

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675000</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOCUSED CARE AT BEECHNUT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12777 BEECHNUT ST HOUSTON, TX 77072</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 in following CDC guidelines for COVID-19 for 4 of 6 residents (Resident #1, #3, #4, and #5) reviewed for infection control. The facility failed to implement interventions to prevent the potential spread of COVID-19 when it failed to screen staff appropriately upon entering the facility. The facility failed to ensure staff who were experiencing symptoms of COVID-19 were not allowed to work. The facility failed to ensure staff who began experiencing symptoms of COVID-19 while working were immediately sent home. The facility failed to trace possible contact of both resident and staff who were exposed to positive staff. The facility failed to quarantine residents who were readmitted from the hospital and failed to quarantine residents who received [MEDICAL TREATMENT] outside the facility. The facility failed to have appropriate PPE readily available for staff when entering quarantine rooms. An Immediate Jeopardy (IJ) was identified on 5/13/2020. While the IJ was lowered on 5/16/20, the facility remained out of compliance at a scope of pattern and severity of actual harm that is not immediate jeopardy while they continued to monitor their plan of removal. These failures could affect all residents in the facility and placed them at risk of contracting COVID-19 resulting in possible serious illness or death. Findings Include: Record review of provider investigation report dated 5/10/20 revealed LVN A tested positive for COVID-19. Several addendums were made throughout the investigation beginning 5/13/20 to include a total of 7 positive staff members and 8 positive residents. Record review of LVN A's timesheet revealed she worked on 5/4 from 7 am to 2:26 pm, 5/5 from 7:05 am to 3:12 pm, and 5/7 from 6:51 am to 3:14 pm. Record review of LVN A's screening checklist dated 5/4/20 revealed she did not indicate any symptoms related to COVID-19 on the form. Her temperature was recorded as 96.9 degrees Fahrenheit. Record review of LVN A's screening checklist dated 5/5/20 revealed she did not indicate any symptoms related to COVID-19 on the form. Her temperature was recorded as 97.1 degrees Fahrenheit. Record review of LVN A's screening checklist dated 5/7/20 revealed she did not indicate any symptoms related to COVID-19 on the form. Her temperature was recorded as 96.8 degrees Fahrenheit. During a telephone interview on 5/11/20 at 9:35 am, LVN A said she started having a cough and headache around 5/4 but did not tell anyone or indicate it on her screening when entering the facility. She said she had an itchy throat on 5/6, called in, and got tested for COVID-19 to rule it out. She said she spoke with the Scheduler and told her she was not feeling well. She said she did not remember if she told the Scheduler the symptoms she was having and did not tell anyone she was tested because she did not like people in (her) business. She said she went to work on 5/7 because she did not believe she had COVID-19 and again did not indicate symptoms on the screening. She said she received results on 5/9 that she was positive and informed the facility. She said she did not remember if she spoke with the DON. She said she was to report if a test was positive. During an interview on 5/11/20 at 10:00am, the DON was asked about LVN A the DON said she talked with LVN A at the end of shift 5/7 and was told she was having a sore throat and cough. When asked why LVN A was allowed to return to work after calling in on 5/6 she said she was not aware LVN A called in. During an interview on 5/15/20 at 3:00 pm, the Scheduler said she was over clinical records, central supply, and staffing but also a nurse. She said she had been the on-call manager for the past 3 weeks. She said when a staff member calls in she asked what their symptoms were then notify the DON and Administrator. She said they were having multiple call-outs on the same hall with similar symptoms. She said LVN A called out on one day for personal reasons then again two days later due to a cough, fever, and sore throat. She said she last worked on Unit B on the 12th since LVN A was out. Observation on 5/11/20 at 8:25 am revealed residents scattered throughout the facility. Some residents were sitting outside of their rooms, while most of them were inside their rooms. There was a group of 5 residents sitting near the nursing station not [MEDICATION NAME] social distancing. Most residents were observed wearing surgical masks. Resident #1 Record review of Resident #1's face sheet dated 5/11/20 revealed a [AGE] year-old female admitted to the facility on [DATE] with a recent readmitted d of 5/6/20. Her [DIAGNOSES