

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2020
NAME OF PROVIDER OF SUPPLIER TEXAN NURSING & REHAB OF GONZALES		STREET ADDRESS, CITY, STATE, ZIP 3428 MOULTON RD GONZALES, TX 78629	
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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections, including COVID-19, for 3 of 4 residents (Residents #1, #3, and #4) reviewed for infection control monitoring, in that: 1. Facility staff did not redirect Residents #1, #3, and #4 to cover their mouths and noses with tissues or to use any type of cloth covering. 2. The facility's back entrance was unlocked and accessible from the front parking lot with no signage to prevent visitor entry. These deficient practices could place residents, staff, and visitors at risk for transmission of communicable diseases and infections to include COVID-19. The findings were: 1a. Record review of Resident #1's face sheet, undated, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Record review of Resident #1's clinical record revealed the resident was on 14-day isolation to rule out and prevent the spread of COVID-19 due to the resident being a new admission. Observation on 04/17/2020 at 4:45 p.m. revealed Resident #1 left her room with a surgical mask on and facility staff redirected the resident back to her isolation room. Observation on 04/17/2020 at 5:00 p.m. revealed Resident #1 was near the nurses' station and was being redirected back to her isolation room. Further observation revealed while staff redirected Resident #1 stopped and hugged an unidentified female resident, who was standing in the doorway of room [ROOM NUMBER]; the unidentified female resident hugged Resident #1 back. Further observation revealed staff did not direct the unidentified female resident to cover her nose or mouth while being approached by Resident #1 and did not direct the unidentified female resident to wash or sanitize her hands after hugging Resident #1. During an interview with LVN A on 04/17/2020 at 4:50 p.m., LVN A confirmed Resident #1 was confused and left her room several times a day despite her being on isolation status. LVN A stated staff redirected Resident #1 and sometimes Resident #1 would get upset and was harder to redirect than other times. LVN A further stated Resident #1 often stated she wanted to go home. b. Record review of Resident #3's face sheet, undated, revealed the resident was admitted to the facility on [DATE], and re-admitted on [DATE], with [DIAGNOSES REDACTED]. Observation on 04/16/2020 at 4:10 p.m. in the 300 Hall television sitting area revealed Resident #3 and another unidentified male resident were sitting down watching television and were sitting less than six feet apart and were not wearing face coverings. Further observation revealed the UM approached the two residents and redirected them to sit further away from each other but did not redirect the two residents to cover their noses and mouths. c. Record review of resident #4's face sheet, undated, revealed the resident was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Observation on 04/17/2020 at 5:30 p.m. revealed Resident #4's dinner tray was delivered to the resident's room by staff. Further observation revealed that staff did not ask resident to cover her mouth or nose. During an interview with the DON on 4/18/20 at 11:35 a.m., the DON stated residents were not required to wear cloth face coverings when out of their rooms or to cover their noses and mouths when care is provided. When the DON was asked how often she checked the CDC website for changes in guidance for nursing facilities, the DON stated their corporate nurses checked the CDC website and sent emails when there were changes. The DON stated the facility had consulted with their corporate nurses and were told all they could do was redirect residents who were on isolation and confused. During an interview with the DOT on 04/17/2020 at 11:54 a.m., the DOT confirmed residents only wore face masks if in the Therapy Room, and further stated residents' masks were kept in the Therapy Room for that purpose. 2. Observations on 04/16/2020 at 4:30 p.m. and on 04/17/2020 at 4:00 p.m. revealed there was no signage posted on the unlocked screen door or on the unlocked gate restricting visitor entry through the facility's unlocked back entrance. Observation on 04/16/2020 at 4:30 p.m. revealed the UM pressed the large green button at the facility back entrance and the door unlocked. Further observation revealed there was no signage or screening station on the hall near the back facility entrance. During an interview with the UM on 04/16/2020 at 4:30 p.m., the UM confirmed the screened porch entry door and the walking gate at the back of the facility were unlocked and no signs are posted restricting visitor entry. The UM stated signs were not posted because visitors did not come to that back entrance. The UM further confirmed that to enter in to the facility from the screened porch was by pressing the green button to unlock the back door. During an interview with the Administrator on 04/16/2020 at 5:20 p.m., the Administrator stated no visitors entered through the unlocked back gate and unlocked screen door. The Administrator further stated all visitors entered the facility through the front entrance. Record review of the facility's policy titled COVID-19 POLICY AND PROCEDURES version 1.2, dated 04/2020, revealed: Environmental infection control Hand washing stations or alcohol-based hand runs should be immediately available at all entryways. If you do not have a stand, have bottles available at entrance. Infection Control guidelines for Resident admission (last bullet) If the resident must leave their room for any reason, they will be required to wear a mask at all times, remain at least 6 feet from other residents, and practice hand hygiene as necessary. . Post signs at the entrance restricting all visitors and non-essential health care personnel. . preventing the spread of respiratory germs WITHIN your facility. All communal dining and all group activities are canceled, and residents are encouraged to stay in their room at this time. Staff should remind residents to practice social distancing and perform frequent hand hygiene. Residents will be educated on performing hand hygiene when going into the hall or other communal areas and returning to their room. Record review of the CDC Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LCTFs) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html), updated 04/15/2020, revealed: 1 Keep COVID-19 from entering your facility: (bullet #3) Implement universal use of source control for everyone in the facility. 3. Prevent spread of COVID-19: Under Actions to take now: (bullet #3) Ensure all residents wear a cloth face covering for source control while in the facility . Record review of CMS letter titled COVID-19 Long-Term Care Facility Guidance, dated 04/02/2020, revealed: 1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. (bullet 3) Facilities should also refer to CDC's guidance to long-term care facilities on COVID-19 . 3. (bullet 2) Facilities should limit access points and ensure that all accessible entrances have a screening station . 4 (bullet 5) When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissue for this . 5. . separate COVID-19 negative residents from COVID-19 Positive residents and individuals with unknown COVID-19 status.</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.