

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER LEGEND OAKS HEALTHCARE AND REHABILITATION CENTER -		STREET ADDRESS, CITY, STATE, ZIP 8902 WEST RD HOUSTON, TX 77064	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to follow written standards, policies, and procedures for the program for Standard and transmission-based precautions to be followed to prevent spread of infections for 1 of 5 residents (Resident #1) reviewed for infection control. - CNA and LVN failed to wear PPE when assisting Resident #1 with toileting. - The facility failed to post a sign at Resident #1's door indicating order for isolation and need for transmission based precautions. These failure affected 1 resident and placed all residents at risk of disease. Findings include: Record review of Resident #1's face sheet revealed she was [AGE] years-old and was admitted on [DATE]. Her [DIAGNOSES REDACTED]. Record review of Resident #1's physician orders [REDACTED]. at ([MEDICAL TREATMENT] center), and be on isolation precautions - contact, droplet every shift. Observations of room [ROOM NUMBER] on 7/21/20 at 5:15 PM revealed the CNA and LVN assisting Resident #1 with toileting. The CNA and LVN were observed to be only wearing gloves and N95 masks. PPE donning station was set up at the door with gowns and gloves. In an interview with the DON at this time, she stated Resident #1 was on quarantine and isolation precautions due to risk of exposure to COVID-19 during stay at the hospital. The nursing staff were supposed to be wearing full PPE, including face shield and gown, when caring for this patient because the resident was recently admitted on [DATE] and she was also in and out of the facility for [MEDICAL TREATMENT]. In an interview with CNA on 7/21/20 at 5:25 PM, the CNA stated that she had forgotten to put on PPE because she was more concerned about meeting the resident's need as soon as she noticed her call light was lit. Otherwise, she usually wore full PPE, including face shield and gown, when tending to her. In an interview with CNA the LVN on 7/21/20 at 5:20 PM, the LVN stated that he forgot the resident was just readmitted the day prior and was on transmission-based precautions. He said he did not see the PPE station at the door. Record review of in-service records revealed the CNA was trained on PPE usage on 7/6/20 and the LVN was trained on PPE usage on 7/2/20. In an interview with with the DON and Administrator on 7/22/20 at 10:50 AM, the DON stated that they initially forgot to put a sign on Resident#1's door indicating that the resident was on isolation precautions. Resident #1 was discharged from the facility previously on 7/14/20 and returned from the hospital with a negative test results that was collected on 7/15/20. The resident was not re-tested again since her stay and return from the hospital. The Administrator stated what the LVN and CNA did was not the norm and they have started to re-educate their staff. Record review of the Nursing Facility COVID-19 Response Plan dated 6/2/20, nursing facilities are to quarantine residents with exposure or symptoms. Record review of the CDC guidance for Nursing Facilities revealed, staff should wear gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</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.