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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676309 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/27/2020 |
| NAME OF PROVIDER OF SUPPLIER BAYWOOD CROSSING REHABILITATION & HEALTHCARE CENTE | | STREET ADDRESS, CITY, STATE, ZIP 5020 SPACE CENTER BLVD PASADENA, TX 77505 | |
| 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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure the services provided or arranged by the facility, as outlined by the comprehensive care plan meet professional standards of quality for 1 of 2 residents (Resident#1) reviewed for professional standards: -The facility failed to identify when Resident #1's order for monitoring was discontinued and did not seek clarification. This failure could affect all residents and place them at risk of decline in health and well-being. Findings include: Resident#1 Record review of the admission sheet for Resident#1 revealed an [AGE] year-old female admitted to the facility on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident#1's Quarterly MDS assessment dated [DATE] revealed she had a BIMS of 00 out of 15 indicating that she was severely impaired cognitively. She was total dependent on staff for bed mobility, transfer, toilet use and personal hygiene. Record review of Resident#1's care plans initiated on 11/20/2019 and revised on 8/7/2020 revealed the following care plan: Focus: Resident at risk for COVID-19 infection r/t potential exposure in communal living environment, limitations of physical environment for maintaining social distancing, co-morbidities that may contribute to decreased resistance or heightened severity of infection Goal: Resident will remain free from infection with COVID-19 Interventions: Monitor resident for signs/symptoms of COVID-19, including temperature and oxygen saturation. Record review of Resident#1's physician's orders [REDACTED].F or 2.0F over baseline (if baseline is available); Obtain O2 Saturation via pulse oximetry, document and promptly report O2 saturation < 90%. Monitor, document and promptly report any signs/symptoms of respiratory infection (cough, fever, sore throat, shortness of breath) or loss of taste/smell, diarrhea, or body aches/myalgia to attending MD and DON. Reply Y/N for signs/symptoms every night shift for Preventative Monitoring with the D/C date of 7/29/2020. In an observation on 8/27/20 at 2:00pm, following Surveyor's intervention, a new order was entered into the Resident #1's medical record by the ADON: Record review of Resident#1's physician's orders [REDACTED].F or 2.0F over baseline (if baseline is available); Obtain O2 Saturation via pulse oximetry, document and promptly report O2 saturation < 90%. Monitor, document and promptly report any signs/symptoms of respiratory infection (cough, fever, sore throat, shortness of breath) or loss of taste/smell, diarrhea, or body aches/myalgia to attending MD and DON. Reply Y/N for signs/symptoms. In an interview with the DON on 8/27/20 at 1:32pm, she said Resident#1 was sent to the hospital on [DATE] due to her O2 sat dropping to 80%. When asked about the monitoring of signs and symptoms, she said all residents were being monitored for any s/s of COVID 19 as well as temperature checks. When asked why Resident#1's order to monitor s/s of COVID on MAR indicated [REDACTED]. She said she checked the system and saw the same thing that it was D/C'd and that it did not pick back up. In an interview with the DON on 8/27/2020 at 3:36pm, she said when Resident#1 went to the hospital that order was deactivated. She said she called corporate now to make that a standing order so that when the resident returns from the hospital staff have something to work with. Record review of facility's Infection Prevention and Control Manual interim Policy for Suspected or Confirmed Coronavirus (COVID-19) policy (noted dated) read in part: .Screening: Prompt detection, triage, and isolation of potentially infected residents: ongoing, frequent, active screening for COVID-19 signs and symptoms (i.e. should be assessed for symptoms and actively have their temperature taken each shift). In accordance with previous CMS guidance, every individual regardless of reason entering a long-term facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. Actively screen all residents daily for fever (T>100.0 F) and symptoms of COVID-19. Include an assessment of oxygen saturation using a pulse oximetry. Two or more temperatures greater than 99.0F may also be a sign of fever in the elderly .</p> | | |
| F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that residents who need respiratory care are provided such care consistent with professional standards of practice for 1 out of 1 resident (Resident # 1) reviewed for respiratory care. -The facility failed to ensure Resident #1 was receiving oxygen therapy as prescribed by her doctor. -The facility staff failed to change and/or label Resident # 1's oxygen equipment. This failure could result in the residents on continuous oxygen therapy not receiving the care and services ordered by the physician, a decline in health status and oxygen deprivation. Findings include: Resident#1 Record review of the admission sheet for Resident#1 revealed an [AGE] year-old female admitted to the facility on [DATE] and re-admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident#1's Quarterly MDS assessment dated [DATE] revealed she had a BIMS of 00 out of 15 indicating that she was severely impaired cognitively. She was total dependent on staff for bed mobility, transfer, toilet use and personal hygiene. Further review of the MDS Section O revealed she was coded for receiving oxygen therapy while a resident. Record review of Resident#1's care plans initiated on 11/20/2019 and revised on 8/7/2020 revealed the following care plan: Focus: Resident has oxygen therapy @ 2L via N/C continuous r/t Respiratory illness [MEDICAL CONDITION] Goal: Resident will have no s/sx of poor oxygen absorption through the review date Interventions: Monitor for s/sx of respiratory distress and report to MD PRN: Respirations, Pulse oximetry, Increased heart rate ([MEDICAL CONDITION], Restlessness, Diaphoresis, Headaches, Lethargy, Confusion, Atelectasis, Hemoptysis, Cough, Pleuritic pain, Accessory muscle usage, Skin color. Record review of Resident#1's physician's orders [REDACTED]. Every shift Ensure safety sign is visible on resident door and check oxygen saturation at least one time per shift. Record review of Resident#1's physician's orders [REDACTED]. Observation on 8/27/2020 at 11:40am revealed Resident #1's oxygen tubing was not dated, laying on the floor not bagged while not in use. Observation and interview with DON on 8/27/2020 at 11:45am, she confirmed that the oxygen tubing on the oxygen concentrator was not dated for Resident #1. She said that the tubing itself had to be dated. She said that the importance of dating was to prevent infection. She said she was going to change the tubing for Resident #1 because she did not know when it was last changed and was sitting on the floor. She said the tubing was changed every Sunday and as needed. In an interview with RN A on 8/27/20 at 12:35pm, he said he was the agency nurse and today was his first day working with Resident #1. He said he did not know Resident#1 had an order for [REDACTED].#1 her routine morning medications via pe[DEVICE], he saw the concentrator but does not recall if the resident had nasal cannula on at that time. In an interview with the DON on 8/27/20 at 12:43pm, she said when she was making her rounds this morning Resident#1 had her O2. She said Resident tried to remove it, so she had to adjust it. She said Resident says No to it. DON said she will Inservice aids and nurses because we have consent to administer O2, we need to be checking on her more often to make sure O2 is intact. O2 is related to her respiratory and Resident cannot verbalize. So, staff needs to be following up more often. She said she will do Resident #1's assessment because we don't know how long the O2 has been off. Record review of facility's Departmental (Respiratory Therapy)-Prevention of Infection dated (Revised November 2011) read in part: .Purpose: The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment among residents and staff. Steps in the Procedure: Infection Control Considerations Related to Oxygen Administration-3. Change the oxygen cannula and tubing every seven (7) days, or as needed. 4. Keep the oxygen cannula and tubing used PRN in a plastic bag when not in use .</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.

FORM CMS-2567(02-99)
Previous Versions Obsolete

Event ID: YL1O11

Facility ID: 676309

If continuation sheet
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