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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>675527</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____               | (X3) DATE SURVEY COMPLETED<br><b>05/26/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>WHISPERWOOD NURSING &amp; REHABILITATION CENTER</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>5502 W 4TH ST<br/>LUBBOCK, TX 79416</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<br><br><b>Level of harm - Immediate jeopardy</b><br><br><b>Residents Affected - Some</b>                                    | <p><b>Provide and implement an infection prevention and control program.</b><br/><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 help prevent the development and transmission of communicable diseases and infections for 3 of 91 residents reviewed. This deficient practice affected 3 of 91 residents reviewed for infection control (resident's #1, #2, #3) as evidence by: The facility failed to ensure appropriate social distancing was practice with staff and residents. The Facility failed to ensure staff wore PPE appropriately. This failure to follow infection control had the potential to place all residents at harm, or even death. A total of 87 residents testing positive for COVID -19, resulting in 27 resident deceased after being diagnosed with [REDACTED]. This failure resulted in an identification of an Immediate Jeopardy (IJ) on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at a level of actual harm with a scope identified as pattern. The administrator was notified on [DATE] of the acceptance of plan of removal and the Immediate Jeopardy was lowered. The evidence is as follows: A review of the facility report intake 9 dated [DATE] documented the facility administrator notified the local health department they had a staff member test positive for COVID - 19. The administrator reported the facility is following recommendations that all staff wear a protective masks , and additional staff and residents would be tested to determine if any exposure had occurred. During initial phone interview on [DATE] at 9:15 AM with Administrator regarding the intake that was called in, he stated that CMA #1 (Certified Medication Assistant) had tested positive for COVID-19 and he (administrator) was notified of the test results on [DATE]. He reported her last worked days in the facility were on [DATE], [DATE], and [DATE]. CMA #1 was screened at the entrance each day and was negative for any temperature or signs and symptoms. Administrator reported that CMA #1 had heard that loss of smell and taste were a symptom, so she went through a drive through screening on [DATE]. Administrator said CMA #1 called the facility on Monday [DATE] to report that she had been tested because of her loss of smell, and then got a positive result on [DATE]. Administrator also reported that there was another employee that had tested positive for COVID -19 the Corporate Clinical Liaison. Corporate Clinical Liaison was in the facility on [DATE] and [DATE] she was screened prior to entering the building and did not have a temperature and was not showing any signs or symptoms. Administrator stated that she was in contact with staff, but no residents. He also reported the facility was on lock down from visitors, all employees and vendors are screened prior to entering facility. The residents are encouraged to eat in their rooms. Administrator voiced there were some residents that were adamant about eating in the dining room, so they are sitting one at a table to maintain social distance. Staff are all wearing masks. Administrator reported that the Health Department had dropped off some boxes of PPE earlier today. He stated they have the PPE locked up, due to missing items over the weekend. He stated that DON (Director of Nursing), Central Supply, Maintenance Supervisor, and himself are the only ones that have access to the PPE. Administrator reported that before they leave they make sure the night shift has enough supplies to get through the shift. Observation made on [DATE] at 4:00 PM, entrance to the facility noticed resident #1 was sitting in his wheelchair near the screening table. Staff RN #2 was present at the screening table. Resident #1 did not have on a mask, resident #1 was not social distancing from the screening table, RN #2 did not redirect resident to his room or redirect resident #1 to place any PPE on, RN #2 did not redirect resident on social distancing. Resident #1, DOB [DATE], [AGE] year-old male admitted to the facility on [DATE], with a readmission on [DATE] with the following Diagnoses: [REDACTED]. Confirmed positive for COVID-19 on [DATE], deceased in the facility on [DATE]. Observation made on [DATE] at 4:02 PM, in front lobby at the screening table a small trash can was placed at the end of the table with a clear bag in the trash can. The trash can was full with discarded exam gloves and discarded masks. Observation made on [DATE] at 4:25 PM, three staff members present in the nurse's station area, not social distancing. Staff is sitting in chairs at the nurse's station approximately two to three feet apart from each other. Observation made on [DATE] at 4:28 PM, resident #3 sitting in the dining room without use of a mask. Two other residents were out in the smoking