

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675664	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER SUNNY SPRINGS NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 1200 JACKSON ST N SULPHUR SPRINGS, TX 75482	
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 Level of harm - Immediate jeopardy Residents Affected - Some	<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 infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections were maintained for the facility related to COVID-19 (a new respiratory disease which can cause mild to severe illness with most severe illness in adults [AGE] years and older). The facility staff did not wear appropriate PPE on the COVID-19 positive unit and throughout the facility. DON was observed coming back from her office which is located inside the COVID unit to an office located on the recovered unit. This failure resulted in an identification of an Immediate Jeopardy (IJ) on 10/20/20. While the IJ was removed on 10/21/20, the facility remained out of compliance at a potential for more than minimal harm with a scope identified as a pattern 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 for being exposed to COVID-19, health complications, and death. Findings included: The CDC (Centers of Disease Control and Prevention) article titled Proper N95 Respirator Use for Respiratory Protection Preparedness at https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/ indicated .OSHA requires healthcare workers who are expected to perform patient activities with those suspected or confirmed to be infected with COVID-19 to wear respiratory protection, such as an N95 respirator. N95 respirator refers to an N95 filtering facepiece respirator (FFR) that seals to the face and uses a filter to remove at least 95% of airborne particles from the user's breathing air. It is important to note that surgical masks, sometimes referred to as facemasks, are different than respirators and are not designed nor approved to provide protection against airborne particles. Surgical masks are designed to provide barrier protection against droplets, however they are not regulated for particulate filtration efficiency and they do not form an adequate seal to the wearer's face to be relied upon for respiratory protection. Without an adequate seal, air and small particles leak around the edges of the respirator and into the wearer's breathing zone . .When properly fitted and worn, minimal leakage occurs around the edges of an N95 respirator when the user inhales, ensuring that the user's breathing air is being directed through the filter material. Staff that are required to use respiratory protection must undergo fit testing, medical clearance, and training, which are all required elements of a healthcare facility's written respiratory protection program. These are requirements of the Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134) . The CDC website at < https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/international-respirator-purchase.html> accessed 5/15/20 indicated, Head harness design 1. Use caution when purchasing a respirator with ear loops as the head harness. Preliminary NIOSH assessments indicate it is difficult to achieve an adequate fit when wearing respirators with ear loop designs. (NIOSH-approved respirators generally do not have ear loops.) 2. NIOSH strongly recommends against purchasing a respirator with ear loops without conducting a fit test with multiple people (with varied facial structures) in your organization per the requirements of your respiratory protection program. . . http://www.cdc.gov/niosh/nppt/respirators/testing/NonNIOSHresults.html accessed 10/16/20 indicated, NIOSH-approved N95s typically have head bands. Furthermore, limited assessment of ear loop designs, indicate difficulty achieving a proper fit . The Texas Health and Human Services COVID-19 RESPONSE FOR NURSING FACILITIES version 3.6 dated 10/8/20 indicated . If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCW wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide, depending on the situation). This includes: an N95 or higher-level respirator, eye protection, gloves, and gown. . . For the duration of the state of emergency, all NF personnel should wear a facemask while in the facility. Staff who are have been appropriately trained and fit-tested can use N95 respirators. Staff who are caring for residents with COVID-19 or caring for residents in a building with widespread COVID-19 infection, should wear an N95 respirator and all suggested PPE. . An COVID Action Plan revised on 7/21/20 indicated, Dedicated staff will be assigned to each zone and will not be allowed to cross a different zone while working . unknown status should wear all CDC recommended PPE including N95, eye protection, gloves and gowns. An undated resident list provided by the DON indicated there were eighteen residents