

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER THE HEIGHTS ON VALLEY RANCH		STREET ADDRESS, CITY, STATE, ZIP 23200 VALLEY RANCH PARKWAY PORTER, TX 77365	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to effectively maintain an infection prevention and control program designed to help prevent the development and transmission of infections in that: The facility did not provide appropriate isolation gowns to prevent cross contamination to prevent the spread of COVID-19 for residents with unknown COVID-19 status. This failure could affect residents with unknown COVID-19 status and placed them at risk for infection and COVID-19. Findings included: Observation on 8/13/20 at 10:55 AM of PUI room [ROOM NUMBER] and 415 revealed hospital gowns hanging on hooks and in the yellow laundry bags inside the rooms. The PPE plastic drawer unit at the doorway had a drawer full of cotton hospital gowns. Interview on 8/13/20 at 11:00 AM, Housekeeper said she dons the gown in the drawer on before she goes in with the other PPE and puts into the laundry box in the room before she comes out. Observation and Interview on 8/13/20 at 11:10 AM with DON in supply room for PPE. She showed several drawers full of disposable gowns and said she had more in a pod outside. She said they were using the hospital gowns to conserve in case they get COVID-19 in the building. Interview on 8/13/20 at 12:25 PM, CNA said she puts her gown into the box with the yellow bag at the end of shift. It hangs on the hook and she reuses through the shift. She said if it became soiled, she would get a new one. She said she had one in each room and used a different one for each resident. Interview on 8/13/20 at 12:35 PM, Director of Rehab said the therapists use the hospital gowns for the isolation residents. They get it out of the drawer and hang it on the wall after wearing. She said the facility staff puts it into the yellow bag at the end of the day. She said the gowns were washed daily. Interview on 8/13/20 at 1:13 PM, DON said they were able to use hospital gowns for PPE. She said she was given this information back in July 2020. Surveyor requested the policy. Interview on 8/13/20 at 1:22 PM, DON brought policy and showed where they can use the linen gowns if there was no COVID. Surveyor pointed out the instructions for presumptive residents. Record review of policy referenced by DON titled COVID-19: Team Members PPE Usage Guidelines dated 7/14/20 read in part, .Gowns linen (optional) - utilize if disposable not available .presumptive residents . and . Gowns disposable - All team members when provided care to unknown COVID status Interview on 8/13/20 at 1:30 PM, DON admitted that she had been looking at their policy incorrectly. Record review of the HHSC COVID-19 Response Plan for Nursing Facilities dated 8/12/20 read in part, Cloth gowns - Follow manufacturer 's recommendations for cleaning and laundering, including the number of times the gown can be laundered and re-worn. This might differ by manufacturer and type of cloth gown. Immediately remove the gown to be laundered if it becomes soiled. Certain types of gowns, sometimes called Level 1 or minimal risk gowns, do not provide protection from splashes/sprays of blood or body fluids, depending on the material the gown is made of. For these situations: Use a disposable, impervious isolation gown when a splash, spray, or cough might be expected. If the NF does not have disposable, impervious isolation gowns, use a disposable plastic apron over the cloth gown in these situations. Record review of CDC Guidance for Strategies for Optimizing the Supply of Isolation Gowns dated 3/17/20 read in part, Re-use of cloth isolation gowns. Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between. In a situation where the gown is being used as part of standard precautions to protect HCP from a splash, the risk of re-using a non-visibly soiled cloth isolation gown may be lower. However, for care of patients with suspected or confirmed COVID-19, HCP risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. Any gown that becomes visibly soiled during patient care should be disposed of and cleaned.</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.