

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>676416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIGHTPOINTE AT LYTLE LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 CLARKS DR ABILENE, TX 79602</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>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 and to help prevent the development and transmission of communicable diseases and infections. The facility failed to restrict non-essential persons from entry into the facility. This failure placed resident at risk of acquiring infections and communicable diseases. Findings:</p> <p>Observations on COVID-19 unit: In an observation on 9/14/20 at 2:45 pm CNA D was observed donning a gown, shoe covers, and gloves outside a resident room with no hand hygiene prior to donning the PPE. CNA D then entered the room with all her PPE on including her gloves she had placed on with no hand hygiene prior to donning. In an observation on 9/14/20 at 2:47 pm CNA E was observed donning a gown, shoe covers, and gloves outside a resident room with no hand hygiene prior to donning the PPE. She exits the room with no gloves on, performs hand hygiene and worked at the kiosk in the hall way. CNA E then with no hand hygiene outside the resident room donned a gown, shoe covers, and gloves with no hand hygiene prior to donning PPE and went into another resident room with all her PPE on including gloves. In an observation on 9/14/20 at 3:01 pm two alcohol-based hand sanitizer dispensers were observed on the COVID-19 hall and both dispensers produced no hand sanitizer when an attempt to use them was made. No other alcohol-based hand sanitizer was noted on the hall besides a small bottle on the medication cart. Signs on the doors of every resident room clearly stated to do hand hygiene prior to entering resident rooms and before exiting resident rooms. Every resident room had an alcohol-based hand sanitizer in the room. In an interview on 9/14/20 at 3:10 pm CNA E stated they were not doing hand hygiene before entering rooms and donning PPE because the dispensers are in the resident rooms and there was no alcohol-based hand sanitizer easily accessible outside of the rooms and she was also aware the two hall dispensers were empty. In an observation on 9/14/20 at 3:17 pm CNA D was observed exiting a resident room with her gown still on but no gloves carrying a small bag of trash to the doffing room where the trash was located. Upon exiting of the doffing room CNA D did do hand hygiene. CNA D then was seen with the same gown on entering another resident room. In an interview on 9/14/20 at 3:20 pm CNA E stated it was facility policy that during rounds they may keep the same gown on for all residents. CNA E stated rounds was when they go to resident rooms to change briefs. CNA E stated she was certain this was facility policy. Record review of facility policy provided by the Administrator on 8/28/20 Infection control and Prevention of Coronavirus Disease 2019 and COVID-19-Contingency Plan did not reveal an area addressing the reuse of the same gown for all residents on the COVID-19 unit for rounds/brief change. In an observation on 9/14/20 at approximately 2:00 pm human resources (HR) was on the phone with the school discussing her child needing to be picked up from school as she was ill. In an observation on 9/14/20 at approximately 3:30 pm human resources (HR) was seen exiting the front of the building with a young lady with an approximate age of 10-[AGE] years of age. Both ladies had on green N95 mask that were being used by the facility. Both ladies got in a dark color car parked at the front door of the facility and drove away. In an interview on 9/14/20 at 3:30 pm Receptionist B stated he does not know why HR's daughter was in the building he had just returned to the screening desk. In an interview on 9/16/20 at 12:21 pm HR stated her daughter was in the facility because she was a minor and cannot be left in the car alone. HR stated her daughter was screened at entry and stayed right by the window at the front door and the mask her daughter was wearing was provided by the facility. In an interview on 9/16/20 at 1:03 pm the Administrator stated hand hygiene should be done prior to entry into a resident room and at exit of resident rooms. The Administrator stated it is the duty of the HK Supervisor and maintenance man to ensure the alcohol-based hand sanitizer dispensers are full, but the HK Supervisor has been out on sick leave because she tested positive for COVID-19. The Administrator was uncertain if not changing your gown between residents during rounds/brief change was an acceptable practice or what his facility policy on it stated. The Administrator stated it is his expectation