area without any masks observed and sitting, [DATE] feet apart, not social distancing. Resident #3, DOB [DATE], [AGE] year-old female admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. She was transferred to the hospital on [DATE] for low oxygen saturations related to pneumonia. She was confirmed positive for COVID-19 on [DATE] at the hospital. Transferred to hospital on [DATE] for decreased oxygen saturation. deceased at hospital. Observation made on [DATE] at 4:29 PM, two staff members in the hall at the medication cart, not social distancing. Staff were standing side by side approximately one to two feet apart. Observation made on [DATE] at 4:50 PM, while in the kitchen checking the dishwasher Dietary Staff #1 had on a mask with two straps on the mask, staff was wearing the mask improperly only using one strap to secure the mask. During an interview on [DATE] at 4:40 PM with Dietary staff #1 when asked about wearing the PPE mask provided with one strap and not both straps on the mask Dietary staff #1 stated she was trained on how to wear the mask properly with both straps to secure it and she was not wearing it the way she was trained. Observation made on [DATE] at 5:59 PM, Resident #2 came down the hallway to the nurse station not wearing a mask. Staff redirected her to go back to her room or put a mask on. Resident #2 continued to stand at the desk and staff walked off. Staff did not offer resident #2 a mask before staff walked off. Resident #2, DOB [DATE], [AGE] year-old female admitted to the facility on [DATE], with a readmission on [DATE] with the following Diagnoses: [REDACTED]. Confirmed positive for COVID-19 on [DATE] has remained at the facility. During a phone interview on [DATE] at 5:45 PM, Administrator called to report he had just gotten off the phone with the Health Department, and a third employee had tested positive for COVID -19. CMA #2 was screened because she had been in contact with CMA #1. Her last days worked in the facility were [DATE], [DATE], [DATE], and [DATE]. Record review of an email from the Health Department Director dated [DATE] to facility Administrator documented the following as recommendations made to the facility on ce it was determined COVID - 19 was active in the building. Below are the measures that should be initiated immediately. If you need assistance implementing this let us know. We are able to request supplies including PPE and resources through the emergency operations center. I also need the names of all providers that have entered the facility such as physicians, nurse practitioners, occupational therapists and respiratory therapists since [DATE]. I also need the date when you closed the facility to visitors. Implement universal use of facemask for HCP while in the facility. Employees should practice social distancing (remain 6 feet apart as much as possible) Restrict residents (to the extent possible) to their rooms except for medically necessary purposes. If a resident leaves their room they should wear a facemask, perform hand hygiene, limit movement in facility and perform (stay at least 6 feet away from others). Record review of recommendations made by the Center for Disease Control on social distance documented the following: Stay at least 6 feet (about 2 arms' length) from other people Do not gather in groups Stay out of crowded places and avoid mass gatherings <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html</a> Record review of an email dated [DATE] from Health Department Director to Health and Human Services staff, documented that when health department staff entered the facility on [DATE] observations were made of lack of PPE and facility staff had homemade masks. Record review of the facility Infection Control Policy &amp; Procedure Manual 2018 RO ,[DATE],0, documented the following. Contact Precautions Contact Precautions are intended to prevent transmission of infectious agents, including epidemiologically</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<br><br><b>Level of harm - Immediate jeopardy</b><br><br><b>Residents Affected - Some</b>                                    | <p>(continued... from page 1)</p> <p>important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. The specific agents and circumstance for which Contact Precautions are indicated are found in the policy, Type and Duration. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. A single-patient room is preferred for patients who require Contact Precautions. In multi-patient rooms, 73 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients. Healthcare personnel caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination Droplet Precautions Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. A single patient room is preferred for patients who require Droplet Precautions. When a single-patient room is not available, consultation Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) Last update: [DATE] Page 71 of 203 with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). Spatial separation of 73 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route. Healthcare personnel wear a mask (a respirator is not necessary) for close contact (within 3 feet) with infectious patient; the mask is generally donned upon room entry. Patients on Droplet Precautions who must be transported outside of the room should wear a mask if tolerated and follow Respiratory Hygiene/Cough Etiquette. Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination During a phone interview on [DATE] at 1:00 PM, the facility administrator, RN #1, and RN #2 were notified that an Immediate Jeopardy situation had been identified due to infection control concerns. During an interview on [DATE] at 4:26 PM with RN #1 when asked about staff being at the nurse's station together not social distancing RN #1 replied, she would remind staff to social distance while at the nurse station and would post a sign to remind them. RN #1 stated she would see about setting up a laptop to provide another area for staff to work. During an interview on [DATE] at 5:30 PM, LVN #1 (Licensed Vocational Nurse) stated she saw two staff members wearing homemade mask while in the building working prior to them knowing there was anyone with COVID -19 in the building, and this was prior to the health department coming in the building. LVN #1 am not sure of their names, but they were CNA's (Certified Nurse Aide). The administrator put a stop to them wearing homemade mask after the Health Department came in. During an interview on [DATE] at 5:59 PM, with the Administrator it was discussed of an allegation brought forth by the Local Health Department Director, that staff were seen wearing homemade masks on [DATE]. Administrator stated, yes we were wearing homemade masks at that time. We had a limited supply of surgical masks and we were using the surgical masks for the residents that were on isolation and the staff providing care to those residents. At the time our corporate office approved the homemade masks. Once the Health Department came in on [DATE] we switched to the surgical masks, and then the day after the Local Health Department came in [DATE] we received a shipment of N95 masks and started using the N95 masks. During an interview on [DATE] at 3:00 PM, CNA #2 stated she had been tested twice because the people she was working around tested positive. She had worked with CMA #1 on [DATE], [DATE] and [DATE]. Then CNA #2 was told that CMA #1 had called the facility and told the Administrator she was going to get tested for COVID-19. CNA#2 was later told that CMA #1 was positive for COVID-19 and on [DATE] CNA #2 was tested the first time and those results were negative. CNA #2 stated she was tested a second time on [DATE] and received those results back as positive for COVID -19. When asked about mask in the building for staff to wear CNA #2 stated we did have mask in the build and the supply was running low. CNA #2 stated corporate was contacted and she was told to send a staff member to another one of their facility's and they could get five boxes of mask with 50 masks in each box. CNA 2 stated that the staff was using homemade mask before the Health Department came in the facility. Once the Health Department came in they switched to surgical mask then they received a shipment of the N95 mask and they switched to wearing those masks. CNA #2 stated the facility staff was making the homemade mask. That staff was wearing these as precaution before finding out about anyone having tested positive for COVID-19. On [DATE] the facility provided a plan of removal and it was accepted. The plan of removal included continuing to screen all employees with Center for Disease Control (CDC) guidelines. The facility will continue to isolate confirmed or suspected residents with COVID -19. Nursing staff was in-serviced beginning on [DATE] that residents who are in a common area or leave their room will be required to have a mask while out of their room. All staff in the facility as of [DATE] are wearing a n95 mask as a precautionary measure, (day after survey started). All staff will be in-serviced beginning on [DATE] regarding how to properly wear an n95 mask according to the manufacturer's recommendations. Nurses were in-serviced that they are to maintain at least [DATE] feet from one another while working at the nurse's station. As of [DATE] only 2 nurses will be allowed to work on each side of the nurse's station. Any additional nursing staff will be provided another area to perform documentation utilizing a laptop computer. Signage was placed on the nursing station on [DATE] reminding staff of social distancing and not to congregate or lean on nursing station. Observations made on [DATE] at 2:30 PM, staff present inside the entrance door at the facility screening all persons entering the building. Staff and visitor logs are present where staff is documenting all employees and visitor's temperature and asking screening questions about travel, exposure and health questions. A cart is present by the front door with PPE. Bio-hazard boxes are at the front entrance and exit door and a red bio-hazard bags are in the boxes. The facility has placed signs at the nurse's desk to remind staff to social distance while at the nurse's station working. Staff observed wearing PPE correctly. Residents were wearing masks. Immediate Jeopardy (IJ) was removed on [DATE] at 3:30 PM the facility remained out of compliance at a potential for actual harm with a scope identified as pattern. The administrator was notified on [DATE] of the acceptance of plan of removal and the Immediate Jeopardy was lowered.</p> |  |   |