REDACTED]. Record review of Resident #1's quarterly MDS dated [DATE] revealed a BIMS score of 15 indicating intact cognition. She required extensive assistance of two people for all ADLs except for eating. Record review of Resident #1's COVID-19 test dated 4/28/20 revealed the test was negative and verified on 4/29/20. Observation and interview on 5/11/20 at 8:25 am during a tour with the Administrator and DON. When asked where quarantined residents rooms were located, the DON said Unit B (hallway 200). There was one resident room located on 200 hallway (Unit B) with PPE outside of the room. The DON said the room belonged to Resident #3 who was recently readmitted from the hospital and on 14-day quarantine. When asked if there were any other residents on quarantine the DON said Resident #1. Further observation of Resident #1's room at that time revealed no PPE outside of the door or indication that she was on isolation. Resident #1 was not inside her room. The DON said she was out at [MEDICAL TREATMENT]. The DON said those were the only residents she knew of that were on quarantine. During an interview on 5/11/20 at 10:00 am, the DON said if a resident tested negative twice for COVID-19 while in the hospital they were readmitted without any isolation precautions. She said if a resident tested negative once, they were readmitted on 14-day quarantine on droplet precautions. She said staff were required to wear a face mask, gown, and gloves in rooms with residents on droplet precautions. She said the facility had N-95 masks, but they had not issued out any to staff yet. She said most staff on Unit B had face shields. When asked what type of isolation precautions Resident #1 was on the DON said she should be on droplet precautions. When informed there was no PPE outside of her room the DON said We talked about it this morning. It's there now. She said all residents were being screened every shift and none currently had symptoms related to COVID-19. Record review of Resident #1's physician orders [REDACTED]. Observation and interview on 5/13/20 at 10:57 am revealed Resident #1 wearing a mask, being pushed into the facility by two transportation workers. Her room was located on the 200 hallway. Observation and interview on 5/11/20 at 1:35 pm revealed CNA A walking on the 200 hallway wearing gloves. He turned around and went down the hallway and removed them and put them in his hand. His cloth mask was observed covering his mouth, but not his nose. When asked why he was wearing gloves on the hallway he said he normally did not wear them on the hallway, but he was rushing and forgot to take them off. He adjusted his mask to cover his nose. Observation and interview on 5/11/20 at 1:40 pm, the DON was standing in the doorway talking with another staff members. Her mask was observed underneath her chin. She pulled the mask over her mouth and nose. She said residents on isolation/quarantine eat in their room using regular plates and silverware. When informed quarantined residents should be using disposable plates, utensils, and cups she nodded her head. Resident #4 Record review of Resident #4's face sheet dated 5/11/20 revealed a [AGE] year-old male admitted to the facility on [DATE] with a recent readmission date of [DATE]. His [DIAGNOSES REDACTED]. Record review of Resident #4's admission MDS dated [DATE] revealed a SAMS was conducted and he was coded as having moderately impaired cognition. Record review revealed he was totally dependent on one staff for most ADLs. Record review of Resident #4's nursing note dated 5/7/20 revealed he was readmitted to the facility from the hospital. Record review of Resident #4's physician orders [REDACTED]. Observation on 5/11/20 at 10:28 am revealed Resident #4's room located on the 100 hallway. He shared a room with one other resident. There were no indications that the residents were on isolation precautions and there was no PPE located outside of the room. Both Resident #4 and his roommate</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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Record review revealed he required extensive assistance of one staff for most ADLs. Record review of Resident #5' Hospital to Post-Acute Care Facility Transfer COVID- 19 assessment dated [DATE] revealed he was tested on [DATE] and had a negative result. His primary [DIAGNOSES REDACTED]. Record review of Resident #5' physician orders [REDACTED]. Observation on 5/11/20 at 10:30 am revealed Resident #5' name and roommate's name outside the door located on the 100 hallway. Neither residents were in the room. There was no PPE located outside of the room or a sign indicating the residents inside were on isolation. Residents were somewhere in the facility. During an interview on 5/11/20 at 11:30 am, the DON said she was not aware residents on [MEDICAL TREATMENT] should be on quarantine. The Don