

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676163	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER BENDER TERRACE OF LUBBOCK		STREET ADDRESS, CITY, STATE, ZIP 4510 27TH ST LUBBOCK, TX 79410	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<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 and to help prevent the development and transmission of communicable diseases and infections in 3 of 3 units in the facility (north (regular/quarantine), south (dementia) and COVID-19 units); in that: a) Staff (Nursing (LVN #2 LVN #4, MA #2, CNA#1, CNA #2, Laundry staff #1 and Dietary staff #1) were not wearing appropriate and/or effective PPE in quarantined and COVID-19 positive units, b) Residents were not socially distanced during the noon meal in the dementia unit dining room. Residents were seated within approximately 3' of each other at 2 of 3 feeding assist tables, c) Staff (MA #1) were not effectively trained in cleaning medical equipment to prevent the spread of infections (Blood pressure cuff), and d) Staff did not store linens in a manner to prevent the spread of infection. Soiled laundry from quarantined areas was not easily identified from non-quarantined resident laundry. These problems could result in the spread of infections in the facility. The findings include: ~ Background: Record review of the Admission/Discharge To/From Report dated 7/15/20 to 10/15/20 revealed that Resident #1 was discharged to an acute care hospital on [DATE]. It was also noted that Resident #1 was admitted from acute care hospital on [DATE]. It was further documented that Resident #2 was discharged to a nursing home on 10/11/20. Resident #2 was admitted from an acute care hospital on [DATE]. On 10/15/20 at 8:47 AM an interview was conducted with LVN #1 regarding the residents on hall 200 on quarantine. She stated, room [ROOM NUMBER] has Resident #1 who went out to the hospital. She's on day seven or eight of quarantine. She's up all the time and confused. room [ROOM NUMBER] is Resident #2 who had an ER visit and she is on day three of quarantine. On 10/15/20 at 11:07 AM LVN #1 stated regarding Resident #1, She went out due to her blood pressure being low and then she was sent to the ER. She was evaluated and sent back. Her family refused a pacemaker. The LVN conducted a record review of Resident #2's clinical record and stated, She left on the 10th or 11th to the ER and returned on the 13th. She was held for observation. She left on the 11th at 2256 and returned on the 13th at 1626. She further stated regarding Resident #2, She is status [REDACTED]. On 10/15/20 at 11:15 AM LVN #1 stated regarding Resident #1, She went out on [MEDICAL CONDITION] and they found a fib and kept her for observation. At that time the ADON stated regarding Resident #1 going out, She was out and came back the following day. Record review of the clinical record for Resident #1 revealed that on 10/8/20 at 1849 the resident was sent out from the facility and returned on 10/9/20 at 1821. The resident had an overnight stay in the hospital. Record review of the facility's current undated policy labeled (Facility) Healthcare Consultants Policy for Quarantine/Isolation of Residents and Discontinuance of Said Quarantine/Isolation, revealed the following documentation, Definitions as defined by CDC: 1. Quarantine: separates and restrict the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. 2. Isolation: separate sick people who were contagious disease from people who are not sick. I. Quarantine residents. A. These are residents that are either new admits, return admissions, residents that went out to the ER or persons under investigation (PUI) such as a resident that is a roommate of another who has a positive PCR test result, is asymptomatic, but is now considered to be highly exposed, although their test was negative. ~ - Quarantined Area - PPE Issues: On 10/15/20 at 8:55 AM an observation was made of quarantine room [ROOM NUMBER] where CNA #2 was in the room. She was assisting Resident #1 and she was wearing gloves and a mask with no other PPE. It was also noted at this time that Laundry staff #1 was bringing clean laundry into the room and was wearing a mask and no other PPE. Resident #1 began yelling and LVN #2 went into room [ROOM NUMBER]. He was wearing a mask and no other PPE. He stated on 10/15/20 at 9:00 AM, She gets up 20 times a day. CNA #1 then entered room [ROOM NUMBER] to assist CNA #2 in transferring Resident #1 from the bed to the wheelchair with a mechanical lift. They were both wearing masks and gloves and no other PPE. On 10/15/20 at 9:09 AM CNA #1 was observed with a surgical mask on in room [ROOM NUMBER] and was making the bed. It was noted that the resident's blankets were placed on top of her dresser and that the CNA took the pillow and placed it on the resident stomach as the resident sat in her wheelchair. It was also noted at this time that there was no infection control related signage or precautions near quarantine rooms [ROOM NUMBERS]. It was also noted that there was no PPE supply readily accessible to the rooms nor were there biohazard receptacles in the rooms for doffed PPE and quarantined linens. On 10/15/20 at 9:10 AM it was noted that Dietary staff #1 went into quarantine room [ROOM NUMBER] and picked up soiled breakfast dishes from Resident #1. She was pushing a cart that already had a stack of soil