

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675842	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER MI CASITA NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2400 QUAKER AVE LUBBOCK, TX 79410	
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 0606 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. Based on observation, interview, and record review, the facility failed to ensure they did not employ an individual who was found guilty of a criminal offense barring employment by a court of law for 1 of 6 employees reviewed for abuse and neglect. Staff #2 (S#2). The facility did not ensure S#2 was disqualified from working in the facility, when his criminal history record indicated a criminal conviction permanently barring employment in a nursing facility. R#2 had worked in the facility from 10/03/19 through 06/17/20. This failure placed the residents at risk for possible abuse, neglect or exploitation. Findings included: Observation on 6/15/20 at 10:05 a.m. Staff #2 (S#2) entered the facility, screened himself before signing the log book, and went to the administrator's office to obtain a face mask to continue his work day. Record review of S#2's personnel file, indicated he was hired 10/03/19. In addition, this record included his criminal history report dated 10/03/19 indicating he had an arrest offense dated 04/28/15 for an offense under section 22.041 (Abandonment and Endangerment Child Criminal Negligence). This report indicated S#2's level and degree prosecuted: Felony - state jail felony. criminal history report dated 10/03/19 indicated S#2 was convicted on 03/29/16 for Abandonment and Endangerment Child Criminal Negligence. During an interview on 06/17/20 at 12:43 p.m. the administrator indicated she took over employee background checks 11/2019 because she had concerns the human resource person at the time was not conducting them correctly. The administrator confirmed S#2 should not have been employed at the facility, and should not have worked at facility for the past 8 months due to offense under Section 22.041. Record review of Appendix I, Criminal Convictions Barring Employment with Revision 11-1, Effective September 1, 2011 indicated A person for whom the facility or the individual employer is entitled to obtain criminal history record information may not be employed in a facility or by an individual employer if the person has been convicted of an offense listed in this subsection: specifically (7) an offense under Section 22.041. Record review of the HHSC regulated facilities based on Chapter 250 of the Health & Safety Code indicated . Facilities and agencies regulated by HHSC Regulatory Services are required to obtain criminal history checks for unlicensed staff whom they seek to employ. Nursing facilities and assisted living facilities are required to check the criminal history of all job applicants, both licensed and unlicensed. A conviction of certain criminal offenses prevents a person from employment . effective 1/1/19. (A) Conviction of any of the following offenses bars employment .13) abandoning or endangering a child - P.C. 22.041 Record review of facility's Abuse Prevention Program dated 2001 and revised 2006 indicated residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. This policy included facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	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, including the use of PPE and following CDC guidelines for COVID-19, for 4 of 4 residents observed within feet of the inside/outside facility's main exit door. The facility did not implement interventions to prevent the potential spread of COVID 19. 1) The facility did not consistently assure staff were utilizing PPE. 2) The facility did not follow CDC or CMS guidelines for the use of a face mask. This failure could place residents at risk of contracting COVID-19 resulting in possible serious illness or death. Findings included: Review of R#1's Admission Record indicated she was admitted to facility 05/18/19 with initial admitted as 01/14/16. This report included R#1's [DIAGNOSES REDACTED]. addition, R#1's Minimum (MDS) data set [DATE] revealed she had a Brief Interview for Mental Status score of 8, indicating she was moderately impaired. Review of R#2's Admission Record indicated he was admitted to facility 06/01/20 with initial admitted as 10/13/18. This report included R#2's [DIAGNOSES REDACTED]. In addition, R#2's Minimum (MDS) data set [DATE] revealed he had a Brief Interview for Mental Status score of 7, indicating he was severely impaired. Review of R#3's Admission Record indicated he was admitted to facility 04/23/20 with initial admitted as 5/19/17. This report included R#3's [DIAGNOSES REDACTED]. In addition, R#3's Minimum (MDS) data set [DATE] revealed he had a Brief Interview for Mental Status score of 10, indicating he was severely impaired. Observation on 6/15/20 at 10:05 a.m. revealed Staff #1 (S#1), who was not wearing a face mask, responded to the doorbell activated at the facility's main entrance. Next to this door was a storage bin with drawers, a table with a log book, and next to this table was Resident #1 (R#1), who was sitting in her wheelchair. S#1 opened the door to allow Staff #2 (S#2), who was not wearing a face mask, to enter the facility. S #2 screened himself by answering the questions on the log book, taking his own temperature, and signing the log book, after S#1 verified S#2's temperature. Afterwards, S#2 asked S#1 for a face mask because he could not locate one in the storage bin. Staff #2, without a mask, walked approximately 5 feet to the conference room, walked through the conference room, copy room, hallway, where residents' rooms are located, and down the hallway approximately 12 feet to the administrator's office to obtain a mask. Observation on 06/15/20 at 10:08 a.m. revealed the storage bin next to the facility's main entrance did not contain any face masks. Interview on 06/15/20 at 10:09 a.m. S#2 indicated the facility did not have a face mask in the storage bin located at the facility's main doorway. S#2 confirmed he asked S#1 to verify his temperature, which he noted on the log book, and asked S#1 for a mask who could not locate one in the storage bin, while Resident #1 sat next to the table with the log book. Interview on 06/15/20 at 10:30 a.m. S#1 indicated she answered the front door for S#2, without her face mask because she left her mask in the conference room. S#1 indicated once at the front door she was asked by S#2 to verify his temperature, which he noted on the log book, and to provide him with a face mask because there was not one in the storage bin. S#1 confirmed R#1 was sitting next to the table, where the log book is located, and where S#2 screened himself and where she verified his temperature. Observation on 06/17/20 at 9:40 a.m. S#3 who was not wearing her face mask, pushed R#2 in his wheelchair into the facility's transportation van, where she secured R#2 and his wheelchair. Afterwards, S#3, who was not wearing her face mask, pushed R#3 in his wheelchair into the facility's transportation van, where she secured R#3 and his wheelchair. Interview on 06/17/20 at 12:43 p.m. with facility's Administrator indicated staff are supposed to wear their mask at all times when caring for residents. Interview on 06/17/20 at 12:43 p.m. with facility's DON, who is also the facility's Infection Preventionist staff, indicated facility staff are supposed to wear their face mask at all times when caring for residents. Review of COVID-19 Policy and Procedures dated 04/20/20 indicated During the duration of the state emergency COVID-19 pandemic all staff should wear a face mask while they are in the facility. Review of the CDC website for titled Preparing for COVID-19 in Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html , dated 5/30/20 and reviewed on 6/8/20, revealed: Core Standards: Implement Source Control Measures. Health Care Providers should wear a facemask at all times while they are in the facility. Review of a CMS letter, titled COVID-19 Long-Term Care Facility Guidance dated 4/2/20 revealed, To provide critical, needed leadership for the Nation's long-term care facilities to prevent further spread of		
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>(continued... from page 1)</p> <p>COVID-19, CMS and CDC, are now recommending the following immediate actions to keep patients and residents safe: 4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.</p>		