

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675743	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER THE PHOENIX POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 519 NINTH AVE N TEXAS CITY, TX 77590	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on observation, interview and record review the facility failed to report results of their investigation within 5 days of the incident to the State Survey Agency for COVID-19. --facility failed to report the results of their investigation after reporting that Employee A tested positive for COVID-19. This failure could place all residents, families and staff at risk of not being informed of incidents that could affect their health and well being. Findings include: Record review of the Intake Investigation Worksheet for intake # 5 dated 4/4/20 revealed Employee A tested positive for COVID-19 on 3/26/20. Record review of Coronavirus COVID-19 Lab results for Employee A dated 3/25/20 at 7:50 PM revealed Positive value. Record review of physician's report dated 3/31/20 for Employee A revealed discontinuation of home isolation due to meeting the CDC guidelines for home isolation due to being infected or exposed to COVID-19. Interview with the Administrator on 4/3/20 at 11:25am revealed Employee A has not worked at the facility since 3/26/20. He further stated no other employees tested positive for COVID-19. Further interview with the Administrator on [DATE]5/20 at 10:30 am, he stated he did not submit the Provider investigation Report within 5 days of reporting the incident, but he would submit it today ([DATE]5/20). Record review of the Provider Investigation Report, submitted on [DATE]5/20, revealed the Administrator was notified on 3/26/20 that Employee A had tested positive for COVID-19 and the employee had quarantined at home. Investigation summary revealed all employees (21) were tested for COVID-19, and all tested negative. Employee A was not having any symptoms during the time he tested positive, and employee has tested negative subsequently. Provider action post-investigation revealed Employee A will return to work 7 days after a negative test. All employees were screened entering and leaving. Resident temperatures monitored every shift. All employees wear masks.		
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.