dishes from other halls. It was noted that she then went into quarantine room [ROOM NUMBER] to retrieve soiled dishes and was wearing gloves, surgical mask and no other PPE. On 10/15/20 at 9:12 AM an interview was conducted with CNA #1 regarding procedures for quarantine rooms and residents. She stated, They say to wear only a mask and gloves for the quarantine rooms. On 10/15/20 at 9:23 AM Dietary staff #1 was observed going into resident rooms on hall 300 and retrieving soiled breakfast dishes. She was also observed busing the dishes in the corridor and stacking them on the cart. She was wearing gloves and a mask. She was also observed talking to Resident #12 in room [ROOM NUMBER] and asked her what she wanted for lunch. On 10/15/20 at 9:25 AM an observation was made of Dietary staff #1 as she was retrieving soiled meal trays and trash from room [ROOM NUMBER]. There was no distinction on the tray cart between the dishes that came from quarantine hall 200 and the other halls. On 10/15/20 at 9:30 AM Dietary staff #1 was at room [ROOM NUMBER]. She was interviewed regarding her cart filled with resident soiled breakfast dishes. She stated, These dishes were from all three halls. There's no separation between the dishes (quarantined/regular). She further stated, I wear the same gloves throughout picking up the dishes on all halls. Then I change them before I enter the kitchen. On 10/15/20 at 9:40 AM an interview was conducted with Dietary staff #1 and she was asked if there was any special attire that she wore before going into quarantine rooms. She stated, I didn't know it was a quarantine unit until I overheard you say it when you were on the hall. There's no special attire that I wear. All I know is wear a mask and gloves. On 10/15/20 at 10:10 AM an interview was conducted with the Administrator in regard to quarantine residents in rooms on hall 200. He stated, We do not have quarantine residents. They have a negative test from the hospital. They are on isolation. I think it's a difference. On 10/15/20 at 11:46 AM an interview was conducted with the DON. She stated, The COVID-19 (positive) unit is the quarantine unit. Hall 200 is more for isolation/observation hall. Since they (Residents #1 and #2) were negative, we thought they were not in need of being isolated. She further stated Resident #2 was tested at the hospital between the (October) 11th and 13th stay. Resident #1 was tested negative on 10/9/20. The DON was also asked what staff were supposed to wear in quarantine and COVID-19 rooms. She stated, Quarantine rooms they wear a gown and gloves and a mask for all staff. For the COVID-19 unit that is isolation and they wear full PPE which is a face shield, goggles, mask, gown, and gloves. The COVID-19 unit has N95 masks they were. On 10/15/20 at 3:00 PM an interview was conducted with the Administrator regarding the residents on the 200 hall not being treated as quarantined (Residents #1 and #2). He stated, Those kinds of things fall through the cracks. That's on me. We had DONs leave during the pandemic. On 10/15/20 at 3:25 PM an interview was conducted with the DON. She was asked what system was used by staff to know when residents should be quarantined. She stated, If they have greater than 100.4 temperature or their O2 Sats are below 90. They (staff) know if they go to the hospital they know</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 - Many	<p>(continued... from page 1)</p> <p>to isolate them. On 10/15/20 at 11:25 AM the Housekeeping Laundry Supervisor stated, How we (Laundry/Housekeeping staff) know quarantine (rooms) is that there is a PPE cabinet outside the room. ~ PPE Issues - COVID-19 Unit On 10/15/20 at 4:20 PM an observation was made of the COVID-19 positive unit. LVN #4 was present and she was wearing a KN95 mask which was stamped on the side and had ear loops. At that time MA #2 was present. It was also noted that she was wearing a KN95 mask with ear loops. Both staff masks seemed not to have a snug fit due to the ear loop area fit. MA #2 stated regarding the fit of her KN95 mask, I have a small face too. LVN #4 was then asked about the KN95 mask that she was wearing. She stated, We use them for a week. The metal part (nose bridge) lasts about a half day; then breaks. On 10/15/20 at 4:45 PM the DON stated, regarding the fit of the KN95 masks on the COVID-19 staff and bridge problems, We get them from (Supply Vendor #1). It's what they send us. At that time the ADON brought back a bag of the KN 95 masks that were being used by facility staff (including the COVID unit). Observation of the packet revealed the following documentation, GOSBATA. KN 95 protective face mask. (Not for medical use). Filter Performance >95% .One time use only .Disposable one time use only . Model tested : 9500 .E - Power Limited Shenzhen . Record review of the NPPTL (National personal Protective Technology Laboratory) COVID-19 response: International Respirator Assessment. Manufacturer: E - Power Limited Shenzhen. Model tested : 9500. Date tested : July 1, 2020.