

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER THE MEDICAL RESORT AT SUGAR LAND		STREET ADDRESS, CITY, STATE, ZIP 1803 WESCOTT AVENUE SUGAR LAND, TX 77479	
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. **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 5 of 6 residents (Resident #1, #2, #3, #4 and #5) reviewed for infection control. -The facility failed to inform staff and identify resident rooms that required quarantine. -The facility failed to protect current residents by placing new admissions in the same room as residents who were not on quarantine and who had a [MEDICAL CONDITION]. - The facility failed to have PPE stations at the entrance of each of the quarantine room for staff to don prior to entering the rooms. -The facility failed to ensure staff, who were providing care wore appropriate PPE when caring for quarantined residents. Staff did not wear eye protection and were observed wearing homemade cloth masks while caring for residents in quarantine and in patient care areas. An Immediate Jeopardy (IJ) was identified on 6/19/2020. While the IJ was lowered on 6/20/20 the facility remained out of compliance at a severity level of no actual harm with potential for more than minimal harm that is not immediate jeopardy and a scope of pattern while they continued to monitor their plan of removal. These failures placed all residents at risk of contracting an infectious disease, COVID-19, cross-contamination, and hospitalization. Findings Include: Record review of the CDC website at cdc.gov revealed, Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown read in part, Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Record review of CDC.gov website read in part, The PPE recommended when caring for a patient with known or suspected COVID-19 includes: Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted) Put on an N95 respirator (or higher level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use or reuse strategies to optimize PPE supply. Higher level respirators include other disposable filtering facepiece respirators, PAPRs, or [MEDICATION NAME] respirators. N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask. If reusable respirators (e.g., powered air-purifying respirators (PAPRs)) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. *When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program. Eye Protection- *Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse. Gowns -Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. 3. Patient Placement For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows. If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients who will be undergoing aerosol generating procedures (See Aerosol Generating Procedures Section) As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift. Interview on 06/15/20 at 9:03 a.m. with the DON she said the NF was admitting residents. The DON said the NF required the resident to have a negative COVID-19 test result. The new admissions were monitored for 14 days for any signs and symptoms of the COVID-19. The DON said the staff PPE when caring for residents being monitored for COVID-19 consisted of N95 respirator. The DON said the facility did not have designated staffing. The DON said and Hall-300 would be used for the NF COVID-19 positive residents (Isolation Hall). The DON said Hall-300 allowed the staff to enter and exit without having to enter the NF main entrance. Further interview with the DON regarding new admissions said she would quarantine a resident if the resident was symptomatic (fever, loss of appetite, and flu like symptoms). The DON said at that time the staff should be donning with the following PPE: N95 respirator, disposable gown, show covers, and goggles to prevent cross contamination. Interview on 06/15/20 at 10:35 a.m. with LVN-A on Hall-100 said when a resident is admitted from the hospital, the resident is placed on quarantine for two weeks. The resident is not allowed to come out of the room. LVN-A said the PPE that was used to care for residents on quarantine consisted of an N95 mask. LVN-A said no residents on Hall-100 were in quarantine. Interview on 06/15/20 at 10:43 a.m. with RN-B said she was working Hall-300 and there were no residents on quarantine. RN-B said when the NF received a new admission, the resident is placed in quarantine for 2 weeks on droplet precautions. RN-B said a resident could leave their room to go for PT/OT wearing a surgical mask. Interview on 06/15/20 at 11:23 a.m. with RN-C said she was working on Hall-400 to room [ROOM NUMBER]. RN-C said none of the residents were on quarantine or isolation. RN-C said any new admissions or readmits she would ask the sending facility, during report, of the resident's COVID-19 status. RN-C said if the resident had a negative test, the NF would place the resident on droplet precautions. RN-C said the PPE that would be used was an N-95 and gloves. She did not mention any eye protection or gown. RN-C said the resident would be monitored for any changes in condition such as a fever, cough, and shortness of breath. RN-C said if the resident was showing these symptoms, she would notify the doctor. Interview