was asked what was the criteria for quarantine, she said Residents admitted /readmitted from the hospital should be quarantined . Observation and interview on 5/13/20 at 8:42 am, the receptionist was observed putting masks into brown bags. She was not wearing a mask. When approached she said the mask wouldn't stay on. Observation and interview on 5/13/20 at 8:45 am revealed CNA B dragging a bag of dirty linen on the floor on the 200 hallway. When asked what training she received on infection control she said dirty linen was to be placed in a bag and taken to the laundry. She said the bag should not be dragged because the contents could get on the floor. She said they were also trained on washing hands before/after care and before/after donning gloves. Observation on 5/13/20 at 8:52 am revealed the following rooms with isolation precautions 202, 204, 206, 217, and 314. There were stop signs that said to see a nurse before entering with PPE located outside of the rooms. Observation and interview on 5/13/20 at 8:55 am revealed Housekeeping Aide inside room [ROOM NUMBER] cleaning with gloves on. She stepped out into the hallway, grabbed a broom and dustpan and began sweeping in front of the room. She put a wet floor sign down, took off the gloves, and threw them away in the housekeeping trash can. She put on new gloves without hand hygiene. An interview was attempted but she said she did not speak English. She was wearing a regular surgical mask. During an interview on 5/13/20 at 12:30 pm, Housekeeping Manager said he had been in the position for 2 years. He said he already was informed about the Housekeeping Aide wearing gloves in the hallway. He said he told the staff they should take their gloves off after leaving the room and wash their hands every time they go in and out of a room. He said the Housekeeping Aide should know better because she had been working in the facility for 7-8 years. When asked how he communicated with staff who did not speak English, he said he had to use a translator to communicate on his phone. When Housekeeping Manager was asked about training provided to Housekeeping Aide, he said staff are constantly being trained and she was aware of the proper protocol. Observation and interview on 5/13/20 at 9:05 am revealed CNA C put on gloves and enter room [ROOM NUMBER]. She was wearing a surgical mask. She exited the room, took off her gloves, and threw them away in the housekeeping trashcan. She said she worked in the facility for 1 year and 4 months. When asked what type of PPE is necessary when entering rooms with residents on isolation she said, it depends on the type of isolation. When asked what type of isolation the resident was on she said she did not know. She said, I just wanted to give him his medicine. She looked at the PPE outside of the door and said, I could have worn a gown. She said she passed medicine for the whole unit and there was only one other resident on isolation precautions (Resident #2 ) She said she was not sure what type of isolation precautions that resident was on either. When asked the proper procedure for throwing away gloves she said for residents on isolation they should be thrown away in a red biohazard bag. During an interview on 5/13/20 at 9:30 am, the DON said asymptomatic staff who have been tested can continue to work while test results were pending. She said if the staff is symptomatic they must wait until negative results are given to continue to work. She said there was no policy on this, they went by HHSC guidance. She said the two ADONs and herself were conducting ongoing infection control training. When asked when staff should gown up for residents on isolation she said, if they go inside the room. She said staff would have to ask the nurse what type of isolation residents are on. She said gloves were not to be worn in the hallway. They were to be removed while in the resident's room and hand hygiene should be performed immediately after. She said the Housekeeping Manager was trained on infection control who then would train his staff. She said no residents were currently displaying any symptoms. When asked her expectations on masks she said, All staff have to have on a mask at all times. Observation and interview on 5/13/20 at 10:54 am revealed an unidentified staff member walking inside the building. The Receptionist asked, Did you ask all the questions? Hospitality Aide said, No ma'am. The Receptionist said, You've got to ask all of them. Hospitality Aide said he had been doing the screening for a couple of weeks. A transportation company pulled up and got Resident #1 out of the back. They came into the facility and the Hospitality Aide asked the two transporters to sanitize their hands. He asked Do you have any of these symptoms? Have you traveled? He then took the temperatures of the transportation workers and allowed them to enter. The