that no non-essential person not be allowed in the building and an employee's minor child is not providing essential care. Record review of facility policy provided by the Administrator on 8/28/20 dated 4/4/20 revealed the following: Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) .Specifying immediate additional guidelines to limit exposure to the Novel Coronavirus (COVID-19). The information provided in this guide is to provide clear and up to date information on the changes that are being implemented throughout our facilities. As new information becomes available from Centers for Disease Control and Prevention (CDC), infection prevention recommendations and guidance may change. For more information please go to the CDC websites to follow up with the new updates on Coronavirus (COVID-19) .Date Last Revised: April 4, 2020 .In accordance with the Centers for Medicare and Medicaid Services (CMS) guidelines all facilities will be under restricted visitation . Purpose: The use of reusable gowns in place as a contingency strategy that will help stretch PPE supplies when shortages are anticipated. Crisis strategies can be considered during severe PPE shortages and should be used with the contingency options to help stretch available supplies. For the most critical needs. Donning/Doffing Gowns, 1. Perform hand hygiene. 2. Put on shoe covers . 3. Put on gown. 4. Put on mask/respirator (if applicable). 5. Put on eye protection (if applicable). 6. Put on gloves. Doffing, 1. Remove shoe covers . 2. Carefully untie the gown and remove it gently pulling forward at the sleeves. 3. Remove gown and gloves together. 4. Hang the gown in an open area. 5. Avoid having the gown come in contact with other garments. 8. Perform hand hygiene. Record review of facility policy provided by the Administrator on 8/28/20 revealed the following: COVID-19-Contingency Plan . Make PPE, including facemask, eye protection, gowns, and gloves, available immediately outside of the resident room of those with unknow respiratory illnesses and follow appropriate isolation procedures as indicated .What measure your building is taking to keep your residents safe and COVID-19 out .Actively screening all persons who must enter the facility outside the entrance to the facility using the COVID-19 screening tool and restrict entry to those who fail the screen or is not considered essential. The facility will restrict visitation of all visitors and non-essential health care personnel, except for end-of-life situations . Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents . Record review of CDC website updated 6/25/20 revealed the following: Preparing for COVID-19 in Nursing Homes . Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Hand Hygiene Supplies: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations . Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP . Implement Visitor Restrictions Restrict all visitation to their facilities except for certain [MEDICATION NAME] care reasons, such as end-of-life situations. Send letters or emails to families advising them that no visitors will be allowed in the facility except for certain [MEDICATION NAME] care situations, such as end of life situations . Healthcare Personnel Monitoring and Restrictions: Restrict non-essential healthcare personnel, such as those providing elective consultations, personnel providing non-essential services (e.g., barber, hair stylist), and volunteers from entering the building . Record review of Texas COVID-19 Data on the Texas Department of State Health</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><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>Services website, accessed on 09/24/20, revealed for the date of 8/29/20 there were 36 new cases in the county where the facility was located, total confirmed cases per 1,000 persons was 9.36 on 8/29/20. The Texas COVID-19 Case Count Data by County revealed on 09/16/20 there were 1406 COVID-19 Total cases. <a href="https://tabexternal.dshs.texas.gov/t/THD/views/COVIDExternalQC/COVIDTrends?isGuestRedirectFromVizportal=y&amp;embed=y">https://tabexternal.dshs.texas.gov/t/THD/views/COVIDExternalQC/COVIDTrends?isGuestRedirectFromVizportal=y&amp;embed=y</a> and <a href="https://dshs.texas.gov/coronavirus/AdditionalData.aspx">https://dshs.texas.gov/coronavirus/AdditionalData.aspx</a>. In an interview on 9/14/20 at 10:25 am the Infection Preventionist (IP) stated since they began testing in August after having 3 staff test positive they now have a total 25 positive residents, of the 25 residents 8 have presented with symptoms of COVID-19 and 4 of the eight have had to be sent to the hospital and 1 resident was on hospice but still in the facility and was actively dying.</p>		