who were positive for COVID-19 that resided on the COVID-19 unit and seven residents that resided on the unknown COVID-19 status. An PPE inventory sheet dated 10/20/20 indicated the facility had four hundred ninety-five N 95 mask. During an interview on 10/20/20 at 9:15 a.m., the DON said the PPE required for Hall 200 (cold negative hall-no residents positive for COVID-19) and Hall 100(recovered COVID-19 residents) are a gown and a KN95 mask. The DON said the PPE required for Hall 300 (residents with an unknown COVID-19 status) and Hall 400 (hot- residents positive for COVID-19) are KN95 mask, face shield/goggles, gown and shoe covers. During an observation on 10/20/20 at 9:15 a.m., the DON was coming from Hall 400 (hot- residents positive for COVID-19) going into Hall 100 (recovered COVID-19 residents). During an observation on 10/20/20 at 9:30 a.m., CMA S and CNA K was wearing a KN95 mask that loops around the ear. CMA S and CNA K was providing care for residents with an unknown COVID-19 status. During an observation on 10/20/20 at 9:50 a.m., LVN C, CNA B, CMA P, and CNA L, was wearing a KN95 mask that loops around the ear. LVN C, CNA B, CMA P, CNA L, and Housekeeper M was providing care for residents on the COVID positive unit. During an observation on 10/20/20 at 10:26 a.m., the DON was coming from Hall 400 (hot- residents positive for COVID-19) going into Hall 100 (recovered COVID-19 residents). During an observation at 10:28 a.m., LVN D was wearing a surgical mask under her N95 mask. LVN D was providing care for Hall 200 (cold negative hall-no residents positive for COVID-19). During an interview and observation on 10/20/20 at 10:30 a.m., Housekeeping A was coming from Hall 300 (residents with an unknown COVID-19 status) only wearing a N95 mask going into Hall 200 (cold negative hall-no residents positive for COVID-19). Housekeeping A said she will be working on Hall 200 (cold negative hall-no residents positive for COVID-19) and Hall 100 (recovered COVID-19 residents). Housekeeping A said she has not been trained on what PPE is required to wear. During an interview on 10/20/20 at 11:00 a.m., the DON said she must go on Hall 400 (hot- residents positive for COVID-19) because her stuff she need is on her computer. During an observation on 10/20/20 at 11:04 a.m., CNA B and LVN C was sitting in the DON office which is located on Hall 400 (hot- residents positive for COVID-19). CMA P was walking down Hall 400(hot- residents positive for COVID-19) wearing a KN95 mask under a N95 mask. During an observation on 10/20/20 at 11:27 a.m., LVN F was working on Hall 300 (residents with an unknown COVID-19 status). LVN F was wearing a N95 mask without googles or a face shield. LVN F wore a N95 mask and it was not fitted securely on her face to provide a tight seal. LVN F N95 mask straps was both around her neck. LVN F said she had not been fit tested . During an observation and interview on 10/20/20 at 11:52 a.m., LVN D was wearing a KN95 mask under her N95 mask. LVN D said the fibers came loose from her surgical mask that she had underneath her N95 mask, so she put on a KN95 mask under her N95 mask. LVN D said she has not been told any different on how to wear her mask. LVN D said she had not been trained on how to seal check her mask. During an interview on 10/20/20 at 1:37 p.m., RN M said staff has not been fit tested . During an interview on 10/20/20 at 3:45 p.m., LVN C said she worked on Hall 400 (hot- residents positive for COVID-19) wearing a KN95 mask. LVN C said CNA B and CNA L also worked with her on Hall 400 (hot- residents positive for COVID-19) wearing a KN95 mask. LVN said they provided</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 - Immediate jeopardy</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>care for all 18 residents on that hall. LVN C said she had not been fit tested . During an interview on 10/20/20 at 3:47 p.m., CMA S said she provided care for residents on Hall 100 ((recovered COVID-19 residents) and Hall 300 (residents with an unknown COVID-19 status). During an interview on 10/20/20 at 3:50 p.m., CNA K said she provided care for residents on Hall 300 (residents with an unknown COVID-19 status). The DON was notified on 10/20/20 at 3:30 p.m. that an Immediate Jeopardy situation was identified due to the above failures. The DON was provided the Immediate Jeopardy template. The facility's Plan of Removal was accepted on 10/20/20 at 7:12 p.m. and included: To Whom it may concern, Summary of Details which lead to outcomes On 10.20.20, an abbreviated survey was initiated at Sunny Springs Nursing and Rehab 1200 N. Jackson Street Sulphur Springs, TX -2104. A surveyor provided an IJ Template notification that the Survey Agency has determined that the conditions at the center constitute immediate jeopardy to resident health. The notification of the alleged immediate jeopardy states as follows: Infection