questionnaire was not provided to be completed. During an interview on 5/13/20 at 11:05 am, the Receptionist said the expectation was that masks be worn at all times by all staff. She said she took her mask off if she was doing something with her mouth, but the masks irritated her ears. Record review of Medication Aide F's timesheet revealed she worked 5/6 from 6:37 am to 8:37 pm and 5/7 6:40 am to 2:25 pm. Record review of the nursing schedule dated 5/13/20 revealed Medication Aide F was scheduled to be the medication aide for unit B. During a telephone interview on 5/13/20 at 11:50 am, Medication Aide F said she last worked on Thursday 5/7/2020 from 6:30 to 2 pm. She said shortly after clocking in she noticed her chest hurt while pushing the med cart and asked for relief around 7 am on 5/7/20 from the Scheduler. She said she also had diarrhea, vomiting, and heaviness in chest. She said she reached out to her physician because she thought it was her sinuses and was advised to get tested for COVID-19. She said she got tested on the 9th, but did not expect it was positive, because she did not know anyone else was positive in the facility. She said she got results back on 5/12 and they were positive. She said she sent an email to HR that she was getting tested said she would relay to the DON. She said she talked to the DON yesterday ( 5/12/20 ) and told her the test was positive. She said the DON told her she had to go through the protocol and test negative twice before returning to work. During an interview on 5/13/20 at 12:18 pm the Administrator and DON were present. When asked again if any new staff or residents had tested positive the Administrator said no. The Administrator said both ADONs left Monday and got tested due to not feeling well. He said the Activities Director was not feeling well and tested herself on 5/12 due to having a low-grade temperature and body aches. He said the MDS coordinator said she was feeling dizzy, headache, feeling sick today and left to get tested . When the DON was asked if she was aware of any new positive cases she said mhm mhm. When asked why Medication Aide F wasn't at work the DON said because she was being tested for COVID-19. When informed that Medication Aide F said she spoke with the DON about her positive results the day prior she said, She didn't talk to me. The Administrator said, I wasn't aware of her testing positive. The DON said, I know that she got tested on the 9th. During an interview on 5/15/20 at 3:00 pm, the Scheduler said Medication Aide F was sick in the facility on the 7th and was sent home around 12 pm. She said Medication Aide F never told her she was feeling sick or she would have sent her home immediately. She said she saw Medication Aide F trying to pass medications sitting down and asked her what was going on. She said She just wasn't looking right. When informed Medication Aide F's timesheet indicated she clocked out at 2:25 pm she said, She had to finish up on med pass and clean up the cart. She said she told the Administrator and DON that Med Aide F was sent home because she was sick. Record review of the Activities Director's timesheet revealed on 5/12/20 she clocked in at 7:52 am and clocked out on 7:57 am. Record review of the Activities Director's Screening Checklist dated 5/12/20 revealed no indicated symptoms related to COVID. Her temperature was recorded as 98.2. During a telephone interview on 5/13/20 at 12:40 pm, Activities Director said she last worked on Monday 5/11/2020 and felt fine. She said she woke up Tuesday morning feeling a little achy in her knees and shoulders. She said she never felt that before but thought maybe I could fight it off. She said she came to work and did the screening and her temperature was 98 degrees which was slightly higher than normal. She said something did not feel right and went to her car and called around to see if she could get tested . She said she did not want to expose the residents if she did have COVID-19, so she did not enter the building. She said she already had an appointment for 5/16 because The fact that I was exposed scared me. She said she spoke to the DON and the Administrator and told them she wasn't feeling well, and they advised her to go home. During an interview on 5/15/20 at 2:55 pm, the Administrator said the Activities Director called and said she wasn't going to go inside the building because she didn't feel well. When informed the Activities Director's timesheet indicated she clocked in he called the Activities Director and asked her if she came into the building on 5/12/20. He said, She came in, clocked in, and had</p>		

