

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2020
NAME OF PROVIDER OF SUPPLIER SILVER SPRING		STREET ADDRESS, CITY, STATE, ZIP 1690 N. TREADWAY BLVD. ABILENE, TX 79601	
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 establish and 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. The facility failed to ensure staff properly used, storage, donning, and doffing of personal protective equipment (PPE) and to ensure completion of hand hygiene before and after all resident contact. The facility failed to ensure frequent cleaning of high touch surface areas. The facility failed to ensure staff were screened before entry to all facility wings. This places residents at risk of communicable diseases such as COVID-19 and/or infections. Findings: In an observation on 6/30/20 at 4:00 pm it was observed on the COVID-19 wing there was no screening station at the point of entry. It was also observed that there was no separation of a COVID positive resident from the COVID status unknown residents and new/re admission. This investigator observed 3 halls separated from the rest of the facility. One wall was nearest the nurse station and was a single wall of plastic and the other was at the end of a hall and was a double wall of plastic with zippers for passage of supplies. The hall that housed a COVID positive resident did not have any separation from the rest of the unit and the same staff caring for the COVID positive resident was caring for the residents with COVID status unknown and new/re admissions. Three resident rooms had PPE storage container hanging from their doors. There were 3 residents on precautions; one resident who was COVID positive and two residents with Clostridioides difficile (C. diff) and none of them has any posting, signage or anything to indicate the type of isolation they were on. What appeared to be clean folded clothing was laying uncovered at the nurse station and in a chair by the nurse station. Record review of Centers for Disease Control and Prevention (CDC) web site accessed on 8/24/20 revealed the following: Clostridioides difficile (also known as [DIAGNOSES REDACTED]) is a bacterium that causes diarrhea and [MEDICAL CONDITION] (inflammation of the colon). In an interview on 6/30/20 at 4:00 pm licensed vocational nurse (LVN) A stated the two precaution rooms on hall 300 are for [DIAGNOSES REDACTED] residents. In an observation on 6/30/20 at 5:26 pm certified nurse aide (CNA) A was observed delivering a meal tray to a resident room who had [DIAGNOSES REDACTED] with PPE supplies hanging from the door, but she did not don new PPE and after delivery of the meal tray she did not doff her PPE and replace her PPE and continued to deliver meal trays, or did she attempt any form of hand hygiene. In an observation and interview on 6/30/20 at 5:52 pm LVN A stated housekeeping is on the COVID hall from 7 am - 12 pm and they have no cleaning schedule after she leaves that they she is aware of. LVN A also stated that employee screening was done at the nurse station not at the door or outside the door. In interviews on 6/30/20 with staff on the COVID unit no one could confirm a set cleaning schedule for commonly touched surfaces for when housekeeping is off duty on the unit. (Note: 1 LVN and 3 CNAs where interviewed and housekeeping is only on the unit for 4 hours a day). In an observation, interview, and record review on 6/30/20 at 6:03 pm CNA C entered the COVID wing at the door where the COVID positive resident room is right by and proceeded 25-30 feet to the nurse station never screening at the nurse station. CNA C proceeded to a PPE closet and donned a bonnet and gown. CNA C was not observed performing any type of hand hygiene before donning her PPE. CNA C stated she did not screen because her nurse was not on duty yet and she said the nurse screens her when she comes on duty. CNA C stated she did not do hand hygiene before donning PPE. CNA C stated they do have a cleaning schedule which she produced. Record review of the cleaning schedule did not address the frequent cleaning of high touch surface areas. In an observation and interview on 6/30/20 at 6:15 pm Habilitation Therapy (HT) A was observed exiting a [DIAGNOSES REDACTED] resident room in the same white jumper the investigator had seen on him at the investigator's entrance to the COVID wing. HT A stated he does not don PPE for the [DIAGNOSES REDACTED] room because that is his last resident for the day. HT A was then observed in the same PPE he wore out of the [DIAGNOSES REDACTED] resident room in the sitting area disinfecting the items he used in the resident room with [DIAGNOSES REDACTED]. In an observation on 6/30/20 at 6:30 pm there had been no observed cleaning of frequently touched surfaces for the observation period starting at 4:00 pm until 6:30 pm of the COVID wing and HT A had not changed his PPE after conducting therapy with a [DIAGNOSES REDACTED] positive resident when this surveyor left the wing. In an interview on 7/1/20 at 10:00 am the Administrator stated they have housekeeping on the COVID wing every day of the week for 4 hours and for the non COVID wings they have a sanitation tech whose only job is to clean commonly touched surfaces. The Administrator stated she expects staff to clean commonly touched surfaces on the COVID wing once housekeeping is gone but admits there is no formal schedule. In an interview on 7/1/20 at 10:30 am the director of nurses (DON) stated there was no dedicated staff for the COVID positive resident they are using the same staff for all three wings. The DON stated the policy for PPE concerning a COVID positive resident is changing today (7/1/20), from here on out they will wear the PPE they already have on into a COVID positive room and doff in that room and don new PPE outside a COVID positive room. The DON stated staff should be doffing gowns and gloves when staff exit the resident rooms with [DIAGNOSES REDACTED]. The DON stated staff should be screening right at entry to the COVID unit, and clean laundry should be delivered to resident rooms. In an interview on 7/1/20 at 3:15 pm the Administrator stated per her facility policy all new and readmissions, status unknown and those suspected of COVID-19 are to be treated as if they have COVID-19 and that is why they were using the same staff for the 3 halls and no dedicated staff for the COVID-19 positive resident. Record review of facility policy with no date but was provided on 6/30/20 revealed the following: Coronavirus-(COVID-19) - Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) .Policy, It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for COVID-19 and to adhere to Federal and State/Local recommendations (to include, for example: Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection). Procedure, Resident Care .Prompt detection, triage and isolation of potentially infected residents .Place resident in an airborne infection isolation room (AIIR), place on both contact and droplet precautions .In the event of a facility outbreak, institute outbreak management protocols .Place residents in private rooms on standard, contact, droplet (airborne if available) precautions .Implement consistent assignment of employees . (Investigator Note: There was no staff assigned to care for the COVID positive residents, the same staff caring for COVID status unknown residents and new or readmissions residents were being cared for by the same nurse aides, habilitation therapist, nurses, and housekeeping.) Only essential staff to enter rooms/wings .Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves .Respiratory Protection (Fit-tested NIOSH-certified disposable N95 filtering facepiece respirator prior to entry and removal after exiting). If disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding .Employees .Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Document temperature, absence of shortness of breath, new or change in cough and sore throat .Facility will provide adequate work supplies to avoid sharing and disinfect workplace areas frequently . Record review of CDC Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic accessed on 8/24/20 revealed the following: 2. Recommended infection prevention and control (IPC) practices when</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection .Patient Placement, .As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift .Environmental Infection Control, .Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Record review of facility policy with no date but was provided on 6/30/20 revealed the following: Strategies for Optimizing the Supply of Gowns, Crisis Strategies, Extended use of isolation gowns. Consider utilizing the same isolation gown, worn by the same health care person when interacting with more than one patient know to be infected with the same infectious disease when the residents reside in the same location i.e. COVID-19 patients residing in an isolation cohort. This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED].</p>		