</p> <p>(https://www.cdc.gov/niosh/nppt/respirators/testing/results/MTT-2020-305.1_International_E-POWER-LIMITED-SHENZHEN_9500_TestReport_Redacted-508.pdf) revealed the following documentation, These findings pertain to the E - Power Limited Shenzhen.,</p> <p>Model 9500 . Nine respirators measured less than 95%. One respirator was not tested due to having a split at the seam . In addition, this product is an ear loop design. Currently, there are no NIOSH - approved products with ear loops; NIOSH - approved N95s have headbands. Furthermore, limited assessment of ear loop designs, indicate difficulty achieving a proper fit. While filter efficiency shows how well the filter media performs, users must ensure a proper fit is achieved . Record review of the website Centers for Disease Control and Prevention, The National Personal Protective Technology Laboratory (NPPTL). Counterfeit respirators/misrepresentation of NIOSH - approval. Updated October 22, 2020, (https://www.cdc.gov/niosh/nppt/usernotices/counterfeitResp.html), revealed the following documentation , Counterfeit respirators are products that are falsely marketed and sold as being NIOS Approved and may not be capable of providing appropriate respiratory protection to workers . Signs that a respirator may be counterfeit . Filtering facepiece respirator has ear loops instead of headbands . On 10/15/20 at 4:55 PM, the Administrator stated, regarding the KN95 use in the COVID-19 unit, These (masks) may have come from a former DON donation. We have lots more of these (KN95 masks). We will check the others (supply for N95 masks). Record review of the PPE Inventory list dated 10/14/20 revealed there were 1115 N95 masks in the facility. There was no documentation of the number of KN95 masks and none were indicated on the list. ~ Dining Room Social Distancing - Dementia Unit Mealtime: On 10/15/20 at 12:35 PM an observation was made of the dining room in the dementia unit. It was noted that there were seven people at the feeding assist table that was in a double U shape. The residents at the table were Residents #5, 6, 7, 8, 9, 10 and 11. The residents were approximately 2 to 3 feet apart and they were fed by one staff, MA #2. There were 24 residents in this dining room. On 10/15/20 at 12:40 PM an interview was conducted with LVN #3 in the dementia unit. She stated, We have 29 residents (in the dementia unit). To me it's (dining room) crowded. Further observation of the area at this time revealed that the dining room area was approximately 34' x 16'. There were three tables that had three residents, two tables with two residents, one table with four residents, 1 double U table with seven residents. All residents were at the round tables which were five except the double U and single U tables. On 10/15/20 at 3:40 PM measurements were taken of the dining room round tables and they were 41.5 inches wide. On 10/15/20 at 12:47 PM an interview was conducted with the DON regarding the social distancing/crowding situation in the dementia dining room during meals. She stated, Yes it's really hard. A lot required to be fed or cued to eat. She stated that they had thought about having more than one meal time but added All they (staff) would be doing is feeding. We thought about that. We would feed all day long. On 10/15/20 at 3:00 PM an interview was conducted with the Administrator regarding the social distance/crowding situation in the dining area on the dementia unit. He stated, We tried feeding them in rooms and there was weight loss. The surveyor asked if he had tried other alternatives to solve the issue. He stated, I have not tried multiple meals (mealtimes). He was then asked if he had contacted other facilities with similar situation or his corporation for input on solving the issue. He stated, I have not contacted other homes for advice. I'm not going to keep them (residents) in their rooms. They lose weight. ~ Cleaning of Medical Equipment: On 10/15/20 at 9:55 AM an interview was conducted with MA #1 on Hall 300. She was asked about the cleaning process of her medical equipment such as blood pressure cuffs. She stated, I clean it at the end of the day. Maybe we should clean them between (residents). We have wipes to clean everything off. I use these wipes to clean everything. She further stated, We work 12-hour shifts. I clean after the shift. On 10/15/20 at 3:25 PM an interview was conducted with the DON. She was asked about blood pressure cuffs and other medical equipment cleaning. She stated, They should clean them after each (resident) use. ~ Quarantined Area Laundry Issues: On 10/15/20 at 9:07 AM an observation was made of CNAs #1 and #2 finishing a transfer and CNA #1 took a bag of soiled linen from room [ROOM NUMBER]. The soiled linen in was a clear trash bag. On 10/15/20 at 9:12 AM an interview was conducted with CNA #1 regarding procedures for quarantine rooms. She stated, These rooms, 203 and 204 do not have red or yellow (biohazard) boxes. At the time she was asked where the soiled linens from these rooms were taken to. She indicated the soil linen room on hall 100/200. She then went to the soil linen room on hall 100/200. She stated, I haven't seen any yellow (quarantined/isolation linen storage) bags. They are no yellow bags. The only red bags I've seen are in here (soiled linen storage room). At that time, it was noted that there were biohazard boxes in the room and a small amount of red biohazard bags. Observation of the gray barrel she placed the quarantine room soiled linen in revealed that it was filled with soil linen/laundry in clear trash bags. On 10/15/20 at 11:25 AM Laundry staff #1 stated that quarantined and COVID-19 unit linens/laundry were washed separately from other linens/laundry. She further stated that she identified the COVID unit laundry by marked barrels and yellow bags. She added the quarantine laundry came in yellow bags. ~ Policy: Record review of the facility's current undated policy labeled (Facility) Healthcare Consultants Policy for Quarantine/Isolation of Residents and Discontinuance of Said Quarantine/Isolation, revealed the following documentation, Definitions as defined by CDC: 1. Quarantine: separates and restrict the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. 