on 06/15/20 at 12:00 p.m. with the DON said the guidelines she was following regarding COVID-19 was from the Vice President of Clinical Services. The DON said the Vice President of Clinical Services also e-mailed webinars that the state conducted. Observation during tour on 6/17/2020 at 9:10 am of Halls 100, 200 and 300 revealed some of the Resident's doors were opened to the hallway with no isolation cart sitting near 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 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Residents' room doors to indicate whether the resident was on quarantine or isolation precautions. Observation during the tour on 6/17/2020 at 9:31 am of Halls 400, 500 and 600 revealed some of the Residents' doors were opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Resident's room door which indicated the resident was on isolation precautions. Resident #1 Record review of the admission sheet for Resident #1 revealed a [AGE] year-old female admitted to the facility on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #1's Hospital to Post-Acute Care Facility Transfer-COVID -19 Assessment admitted [DATE] 12:21 pm (date of service: 6/12/20 1:04pm), read in part: has patient been laboratory tested for COVID-19? NO, test not performed because patient did not meet the CDC testing criteria. MAY TRANSFER . Record review of Resident #1's physician's orders [REDACTED].#1's Admission MDS assessment dated [DATE] revealed the document was incomplete due to the resident being a new admission. Record review of Resident #1's Care Plan initiated 6/12/20 revealed the following care plan: Focus: Resident has had potential exposure to COVID-19. Goal: Measures would be taken to reduce the risk of contracting COVID-19 through the review date. Interventions/Tasks: Staff will maintain appropriate PPE per current guidelines and availability in facility. Record review of Resident #1's nurses notes for the month of June 2020 revealed there was no documentation that the Resident was on Droplet precautions. Observation on 6/17/2020 at 9:45 am revealed Resident #1 was in her room lying in bed. Resident #1's door was opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Resident's room door to indicate the resident was on precautions to monitor for COVID-19. Resident #2 Record review of the admission sheet for Resident #2 revealed an [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #2's Admission MDS assessment dated [DATE] revealed the assessment was incomplete due to the resident was a new admission. Record review of Resident #2's Care Plan initiated 6/12/20 revealed the following care plan: Focus: Resident has had potential exposure to COVID-19. Goal: Measures would be taken to reduce the risk of contracting COVID-19 through the review date. Interventions/Tasks: Staff will maintain appropriate PPE per current guidelines and availability in facility. Record review of Resident #2's Hospital to Post-Acute Care Facility Transfer-COVID -19 assessment dated and signed by the hospital staff on 6/11/20, read in part: has patient been laboratory tested for COVID-19? NO, test not performed because patient did not meet the CDC testing criteria. MAY TRANSFER . which was one day prior to the admission. Record review of Resident #2's physician's orders [REDACTED].#2's nurses notes for the month of June 2020 revealed there was no documentation that the Resident was on Droplet precautions. Observation on 6/17/2020 at 9:52 am revealed Resident #2's door was opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Resident's room door which indicated the resident was on isolation precautions. Resident #2 was lying in bed. Resident #3 Record review of the admission sheet for Resident #3 revealed a [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #3's Admission MDS assessment dated [DATE] revealed it was not yet complete due to the resident was a new admission. Record review of Resident #3's physician's orders [REDACTED].#3's Hospital to Post-Acute Care Facility Transfer-COVID -19 Assessment (YES, Test performed for COVID-19 Date of test (not dated) signed and dated by the hospital staff on 6/12/20 revealed it was marked Negative test. Record review of Resident #3's physician's orders [REDACTED].#3's physician's orders [REDACTED].#3's Care Plan initiated 6/12/20 revealed the following care plan: Focus: Resident has had potential exposure to COVID-19. Goal: Measures would be taken to reduce the risk of contracting COVID-19 through the review date. Interventions/Tasks: Staff will maintain appropriate PPE per current guidelines and availability in facility. Observation on 6/17/2020 at 9:59 am revealed Resident #3's door was opened to the hallway with no PPE cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Resident's room door to indicate the resident was on quarantine or precautions. Resident #3 was lying in bed and was on a ventilator. Further observation revealed Resident #3 was sharing the room with Resident #4 who also had a [MEDICAL CONDITION]. Resident #4 was not a new admit or a re-admit. Observation and interview on 6/17/20 at 10:15 am revealed CNA A was observed entering Resident #3's room wearing a cloth