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Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. Provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. Facilities should review and revise how they interact vendors and receiving supplies. Record review of the facility's COVID-19 Preparation Plan and Guidance dated 4/20/20 revealed for admissions/readmissions Identify and implement a designated area. This will be your quarantine area where all new admissions and/or readmissions will be quarantined for 14 days to ensure they are not suspected of having COVID-19 and are kept away from the general population. If a new admission and/or readmission has 2 negative COVID-19 tests prior to admission to our community, that will suffice as a COVID-19 negative resident and that resident does not need to be quarantined/isolated for 14 days. All residents in this quarantine area will be placed on droplet precautions and treated as if they are COVID-19 positive. The quarantine ideally would have a designated team member(s) to care for these residents so that cross contamination will not occur with the general population, but if that is not possible due to the community staffing patterns, the community will have to ensure infection control practices are well maintained between the quarantine hall and general population. At a minimum, the PPE required will be surgical face masks and gloves. Disposable isolation gowns will be used for high risk residents and who show symptoms and/or required procedures that would generate droplets on team members clothing. Washable hospital gowns can be used as a barrier when disposable isolation gowns are limited. Face shields will also be encouraged for team members working this quarantine area. Residents without symptoms for the duration of the 14 days will be relocated to a room within the general population after the 14-day quarantine after a discussion with the resident's physician. Record review of the facility's undated protocol for suspected resident with COVID-19 revealed the following: 1. Immediately put a regular facemask on resident. Transfer the patient to a private room. 2. Initiate droplet and contact isolation. 3. Contact Department of Health immediately. 4. Minimize traffic into the resident's room. A dedicated nurse should be assigned to the case. 5. Use dedicated equipment available in the room. 6. Limit resident movement outside the room. Avoid any unnecessary diagnostic tests. 7. No visitors allowed in the room. 8. Use disposable equipment whenever possible. If disposable equipment is not available, disinfect with viricidal agent after use. 9. In the case of a roommate of someone who tests positive for COVID-19, asymptomatic roommates are likely already exposed, so you can either move the roommate to a private room with droplet and contact precautions or allow them to stay in place if the risk of spreading [MEDICAL CONDITION] is greater by moving the roommate. 10. As long as the community can manage the resident, there is no need to transfer the resident to a hospital. Always consult with the resident's physician and alert him/her if you can't manage resident's respiratory status or if there are additional medical interventions that you can't provide at the community, including a negative pressure room. Record review of undated Texas Notifiable Conditions from the Texas Department of Health and Human Services revealed Report all confirmed and suspected cases. Record review revealed confirmed and suspected cases of COVID-19 were to be reported immediately. Record review of the facility's undated Infection Control Policy revealed It is the policy of this facility that standard precautions will be observed at this facility to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived health status of the source of the individual. This includes barrier protections for healthcare workers such as gloves, gowns, masks, and goggles when exposure to blood or body fluids, secretions and excretions, nonintact skin, or mucus membranes is anticipated. Also, now included in standard precautions are respiratory hygiene/cough etiquette and safe injection practices. Record review revealed physician order [REDACTED]. Determine necessary PPE. Add signage to door - 'Contact nurse prior to entering.' Cart will be placed outside resident room. Add isolation to care plan. These failures resulted in an Immediate Jeopardy (IJ). The facility Administrator and DON were notified of the IJ on 5/13/20 at 4:25 pm and a plan of removal (POR) was requested at that time. The IJ template was provided to the Administrator at that time. After several revisions, the Plan Of Removal (POR) was accepted on 5/15/2020 at 11:08am. The POR read in part: Inservice screening protocol. All assigned screeners will be re-trained on the screening process and will be given a competency to ensure they will follow all COVID-19 Infection Control protocols related to screening all employees, and visitors. Screeners will not be allowed to screen until they have been trained and completed the competency. All new screeners hired by the facility will be trained