

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER BEAUMONT HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 795 LINDBERGH DR BEAUMONT, TX 77707	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an infection prevention and control program designed to help prevent the development and transmission of communicable diseases was established and maintained for 3 of 3 dietary staff reviewed for infection control. The facility's dietary staff did not wear a mask while preparing lunch for the residents and one dietary staff did not receive COVID-19 training upon hire. This failure could place residents at risk for developing COVID-19 (a sometimes-fatal upper respiratory infection) or other infections. Findings included: An undated employee tracking document indicated 13 staff had been tested and were positive for COVID-19 from 7/7/20 to 7/27/20. The resident roster dated 7/30/20 indicated 27 residents had tested positive for COVID-19 from 7/9/20 to 7/30/20. During an observation and interview on 7/31/20 at 10:15 a.m., Dietary Staff A was putting ice in disposable glasses for the lunch meal and was not wearing a face mask. Dietary Staff A said she removed her mask earlier. Cook B was at the stove frying fish and was not wearing a face mask. The dietary assistant manager was in the kitchen and was not wearing a face mask. The dietary assistant manager said they were supposed to be wearing mask. The administrator said the dietary staff should be wearing masks. During an interview on 7/31/20 at 10:30 a.m., the interim DON said she had been training the staff on the COVID-19/infection control policies and procedures, but she had not trained the dietary staff. She said all staff should wear a face mask while in the building. During an interview 7/31/20 at 11:15 a.m., Cook B said she was unable to wear a face mask while cooking because it was hard to breathe. She said she was new to this facility and had not received training on the use of the face mask. During an interview on 7/31/20 at 1:58 p.m., the HR staff looked for Cook B's training and said there was no record of her being trained on COVID-19 or the use of a face mask, but there should be. During an interview on 7/31/20 at 1:58 p.m., the administrator said she expected all staff to be trained on the use of PPE and expected it to be documented in their personnel file. The Infection Control Coronavirus policy dated June 2020 indicated .Background: Coronavirus (COVID-19 is the abbreviated name for novel Coronavirus that first emerged in Wuhan, Hubei Province, China). . is a respiratory illness that can spread person to person. .Employee education on transmission, prevention, hand hygiene and PPE application/usage. . For the duration of the state of emergency in their state, all long-term facility personnel should wear facemask while they are in the facility . The CDC website <https://www.cdc.gov/Coronavirus/2019-ncov/hcp/guidance-hcf.html> accessed on 8/3/20 indicated .Following Infection Prevention and Control Recommendations in Healthcare Settings, During the COVID-19 Pandemic; . Healthcare facilities must be familiar with these recommendations and provide staff the necessary tools and training to effectively follow the guidance as part of a comprehensive strategy to manage operations during the COVID-19 pandemic. . Universal source control . Source control helps prevent transmission from infected individuals who may or may not have symptoms of COVID-19 ., a facemask may be used for source control if supplies are available . The CDC website <https://www.cdc.gov/Coronavirus/2019-ncov/hcp/long-term-care.html> accessed on 8/3/20 indicated .Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel) . During the exit on 7/31/20 at 5:20 p.m., the facility was asked for any additional information related to these findings. No additional information was provided.</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.