

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>455975</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE GARDENS OF BELLAIRE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4620 BELLAIRE BLVD BELLAIRE, TX 77401</b>	
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 0812  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</b></p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchens reviewed for food procurement in that: - Dietary Aide was not wearing a hair restraint. - Lead Server was not wearing hair restraint properly; half of her hair was exposed. - The ice scoop was stored inside the ice machine. - Food items were not dated or labeled. - The doors to the storage, pantry, entrance and exit had caked dirt and they were sticky on frequently touched areas. These failures placed all residents who received meals from the kitchen at risk for food borne illness and cross-contamination. Findings include: Observation and interview on 9/10/20 at 12:13 pm with Dietary Aide revealed she was not wearing a hair net in the kitchen. She said she forgot but, she always wore one. She said it was important, so hair did not get into the food. She could not recall the last time she was in-serviced. Observation and interview on 9/10/20 at 12:14 pm with Lead Server revealed she was not wearing her hair net properly; half of her hair was exposed. She said she did not realize her hair was exposed. She said it was important to wear a hair net, so hair did not fly into the food. She could not recall the last time she was in-serviced. Observation and interview on 9/10/20 beginning at 12:15 pm in the kitchen area accompanied by the Food Services Director revealed the storage room door, entrance and exit doors, and the pantry door were sticky with caked dirt that encompassed most of the doors where they were frequently touched. There were 6 cutting knives hanging on the kitchen wall with caked dirt on the handles. The Food Services Director said it was time to throw them away. There were three 15-gallon pots that were not inverted. He said they should have been inverted so dirt/debris/water could not fall into them. The ice scoop was stored in the ice machine. There was no place to store the ice scoop while not in use. He said the ice scoop was not supposed to be left in the ice machine because that was cross-contamination. He said the facility had never had a place to put the ice scoop outside of the ice machine. Observation and interview on 9/10/20 at 12:25 pm accompanied by the Food Services Director of the facility's refrigerator revealed the following: 1 large bag of salad not dated or labeled; 1-5-gallon container of sliced pickles with an open lid; not properly sealed; and The refrigerator racks had caked food debris; they were sticky and one rack had a spilled yellow-colored substance like Jello on it. Observation on 9/10/20 at 12:30 pm accompanied by Food Services Director of the facility's freezer revealed the following: 1-32 oz - frozen fries not dated or labeled and out of original box; 12 - veggie burgers not dated or labeled and out of original box; 1-32 oz - waffle fries not dated or labeled and out of original box; 1 32 oz - chicken tenders not dated or labeled and out of original box; and 2-64 oz - chicken dumplings not dated or labeled and out of original box. Observation on 9/10/20 at 12:38 pm accompanied by Food Services Director of the dry pantry revealed the following: 1-gallon - sherry cooking wine was sticky and had drippings outside the gallon; 1-gallon - pancake syrup with no open date; used by date was 2/21; and 2-gallon - cereal containers not dated or labeled and out of original box. In an interview at that time the Food Services Director said he was going to give the kitchen a thorough deep cleaning. He said he was surprised to see Dietary Aide with no hair restraint because she always wore one. He said both Dietary Aide and Lead Server knew they had to wear hair nets and wear them appropriately to cover all their hair. In an interview on 9/10/20 at 1:15 pm with the Administrator accompanied by the Food Services Director, she confirmed the ice scoop laid on top of the ice in the ice machine. She said it was cross-contamination which affected infection control. She confirmed dietary aide was not wearing a hair net. She said she knew better and the last time she was in-serviced was on 5/5/20. She said she was in the kitchen last week and noticed a dirty wall in the kitchen. She said it was important to date/label food items for the safety consumption of food for the residents. The Food Services Director said he did not know the ice scoop was not supposed to be left in the ice machine because it had been like that for years. The Food Services Director said whoever opens food items were responsible for dating/labeling food items that were outside of their original packaging. He said staff knew better and he did not know why they did not do the right thing. He said that was just lazy. He said it was his responsibility to ensure that hair nets were worn and worn appropriately. He said staff knew better. He said the last in-service training was on 5/5/20. Record review of the facility's food safety policy, titled: Food Safety in Receiving and Storage, dated 11/4/05 and revised on 9/1/18 read in part . Storage: 3. Food that is repackaged is placed in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. The container is labeled with name of the contents and dated with the date it was transferred to the new container. Dry Storage: 5. All food storage bins or containers are maintained in clean condition and labeled with the contents. Scoops are not stored inside bins . Record review of the facility's sanitation policy, titled: Sanitation and Infection Control Standards, dated 10/13/05 and revised on 9/1/18 read in part . A. Infection control and sanitation practices are followed to minimize the risk of contamination of food and prevent food-borne illnesses. B. The director is responsible for and monitors food safety and sanitation of the department daily. C. The director develops implements and monitors a cleaning schedule that assigns specific cleaning responsibilities to specific individuals. Cleaning task are initialed as they are completed the director checks the cleaning schedule at the end of each shift to assure assignments have been completed. 