and provided the screening competency during the orientation process. Staff will be in serviced on how to complete screening questionnaire appropriately and accurately answer questions regarding COVID19 related symptoms that they may be experiencing or have experienced in the last 24 hours. Staff will be screened prior to starting their shift daily. All staff will be in serviced on symptoms of COVID-19 and to immediately report any symptoms noted to the Director of Clinical Operations or designee. Director of Clinical Operations or designee will immediately send staff member home and request that staff member be tested for COVID-19 and notify Director of Clinical Operations of results. Staff member will not be allowed to return to work pending results. Nursing administration staff will be in serviced that the on-call staff member or designee will report any team member that calls in sick to the Director of Clinical Operations and/or the Executive Director. The team member will be required to bring a written release to return to work from their MD. The Director of Clinical Operations will track the progress of the individual and ensure that they do not return without following the proper procedures. Inservice will be completed on 5/15/2020 Staff will be in serviced that anyone tested for COVID-19 outside of the community must immediately report to the Executive Director and/or the Director of Clinical Operations. Staff with symptoms will not be allowed to work pending results. The Director of Clinical Operations will follow the CDC's guidance on when to allow the team member to return to work, both test-based and non-test-based strategy. Inservice will be completed on 5/15/2020, Director of Clinical Operations or designee will trace any staff member and/or residents that have come into contact with any symptomatic individual or any who have tested positive by assessing the residents on the unit the person with symptoms worked on. Director of Clinical Operations or designee will review scheduled assignment that day to identify any staff that may have worked with the potentially affected persons. Daily screening will be completed, and full PPE will be utilized to prevent any further spreading of [MEDICAL CONDITION]. The MA and LVN are currently out on quarantine and will be in serviced upon return. On May 14th, 2020, the Regional Director of Clinical Operations in serviced the Director of Clinical Operations on COVID-19 infection control protocols to include staff with symptoms that are awaiting results are not allowed to return to work. Director of Clinical Operations will follow the CDC's guidance when to allow team members to return to work, both test-based and non-test-based strategy. Documentation of training will be kept in the Director of Clinical Operations employee file. The screener will report to the Executive Director of Operations and/or Director of Clinical Operations immediately at the time of screening of any individual that claims to have any s/s COVID-19 and that individual will be not be allowed to enter community and we will provide further direction per telephone. Inservice staff that new admissions and readmissions will return on droplet precautions on the designated quarantine unit. The facility has designated Hall 300 (311-316) as the quarantine hall, which will house all new admission, all re-admission, any resident who goes out on pass to an appointment, or [MEDICAL TREATMENT], etc. Residents #1, #2, #3 and #4 were all relocated to Hall 300 and they will remain in quarantine for at least the next 14 days, and all will have the appropriate PPE located outside of the room. Resident #1 and #2 who go out to [MEDICAL TREATMENT], will remain on the quarantine hall indefinitely. Residents that were relocated to the quarantine hall had rooms deep cleaned on May 13th by housekeeping. We will use designated staff to the best of our ability. Education was provided on 5/13/20 by the Regional Vice President of Operations on the facility's policy and procedure on placing all new admissions and readmissions on the quarantine hall for at least 14 days to the Executive Director of Operations and</p>		

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<p>F 0880</p> <p><b>Level of harm</b> - Immediate jeopardy</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 3)</p> <p>Director of Clinical Operations. Staff will be educated on appropriate PPE to be utilized on the quarantine hall beginning May 14th. We currently are not using any staff from our sister facilities. If Agency staff is utilized, they will be in serviced on appropriate PPE usage prior to working the quarantine hall. Education will be provided by the Director of Clinical Operations to all licensed nurses on what Personal Protective Equipment is required to be accessible outside of the rooms on the quarantine hall. This educati</p>		