Control 1. Staff are wearing KN95 masks instead of N95 on the COVID unit and unknown unit. After an interview with the DON indicating staff were wearing KN95 instead of N95 on the COVID unit. The DON was observed going back and forth from her office which is located inside the COVID unit and coming back to the recovered unit. A staff member was observed on the COVID unit wearing a KN95 mask under the N95 mask. Identify residents who could be affected All Residents who were provided care for by the employees wearing KN95 have the potential to be affected. Identify responsible staff/ what action taken All employees were immediately given N95 masks. KN95 masks were removed from inventory. The DON and staff were immediately educated not to go back and forth on the Covid hall and in-serviced on Mitigation Zones PPE requirements by the Regional Nurse Consultant. Staff member observed wearing KN95 mask underneath N95 mask was in-serviced on how to wear a N95 mask properly. In-Service conducted In-service was conducted by Regional Nurse Consultant, Director of Nursing and Assistant Director of Nursing on 10.20.2020. The in-service is on Infection Control. The details of the in-service include: Full PPE will be donned prior to entering any Warm or Hot hall including N95 masks Proper handwashing technique Proper donning and doffing procedures Mitigation Zone PPE The in-service was attended by licensed caregivers which include; Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistants, Certified Medication Aide, and Licensed Therapists which include; Physical Therapist, Occupational Therapist and Speech therapist. For licensed staff who are unavailable for training on this date, they will not be allowed to return to work until training is complete. This in-service will be started on 10.20.20 Implementation of Changes The changes were initiated by the Director of Nursing. The changes will be implemented effective on 10.20.20 and will be ongoing until all staff are in serviced. The Director of Nursing will ensure competency through verbalization of understanding by staff. Monitoring The Administrator/Director of Nursing/Assistant Director of Nursing will be responsible for monitoring the implementation and effectiveness of in-service on 10.20. 2020. The Administrator/Director of Nursing/Assistant Director of Nursing will monitor all staff members to ensure only N95 masks are worn in the facility when a Covid positive case has been identified. Director of Nursing/Assistant Director of Nursing will conduct daily inventory checks with Central supply confirm that KN95 masks have been removed from circulation. Residents will be monitored every shift for any changes of condition. Any changes of condition will be reported to the Director of Nursing and Assistant Director of Nursing immediately. DON/designee will monitor that the appropriate process for PPE is being followed for all hallways. This monitoring will be completed daily by the DON. The Regional Nurse Consultant will monitor the process completed by the DON. Involvement of Medical Director The Medical Director, Dr. Selvaggi was notified about the immediate Jeopardy on 10.20.2020. The Medical Director will be meeting with the Interdisciplinary team on 10.21.20.2020 to discuss more about the immediate Jeopardy and ways to address the alleged deficient practice. Involvement of QA An Ad Hoc QAPI meeting will be held with the Medical Director, facility administrator, director of nursing, and social services director to review plan of removal. Who is responsible for implementation of process? The Director of Nursing will be responsible for implementation of New Process. The New Process/ system will be started on 10.20.2020. Please accept this letter as our plan of removal for the determination of Immediate Jeopardy issued on 10.20.20. On 10/21/20 the surveyor confirmed the facility implemented their plan of removal sufficiently to remove the Immediate Jeopardy (IJ) by: Five LVNs ((on all shifts - 6 a.m. to 6 p.m.; 6 p.m. to 6 a.m.; 6 a.m. to 2 p.m.; and weekends), 1 RNs (2 p.m. to 10 p.m.), 7 CNAs (all shifts), one housekeeper staff, one dietary staff, one hospitality aide and maintenance said they were in-serviced on proper use of their N95 mask and the type of mask they were supposed to wear while working the positive unit. PPE required entering any warm or hot hall and Donning and Doffing procedures. They said they have been trained on proper handwashing technique and the mitigation zone PPE. All staff were able to answer the questions with correct information to the above in-service training topics. Staff were observed to be wearing the appropriate PPE and wearing it correctly. On 10/20/20 at 5:30 p.m., the DON was 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 pattern due to the facility's need to complete in-service training and evaluate the effectiveness of the corrective systems.</p>		