8. Hair is completely covered and restrain with a hairnet or hair but fits well in the food preparation area and or kitchen .</p>		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></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 1 of 1 staff reviewed for infection control. -The facility allowed MA to continue to work after she reported she had symptoms of COVID-19 while her test results were pending. This failure could affect all residents place them at risk of contracting an infectious disease. Findings Include: In an interview on 9/10/20 at 3:20 pm with MA, she said if she was not feeling well she was supposed to call the DON and stay home. She said back around 6/30/20 she said she lost her sense of taste and on the same day, she notified the DON. She said the DON was going to conduct a COVID test the same day. She said the DON told her not to show up to her assignment and to come to the office to get tested . She said the DON told her that she could return the next day to work since the test results were not in. She said the DON told her to wear an N95 mask. She said she worked on 7/1, 7/2, 7/3, and 7/4/20. She said she was off on 7/5/20. She said she did a regular shift on Monday, 7/6/20. She said on 7/7/20 she received a phone call from the DON stating her results came back positive. She told her to go get tested somewhere else outside the facility. She said she went to a community testing site and got tested . She said the DON told her to quarantine for 14 days. She said she got the results from the community testing site on 7/9/20 and results returned positive. She said they told her to continue to quarantine. She said she returned on 7/14/20 to the facility to get another COVID test. She said the following Friday,</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 1)</p> <p>7/17/20 results were returned with negative results. She said she returned to work on 7/20/20. In an interview on 9/10/20 at 3:56 pm with DON and Administrator, the DON said MA was paranoid because she told her that she was around someone who tested positive. She said she offered to test her and she said MA told her she would wait. She said MA returned to her and she said that she thought she had lost her sense of taste. She said so she tested MA at that point. She said she continued to wear her N95 mask and she was told to continue [MEDICATION NAME] hand washing hygiene. She said she told MA if she had any other symptoms she was to report it to her. She said she never reported any other symptoms. The Administrator said the protocol was to send staff home when staff expressed feeling signs/symptoms related to COVID. The DON said they did not tell the MA to stay home because she expressed that it might be her just being paranoid. Record review of MA's COVID 19 test revealed a sample was collected at the facility on 6/30/20 and COVID was detected on 7/7/20. Record review of MA's work schedule dated 7/1/20, 7/2/20, 7/3/20, and 7/6/20 revealed MA worked the 2pm to 10 pm shift on said days. Record review of MA's COVID 19 test revealed a sample was collected on 7/14/20 at a community testing site and COVID results were negative on 7/15/20. Record review of the facility's correspondence dated 7/7/20 revealed residents, families and staff were notified that a staff member tested positive for COVID 19. Record review of the facility's policy on return to work, titled: COVID 19 Return to Work Guidelines dated 8/1/20 read in part .1. a. Team members with confirmed or suspected COVID-19. The CDC recommends use of symptom-based strategy as the preferred method to determine when a team member may return to work. However, a test-based strategy could be considered for team members who are determined by the physician to be severely immunocompromised. System based strategy team members with mild to moderate illness who are not severely immunocompromised - the team member may return to work in the following conditions have been satisfied: at least 10 days have passed since symptoms first appeared; at least 24 hours have passed since last fever without use of fever reducing medications; and if symptoms have improved. d. Team members who are not symptomatic may return to work if the following conditions are met: Negative results from at least two consecutive COVID-19 nasal swab (PCR) test collected more than 24 apart total of two negative specimens. 2. a. Team members who have actual knowledge that they were in close contact with an individual who tested positive for COVID 19. Please note: close contact means that the team member was within 6 feet of the individual for a prolonged period of time greater than 10 minutes. b. If the team member was not wearing PPE at the time of close contact, he/she must self-quarantine. The team members should get tested between 72 hours (3 days) to five days after the date of close contact if possible. Review of the facility's policy on COVID 19, titled: Coronavirus (COVID 19) .(dated 3/4/20 and revised on 7/13/20), reads in part, 5. Team members screening: a. All team members are screened for fever and or respiratory symptoms prior to the beginning of each shift complete the team member portion of the team member resident and visitors screening tool and log; 2. Team members are instructed that they may resume work in accordance with the recommendations outline within the coronavirus 19 return to work guidelines. 3. The ED/AD confirms team members test results. The ED/AD consults attending physician medical director, CMO and contact the local department of public health. A verbal communication of a positive test result from a team member is not considered a confirmed positive. A confirmed positive is a positive result that is confirmed in writing or verbally confirmed by the local department of a public health or other government officials. Please note: Procedures for identifying and quarantining team members are the same whether the test is confirmed positive or the team member verbally states that a test has come back positive. This is done out of an abundance of caution .</p>		