2. Isolation: separate sick people with a contagious disease from people who are not sick. Policy Statement: (Facility) Healthcare Consultants will follow CDC guidelines, however, should your state, local public health office, infectious disease specialist and/or your medical director have more stringent criteria set forth, our facilities will follow the most stringent criteria as long as we are capable of meeting the requirements which may include layout of the physical building, etc. I. Quarantine residents. A. These are residents that are either new admits, return admissions, residents that went out to the ER or persons under investigation (PUI) such as a resident that is a roommate of another who has a positive PCR test result, is asymptomatic, but is now considered to be highly exposed, although their test was negative.***If state, local office of public health, are your infectious disease specialist and/or medical director has different requirements that we are able to meet, again such as the layout of the facility, etc. B. If the resident is being admitted from an acute care facility or home, we would optimally like to have two negative COVID-19 PCR test that are 24 hours apart. However, if the entity is not capable of providing two, then one would be acceptable. In the case that no testing can be provided then we would follow the time-based strategy under quarantine as long as the resident does not develop any symptoms during that time and need to be moved to isolation . C. For our residents being readmitted , and the hospitals in the area are needing beds due to the pandemic we will not require COVID-19 PCR testing. We will readmit them in quarantine them. D. These residents may return to their normal units and/or room once they have met the criteria for transmission based precautions. We will use the 14-day quarantine time as per the CDC guidelines unless your state, local office of public health, or infectious disease specialist and/or medical director has different requirements that we are to meet again such as the layout of the facility, etc . Record review the facility's policy labeled Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures., Revised July 2020, revealed the following documentation, Policy Statement. This facility follows recommended standard and transmission based precautions, environmental cleaning, and social distancing practices to prevent the transmission of COVID-19 within the facility. Policy Interpretation and Implementation. 1. This policy is based on current CDC recommendations for infection prevention and control practices for COVID-19. 2. While in the building, personnel are required to strictly adhere to established infection prevention and control policies, including . c. Appropriate use of PPE; d. Transmission based precautions, where indicated . f. Social distancing when applicable . Physical distancing . 2. Physical distancing of at least 6 feet is enforced among residents . Personal Protective Equipment . 2. Staff wear eye protection during any resident care encounters or procedures. 3. For a</p>		

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 2)</p> <p>resident with known or suspected COVID-19: a. Staff wear gloves, isolation gown, eye protection and an N 95 or higher-level respirator if available (facemask is an acceptable alternative if I respirator is not available) . 4. If there is moderate to substantial COVID-19 transmission in the surrounding community: a. Staff wear all recommended PPE (i.e., Gloves, gown, eye protection and respirator or facemask) for the care of all residents in the unit (or facility wide based on the location of affected residents), regardless of symptoms (based on availability) . 6. Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., Outside of a resident's room, wing, or facility wide) . Record review the website Centers for Disease Control and Prevention, cdc.gov, Coronavirus 2019 (COVID-19), Healthcare Workers, Considerations for Memory Care Units in Long-Term Care Facilities, Updated May 12, 2020, (https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html) revealed the following documentation, . Infection Prevention and Control (IPC) Guidance for Memory Care Units . Healthcare personnel (HCP) working in memory care units in long-term care facilities including nursing homes, skilled nursing facilities .should follow the IPC guidance for those specific settings, which are considered supplemental guidance to the Interim Infection Prevention And Control Recommendations For Patients With Suspected Or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. In addition to current IPC guidance for long-term care facilities, nursing homes . providing memory care should consider the following . Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings . Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel .</p>		