mask, which is not PPE. Interview with the CNA A, she said she provided incontinent care to Resident #3. She said she did not know the resident was on droplet precautions. She said she started working 2 weeks ago at this facility. She said she worked full time during 6-2pm shift. She said staff could wear homemade masks or facility provided masks to care for the quarantined residents. She said she had on her own cloth mask because it was comfortable to breathe in. She did not mention eye protection, gown, or gloves. She said she was provided an N95 mask from the DON but, my family member got into it. She said she did not ask the DON for another mask. She said she did not know which residents were quarantined or on droplet precautions because no one told her. She said there were no residents on isolation because there were no signs posted on the residents' doors or PPE setup outside of any of the rooms. Resident #4 Record review of the admission sheet for Resident #4 revealed a [AGE] year-old male admitted to the facility on re-admitted on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #4's physician's orders [REDACTED].#4's physician's orders [REDACTED].> 90% every shift. Record review of the care plan initiated on 4/9/20 revealed the following care plan: Focus- Resident has [MEDICAL CONDITION] r/t Impaired breathing mechanics Goals-Measures would be taken to clear and equal breath sounds bilaterally through the review date. Interventions/Tasks- Ensure [MEDICAL CONDITION] are secured at all times, Monitor/document for restlessness, agitation, confusion, increased heart rate ([MEDICAL CONDITION], and [MEDICAL CONDITION], Suction as necessary. Resident #5 Record review of the admission sheet for Resident #5 revealed an [AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #5's Admission MDS assessment dated [DATE] revealed the MDS was not yet complete due to the resident was a new admission. Record review of Resident #5's Hospital to Post-Acute Care Facility Transfer-COVID -19 Assessment (YES, Test performed for COVID-19 Date of test: 6/3/20 it was marked Negative test. Which was 10 days prior to the admission. Record review of Resident #5's Care Plan initiated 6/13/20 revealed the Resident was not cared planned for COVID exposure/droplet precaution. Record review of Resident #5's consolidated order for the month of June 2020 revealed there was no order to place Resident on Droplet precautions for 14 days. Observation on 6/17/2020 at 10:23 am revealed Resident #5's door was opened to the hallway with no isolation cart sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. There was no sign posted on the Resident's room door which indicated the resident was on isolation precautions. Resident #5 was lying in bed. In an interview on 6/17/20 at 10:10 am with RN A, she said when a resident is admitted from the hospital, the resident is placed on droplet precautions for 14 days. She said the PPE used to care for residents in quarantine consists of an N95 mask. She said no residents on Hall 500 were in quarantine. She did not mention eye protection, gown, or gloves. In an interview on 6/17/20 at 10:21 am with RN D, she said she was assigned to work rooms 507 to 612. She said when a resident is admitted from the hospital, the resident is placed on droplet precautions for 14 days. When asked which residents were on droplet precautions she said she would have to look at the resident's orders. She said the admitting nurse enters the orders in the electronic medical records. She said an N95 and gloves were required to care for all residents. She said if the resident started showing s/s of COVID such as coughing or SOB then staff could get gowns from central supply. She said no face shield or goggles were worn. In an interview and observation on 6/17/20 at 10:23 am with Central Supply Aide, she had a KN95 mask on. She said gloves and masks were required to care for the residents. She did not mention eye protection or gown. She said there were no residents in isolation in the facility. She said she would know the resident was in isolation after seeing a sign posted on the door and PPE set up outside the room. She said she did not know which residents were in quarantine. In an interview and observation on 6/17/20 at 10:27 am with CNA B, she had a KN95 mask on. She said gloves and masks were required to care for these residents. She did not mention eye protection or gowns. She said there were no residents in isolation on Hall 400, 500, or 600. She said she would know the resident was in isolation after seeing the sign posted on the door and PPE set up outside the room. She said she did not know which residents were in quarantine. She said nurses were in charge of screening the residents. In an interview on 6/17/20 at 10:58 am with the DON, she said all new admissions were monitored for 14 days for any signs and symptoms of COVID-19. She said these residents were also placed on droplet</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 2)</p> <p>precaution. The DON said PPE, including N95 and gloves, were required when caring for residents being monitored for COVID-19. The DON said most of their rooms were private rooms. She said