

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER LEGACY NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 2202 N TRAVIS AVE CAMERON, TX 76520	
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 interview, observation 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 infection during breakfast and lunch service on four (4) of four (4) halls and three (3) staff observed not wearing a mask. A. CNA A, CNA B, CNA C, CNA D, LVN E and LVN F failed to sanitize residents' hands (4 residents on hall 1, 5 residents on hall 2) prior to eating breakfast and (4 residents on hall 3 and 9 residents on hall 4) prior to eating lunch. B. PTA G, Ward Clerk H and Housekeeper/ Laundry I failed to wear a mask in the facility. These failures could place all residents at risk for the transmission of infectious diseases. Findings included: A. Record review of Resident # 2's MDS dated [DATE] reflected Resident #2 had a BIMS score of 15. (Indicates cognition is intact). Record review of Resident # 9's Quarterly MDS dated [DATE] reflected Resident # 9's BIMS score of 13. (Indicates cognition is intact). Record review of Resident # 12's MDS dated [DATE] reflected Resident #12 had a BIMS score of 15. (Indicates cognition is intact). Observation on 05/20/2020 between 7:45-8:40 AM meal service revealed staff failed to sanitize hands of four (4) residents on hall 1 (Residents 1, 2, 3 and 4) and five (5) residents on hall 2 (Residents 5, 6, 7, 8, 9 and 10). Observation on 05/20/2020 between 11:30 -1:00 PM meal serviced revealed staff failed to sanitize hands of four (4) residents on hall 3 and nine (9) residents on hall 4. In an interview on 05/20/2020 at 8:50 AM Resident # 2 stated, My hands weren't washed before breakfast. Staff doesn't wash our hands or offer me anything to wash my own hands. In an interview on 05/20/2020 at 9:03 AM Resident # 12 stated, When I ate my breakfast no one washed my hands before I ate, and I didn't wash my hands. In an interview on 05/20/2020 at 9:15 AM Resident # 9 stated Before I ate breakfast this morning, my hands weren't washed by me or anyone else. In an interview on 05/20/2020 at 12:50 PM CNA B stated, We have been in serviced to wash residents' hands prior to meals. I didn't wash any residents' hand before breakfast or lunch meals. I didn't see any staff wash residents hands, prior to meals. In an interview on 05/20/2020 at 1:01 PM CNA C stated, I knew the residents' hands needed to be washed or use sanitizer before meals. We have been instructed by management during an in-service to wash or sanitize residents' hands before they eat meals. I didn't observe any staff wash or sanitize any residents' hands before meals. In an interview on 05/20/2020 at 1:10 PM CNA D stated I didn't wash or sanitize the residents' hands when I passed out trays during breakfast meal and during lunch meal. We had an in-service last of March or first of April about washing residents' hands before meals. I did not see any staff clean residents' hands before meals. In an interview on 05/20/2020 at 1:18 PM LVN F stated, I didn't wash any residents' hands prior to lunch. I only assisted with the lunch meal. I didn't see any staff sanitizing or washing residents' hands prior to the food cart delivered from the kitchen to the halls. Furthermore, I was busy passing out trays and didn't notice if any staff was washing or sanitizing residents' hands. I have had an in-service on washing/ sanitizing resident's hands before meals. The in-service was either in March or first week of April. In an interview on 05/20/2020 at 1:30 PM The Administrator stated, I expect residents' hands to be washed with soap/ water or sanitized prior to meals. All staff has been in serviced on washing/ sanitizing residents' hands prior to meals on 3/31/2020. This was under the section Food Service Delivery. Furthermore, The Administrator stated, We didn't list everything we discussed during in-service under each section. We also have used the COVID -19 Survey for Nursing Homes as a guide to monitor and assess if we have in-serviced our staff on this information and if staff is following these protocols. Record Review and interview of in-services dated 03/31/2020 with the Administrator reflected Food Service Delivery. The Administrator stated, this is where we in serviced staff to wash or sanitize residents' hands prior to meals. Record Review of facility instructions (undated) for Nursing Homes reflected Hand Hygiene- When being assisted by staff, residents' hand hygiene will be performed after toileting and before meals? B. Observation on 5/20/2020 at 8:00 AM revealed PTA G sitting in the Rehabilitation Room with mask lowered under his chin. He was sitting near Director of Therapy I. Observation on 05/20/2020 at 11:00 AM Ward Clerk H revealed she was not wearing a mask. She was standing in the doorway of her office reading a card to a Resident. Ward Clerk H was less than 1 feet away from Resident. Observation on 05/20/2020 at 11:20 AM revealed Housekeeper I was standing near Resident #2's doorway on Hall 1. Housekeeper I's mask did not cover her mouth or nose it was on her chin. Housekeeper I was talking to Resident #2 less than 6 feet apart. In an interview on 05/20/2020 8:02 AM PTA G stated I am a new employee. I have been in serviced on COVID 19 in nursing home. I was informed to wear mask when in this facility. In an interview on 5/20/2020 at 11:03 AM Housekeeper I stated I didn't have my mouth or nose covered with mask. I pulled it down to talk. I have been in serviced to wear mask whenever I am in the facility. In an interview on 05/20/2020 at 11:23 AM Ward Clerk H stated I am to wear mask at all times. I always wear my mask, but it was difficult to read with the mask over my mouth. All staff has been in-serviced to wear masks when in the facility. In an interview on 05/20/2020 at 1:30 PM the Administrator stated All staff has been in-serviced several times and been given instructions to wear a mask at all times when in this facility. Record review of form given to each staff reflected Anyone entering this facility must wear a facemask. Review of CDC guidelines dated 4/13/20 and titled Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs): reflected the following: Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.