

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 455641	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER PALO DURO NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 405 S COLLINS ST CLAUDE, TX 79019	
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.</p> <p>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 and to help prevent the development and transmission of communicable diseases and infections for 5 of 10 staff (CNA A, ADM, ADON, BOM and DON) observed. - CNA A was observed not wearing a mask while in a hallway with residents. - ADM, ADON, BOM, and DON were observed not wearing their masks while in their offices. These failures have the potential to affect residents by placing them at an increased and unnecessary risk of exposure to communicable diseases and infections. Findings include: During an observation the facility on 8-7-2020 at 9:45 AM, CNA A was observed without a mask as she was coming out of the shower room and assisting a resident in a wheelchair. During an observation of the facility on 8-7-2020 at 9:53 AM, the DON and ADON (who share an office) were observed without a mask on their faces while in their office. During the entrance conference with the ADM and DON on 8-7-2020 at 10:20 AM, neither the ADM nor the DON wore a mask while participating in the meeting in the ADM's office. During an observation of the facility on 8-7-2020 at 10:34 AM, the BOM was observed without a mask on her face while in her office. During an interview on 8-7-2020 at 10:50 AM, the DON was asked what her expectation was about staff wearing masks while in the facility. She stated that it was her expectation that all staff have on a mask while in the building. During an interview on 8-7-2020 at 11:02 AM, CNA A was asked why she did not have her mask on when the surveyor first arrived at the facility. She stated that she had just come out of the shower room, but nobody was around, but she should have had her mask on. She was told she was observed assisting a resident in a WC, she then responded that she should have had her mask on. During an interview on 8-7-2020 at 2:00 PM, the DON and ADON were asked why they were observed not wearing their masks while in their office. Both DON and ADON stated that the only time they didn't have their mask on was during lunch. ADON and DON were informed they were observed without a mask on at 9:45 AM. Both the ADON and DON were asked if it was their expectation that staff wear a mask while working in the building. Both responded that it was their expectation that staff wear a mask inside the building while working. During an interview with the ADM on 8-7-2020 at 2:00 PM, she was asked if it was in the facility's COVID policy to have staff wear a mask while working inside the building. She responded that it was. She was asked why she did not have a mask on while in her office. She stated that she should have worn a mask. During an interview with the BOM on 8-7-2020 at 2:00 PM, she was asked if it was the facility's expectation that a mask be worn while working inside the building. She responded that it was. She was asked why she was observed not wearing a mask while in her office. She responded that she should have worn a mask. Record review of facility provided policy titled COVID-19 INFECTION CONTROL PRACTICES, dated 8-5-2020, reflected in part: All employees will wear a mask while at work. Each of you have been furnished with a cloth mask and an N95 mask. Record review of Executive Order GA 29, dated 7-2-2020, reflected in part: NOW, THEREFORE, I, Greg Abbott, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas, do hereby order the following on a statewide basis effective at 12:01 p.m. on July 3, 2020: Every person in Texas shall wear a face covering over the nose and mouth when inside a commercial entity or other building or space open to the public, or when in an outdoor public space, wherever it is not feasible to maintain six feet of social distancing from another person not in the same household; Record review of Nursing Facility COVID-19 Response Emergency Rule, not dated, reflected in part: (k) All nursing facility staff must wear facemasks while in the facility. (m) If an executive order or other direction is issued by the Governor of Texas, the President of the United States, or another applicable authority, that is more restrictive than this rule or any minimum standard relating to a nursing facility, the nursing facility must comply with the executive order or other direction.</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.