she was not aware that CNA A had on a cloth mask. She said a mask and face shield were provided to the Respiratory Therapists. She said staff could wear gowns if they wanted. She said the facility was not isolating any residents. She said she supplied N95 masks every day to staff but they could wear their own masks as well. She said some staff complained that they could not breathe. She said the facility had a sufficient supply of PPE on hand in case they had a positive case. The DON was asked how the staff knew if a resident was on droplet precautions if there is no sign on the door or PPE available for the staff to don prior to entering a room. The DON said the nurses could look at the physician's orders [REDACTED]. In an interview on 6/17/20 at 11:40 am with the ADON, she said Hall 500 had fifteen residents with trachs and vents that required suctioning by a Respiratory Therapist. There were six residents that required oral suctioning by the nurses. She said only an N95 mask and gloves were required to perform these tasks. She said all new admits and re-admits were placed in Hall 400, 500 or 600. She said they were placed on droplet precautions for 14 days. She said the nurses would know when the resident was placed on droplet precautions by looking at the physician's orders [REDACTED]. In an interview on 6/17/20 at 11:55 am with Respiratory Therapist A, he said there were some new admits and re-admits in Hall 500 (trach/vent residents). He said twelve residents required suctioning. He said he wore a KN95 mask and face shield while suctioning/providing oral care to the trach/vent residents due to COVID precautions. He said he did not know if there were any residents on isolation/droplet precautions because the nurses did not communicate that with him. He also said there were no identifiers on the resident's rooms and no PPE set up outside to indicate any precautions. He said he used standard precautions to care for all the residents. Observation and interview on 6/17/2020 at 12:00 pm revealed CNA A was wearing a KN95 mask. In the interview she said the DON asked her to remove her cloth mask and handed her a KN95 mask. In an interview on 6/17/20 at 12:55 pm with MA B and LVN B, MA B had a KN95 mask on. MA B said both gloves and masks were required to care for the residents. She said there were no residents on isolation in Hall 100, 200 or 300. She said she would know if the resident was in isolation after seeing the sign posted on the door and PPE set up outside the room. She said she did not know which residents were in quarantine. LVN B said all new admits were placed on droplet precaution for 14 days in Hall 400, 500 and 600. Record review of facility's Droplet precaution policy (dated 2020) revealed read in part: .a. examples of infections requiring Droplet Precaution include, but are not limited to: (7) Covid 19. B. Resident placement (2). When the private room is not available, residents with the same infection with the same microorganism but with no other infection may be cohorted. C. Mask (1) in additional to standard precautions, put on a mask when entering the room or cubicle. F. signs- the facility will implement a system to alert staff and visitors to the type of precaution the resident require. G. The facility will also ensure that the residents care plan and care specialist communication system indicates the type of precautions implemented for the resident. . Record review of facility's Isolation Protocols policy (dated June 2015) revealed read in part: .purpose to facilitate safe care to all guests presenting with a known or suspected communicable disease. 2. A physician's orders [REDACTED]. 3. Isolation equipment and supplies may be obtained from Central supply coordinator. And placed in the guest's room or designated area. 4. Isolation signs and labels may be obtained from nurses' station. 6. The guest's door should display the appropriate isolation sign. 7. Nursing will notify the environment services staff regarding equipment that needs sanitizing after use in the care of an individual with isolation precautions. 9. Central Supply will frequently monitor and replenish the isolation equipment as needed. Contact Precautions: 1. Used for guest's that have an infection that can be spread by contact with he person's skin, mucous membranes. 3. In addition to standard precautions: a. wear a gown and gloves upon room entry of a guest on contact precautions. Droplet Precautions: 1. Used for guest's that have an infection that can be spread through close respiratory or mucous membrane contact with respiratory secretions. 