she was told by the health department she had to stay off work for 21 days and have 2 negative tests before she could return to work. RN A said she had not had any training on COVID-19 from the facility. During an interview on 4/1/20 at 3:33 p.m., ADON D, the infection preventionist, said she took COVID-19 training material from the CDC in December 2019. She said she educated staff on the material on 3/11/20 and 3/13/20. She said she provided staff with the highlights of the facility policy on COVID-19, gave them a packet to read about COVID-19 and gave them an in-service sheet to sign. She said she did not recall providing the highlights on the policy or giving RN A a packet regarding COVID-19. An in-service dated 3/11/20 titled What you need to know about Coronavirus disease 2019 (COVID-19), did not have RN A's signature indicating she received the training. An in-service dated 3/13/20 titled Hand washing and hand hygiene did not have RN A's signature indicating she received the training. RN A's personnel file and training record indicated no training was provided on COVID-19. Her last training on infection control was 7/17/19. During an interview on 4/1/20 9:45 a.m., the administrator said RN A was not required to wear a mask and gloves while providing care to residents after her return to work on 3/24/20,</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>3/25/20 and 3/26/20. He said in-services regarding COVID-19 were left at the nursing station for staff to read and sign. During an interview on 4/1/20 at 3:37 p.m., the administrator said RN A had not received training on COVID-19. During a phone interview on 3/31/20 at 10:37 a.m., the MA at RN A's physician office said RN A was seen on 3/17/20. The MA said the physician notes indicated RN A had complained of fever and symptoms off and on for 3 days. She said the physician notes indicated RN A complained of a cough and a sore throat. She said RN A was tested for the flu and strep throat, and both test results were negative. She said RN A was tested for COVID-19 and was told by the physician to go home and stay at home until the results were in. The MA said RN A was afraid she was going to be fired if she did not go to work. The MA said she typed a letter from the physician indicating RN A was to remain home and off of work for 7 days or until further notice. She said the results usually took 5-7 days and until further notice was just in case the results took longer. The physician's letter dated 3/18/20 indicated This is a note to confirm that RN A was seen in my office on 3/17/20 for flu like symptoms. Screening for Flu A and Flu B as well as strep were done with negative results. Due to CDC recommendations as a precaution RN A was swabbed for Coronavirus. Patient is to remain home and off of work for 7 days or until further notice. Any questions or concerns please contact our office at . During an interview on 4/3/20 at 11:50 a.m., RN A's physician said she tested RN A for Coronavirus on 3/17/20 because she was negative for strep and flu. She said RN A told her (the physician) she (RN A) had symptoms for several days. She said she told RN A she was not to return to work until the results of the test were in. The physician said RN A was afraid she was going to lose her job if she did not return to work. During an interview on 4/1/20 at 5:05 p.m., ADON B who was the staffing coordinator, said she called RN A's physician office on 3/23/20, the day before RN A was scheduled to work, and was told by the physician's MA the results from the COVID-19 test were not back and RN A was to remain off work until the results were received. ADON B said she told the administrator what RN A's physician office said and he picked up the phone and called RN A and told her she needed to show up for work. She said she thought the administrator made the call to RN A on 3/23/20, the day before she was scheduled to work on 3/24/20. 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During an observation on 4/1/20 at 12:43 p.m., the residents in the secure unit were noted in the hallway, dining area, near the medication cart and in the smoking area with no PPE and without social distancing. The facility's COVID-19, Prevention and Control policy revised 3/14/20 indicated Policy Statement - This facility follows current CDC guidelines and recommendations for the prevention and control of COVID-19. The website https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html, accessed on 03/31/20 indicated the following: .Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 .Use one of the below strategies to determine when HCP may return to work in healthcare settings 1. Test-based strategy. Exclude from work until * Resolution of fever without the use of fever-reducing medications and * Improvement in respiratory symptoms (e.g., cough, shortness of breath), and * Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart (total of two negative specimens) . After returning to work, HCP should: * Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer * Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset * Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles) * Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen . The administrator and VP of Clinical Services was notified on 4/2/20 at 11:22 a.m. an IJ situation was identified due to the above failures and the IJ template was provided. The facility's Plan of Removal was accepted on 4/2/20 at 5:21 p.m. and included: Tag F-880 Plan of Removal for Senior Rehabilitation 4-2-20 There is evidence that it is possible that the residents and staff in the facility could possibly contract COVID-19. An infection of COVID-19 could lead to health complications in high risk residents and/or possibly death. The facility initiated immediate action to correct the noncompliance. Step 1. 16 staff members that had direct contact with the RN whom tested positive for COVID-19 have been quarantined to their place of residence as of 3/30/20 per the local health department. The staff were given the COVID-19 hotline number and urged to self-screen for signs and symptoms and get tested for COVID-19. The testing is being directed by the local health department. Step 2. All residents are being monitored for signs and symptoms Q4 hours via respiratory function/pulse ox and temperature. Any residents showing any signs will be quarantined to the 200 hall which is set up for isolation. This is a designated isolation wing. Any suspected cases will be reported to HHSC via TULIP and the local health department. Step 3. Education for all staff had been initiated as of 3/31/20 and will be completed by the VP of Clinical Services for Southwest and/or designee in a face to face setting. The Administrator was reeducated by the VP of clinical services for Southwest LTC on COVID-19 on 4/2/20 at 10 A.M in a face to face setting regarding signs and symptoms as put forth by the CDC of when an employee may return to work. Training will be completed for all non-quarantined staff ASAP as they come on to shift in a face to face setting by VP of Clinical Services for Southwest and/or designee. The goal is to have all staff trained by 4/3/20 at 2 PM. Step 4. Training for quarantined staff will have face to face training prior to returning to work. Training will be completed on 4/13/20 at the beginning of their shift when all quarantined employees are allowed to return to work per local health department. Training will be completed by VP of Clinical Services for Southwest and/or designee. Step 5. Anyone who has been tested for COVID-19 will not be allowed to return to work unless cleared by local health department. Step 6. The plan for continued screening of staff includes an assigned designee per shift will screen oncoming staff which includes questionnaire and temperature log. Staff are not able to screen themselves. Residents will be screened for respiratory symptoms and temperature each shift by a nurse. The local health department will dictate to the facility when those employees will be allowed to return to work. Currently the allowances for returning to work are after 14 days of quarantine from time of last exposure and they are asymptomatic, which would be April 10th. On 4/3/20 the surveyors confirmed the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy by: * An in-service dated 4/2/20 and continued on 4/3/20 indicated staff were trained on the facility policy related to COVID-19. Quarantined staff received training via facetime and would receive training when they returned to work. * All residents were being monitored for elevated temperature, oxygen saturation and respirations every four hours. * 16 staff members who had direct contact with RN A were self-quarantined for 14 days. * During an interview on 4/3/20 at 8:15 a.m., the administrator said he was educated as to when employees were allowed back to work after exposure or being tested for COVID-19. He was aware staff were to wear a mask when returning to work. *During an interview on 4/2/20 at 10:55 a.m., the VP of Clinical Services said the facility had 1 resident who was moved to hall 200 on 4/2/20 due to a temperature of 101.2. She said the resident was tested for flu and strep that morning but the results were not back. * During an interview on 4/3/20 at 8:40 a.m., The administrator and VP of Clinical Services said a resident had spiked a temperature and had a cough and the resident was moved to hall 200 and tested for strep and the flu. *During interviews on 4/3/20 from 12:29 p.m. thorough 3:10 p.m., the administrator, BOM, SW, activity director, housekeeping personnel, ST, marketer, cook, 3 charge nurses (all 3 shifts), 8 CNAs (all 3 shifts), and housekeeping supervisor said they had been in-serviced on the facility's policy for COVID-19. They were aware of signs and symptoms including fever, cough, and runny nose and to report to the on-call person or administrator if they feel sick or have a fever. On 4/3/20 at 4:00 p.m., the administrator, VP of Clinical Services and ADON C were informed the IJ was removed; however, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as widespread due the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.</p>		