3. In addition to standard precautions: a. wear a mask upon room entry of a guest on droplet precautions. . Record review of facility's Infection Control Guidelines for All Nursing Procedures policy (Revised April 2013) revealed read in part: .Purpose: to provide guidelines for general infection control while caring for residents. Preparation: 1. Prior to having direct-care responsibilities for residents, staff must have appropriate in-service training on general infection and exposure control issues, including: a. The facility protocols for isolation (standard and transmission-based precautions; b. The location of all personal protective gear; c. The location of medical waste disposal containers; d. The facility exposure control plan; and e. The facility protocol for occupational exposures to bloodborne pathogens. . These failures resulted in an Immediate Jeopardy (IJ). The Administrator and the DON were notified of the IJ on 6/19/20 at 10:17 am and a plan of removal (POR) was requested at that time. The IJ template was left with the DON. After two revisions, the POR was accepted on 6/19/2020 7:44 PM. The POR read in part, .The Medical Resort at Sugar Land IJ Plan of Removal 6/19/2020 1. New Admits and Readmits were not quarantined. Facility residents admitted within the last 14 days are now without roommates in rooms. New and readmit residents will be placed in quarantined, in designated unit/area, x 14 days or past 14 days if patient is showing any signs and symptoms of needing to remain in isolation per CDC guidelines. Dietary was instructed on using paper products on quarantine residents. 6/19/2020 2. Signs not posted/PPE Setup not outside of rooms. Precaution Signs (See Nurse Before Entering) are now placed on resident room doors where patients are in quarantine. Isolation PPE Carts are now setup in the quarantine area for staff to don prior to entering the room. Appropriate trash and laundry biohazard bags are placed in the quarantine area. Face shields, gowns, N95 Masks, and gloves are in each PPE bin in the quarantined area for staff to use. 6/19/2020 3. Wear of Proper PPE Facility staff, including dietary, housekeeping, and laundry were re-educated on 6/19/2020 by the DON, VP of Clinical Services, and nurse managers on wearing proper PPE per CDC guidelines. Staff will not be able to return to work until completion of Infection Control inservice. Staff caring for quarantined residents will be required to wear a face shield, gown, N95 Mask, and gloves. 4. Staff Facility now has consistent staff assigned to the designated unit/area for patients who are admitted /readmitted to the facility. The above education, procedures, and policies were added to the facility's COVID/Outbreak Response Plan. 6/19/2020 . Monitoring Following acceptance of the facility's Plan of Removal, the facility was monitored on 6/20/2020. In an interview on 6/20/20 at 12:55 pm with the DON, she said the facility rearranged the residents so that the quarantined residents were on one side. PPE was available outside their rooms for the staff to don prior to entering. She said in-services were provided to the staff regarding PPE. She said there were designated staff for the quarantined residents. She said staff needed to have N95 and face shield at all times. When going into resident's room staff needed have gown, gloves, mask and face shield. Observation on 6/20/20 at 1:09 pm revealed Hall 400, 500 and 600 were designated as quarantine halls. The following rooms were with isolation precautions 608, 609, 606, 604, 607, 605, 602, 603, 601, 511, 404, 500, 411, 410, 408, 409, 407, 404, 405, 401, 400, 402, 403. There were stop signs that said Stop see the nurse before entering. these rooms had PPE station sitting near the door for staff and visitors to have access to personal protection equipment at the entrance to the room. In an interview on 6/20/20 at 1:23 pm with Housekeeper A, he said he had been in-serviced to wear the N95 mask, gown, face shield and gloves when cleaning resident rooms on isolation/quarantine, hand hygiene, changing mop heads and water after every third room cleaning. Housekeeping said he used the sweeper mops instead of the brooms to prevent the spread of infection. Housekeeping said he cleaned the surfaces of resident rooms with certain disinfectants that were all [MEDICAL CONDITION]. Observation on 6/20/20 at 2:18 pm revealed CNA B going into room [ROOM NUMBER], which had a stop please see nurse before entering sign on the door. She donned full PPE. There were no concerns noted regarding technique. Observation on 6/20/20 at 2:34 pm on Hall 400, 500, 600 with a total of 23 residents confirmed on quarantined with PPE available (N95 mask, gowns, gloves, and face shields). The staff were wearing the N95 mask and face shield. The doors to the resident rooms were closed. There were designated staff that consisted of three CNA's and two nurses. Observations conducted on 6/20/20 revealed all staff fully donned in PPE. The quarantined unit was stocked with PPE and staff were wearing N95 and face shield. Record review was conducted of the facility's in-services that had been initiated for Dietary, Laundry, Housekeeping, Therapy staff. Documentation of the following was reviewed: Documentation of in-services for (Dietary, Laundry, Housekeeping, Therapy) conducted by the Administrator on 6/19/20 on the topics of wearing proper PPE in quarantine area(s), Laundry biohazardous bags of clothings, serving meals using plastic/paper products. Contents or summary of training sessions: Infection control P&P update COVID 19; laundry, dietary and maintenance wearing proper PPE in quarantine rooms and use of plastic/paper products to serve food on. Record review was conducted of the facility's in-services that had be</p>		