

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKESIDE REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4306 24TH ST LUBBOCK, TX 79410</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 0727  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</b></p> <p>Based on interview and record review, the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours a day, seven days a week. The facility failed to have RN coverage 8 hours one day in the month of April during COVID-19 outbreak in the facility. This failed practice placed 38 residents at risk for inconsistency in care and services. Findings include: Interview on 04/22/2020 at 8:25 AM, in a phone interview, Interim Administrator #2 and MDS Coord. stated that they had ran into a problem because their agency RN #1 called and said she wouldn't be back. Interim Administrator and MDS Coord. stated that that leaves them with no RN coverage at this point. They said they've been calling agencies looking for an RN and that they're going to call their previous weekend RN #2 to see if she would fill-in until they find another RN. Interview on 04/22/2020 at 9:06 AM, MDS Coord. she called RN #2, the previous weekend RN. RN #2 said to let her think about it a little bit and that she'd call her back today. MDS Coord. stated that there will be a mobile DON is scheduled to come in on Monday. She stated RSV is supposed to be calling contact with staffing agency to see if she can get something figured out. Because this agency is wanting payment for previous services. If this is paid or arrangements are made, MDS Coord. stated that they do have an RN they could send. Observation on 04/22/2020 at 11:45 AM, no RN in the facility. Interview on 04/22/2020 at 11:55 AM, Interim Administrator and MDS Coord. state they did have access to a RN through telehealth. Interview on 04/22/2020 at 12:22 PM, LVN #3 stated if she did not have a RN to report to about a change of condition, she would go assess the resident and would ask the another LVN to go assess the resident. She would then notify the acting ADON, then notify the nurse practitioner or physician and receive instructions to go from there. Interview on 04/22/2020 at 12:37 PM, M. R. staff stated that she had spoken with a man with another agency company. She stated that he had three RNs he could send to Lubbock from Midland, but didn't have any LVN's to use. M.R. told him that yes they could use the three RN Interview on 04/22/2020 at 12:47 PM, MDS Coord. stated that RN #2 had called back and told the facility that she could not be able to work as that DON, her husband did not want her to. Interview on 04/22/2020 at 2:20 PM, LVN #4 stated if a resident was declining and there was no RN she would assess her resident, then contact telehealth if a resident had a decline in status which she had been trained to do. Observation 04/22/2020 at 4:00 PM, no RN in the facility. Phone interview on 04/23/2020, Interim Administrator and MDS Coord. stated they had RN in the building as of this morning, RN #3. Interview on 04/24/2020 at 11:00 AM, RN #3 stated she came to work yesterday (04/23/2020). Interview on 05/22/2020 at 2:12 PM, Interim Administrator #3 stated the company did not have a policy just for RN coverage, however, they follow Texas regulation of a RN 8 hours a day, 7 days a week. On 05/22/2020 at 4:14 PM, MDS Coord emailed the below of the Texas Administrative Code: Record review of Texas Administrative Code Next Rule&gt;&gt; TITLE 40 SOCIAL SERVICES AND ASSISTANCE PART 1 DEPARTMENT OF AGING AND DISABILITY SERVICES CHAPTER 19 NURSING FACILITY REQUIREMENTS FOR LICENSURE AND MEDICAID CERTIFICATION SUBCHAPTER K NURSING SERVICES RULE 19.1001 Nursing Services (2) Registered nurse. (A) The facility must use the services of a registered nurse for at least eight consecutive hours a day, seven days a week, except when waived under paragraph (5) or (6) of this subsection. (B) The facility must designate a registered nurse to serve as the director of nursing on a full-time basis, 40 hours per week, except when waived under paragraph (6) of this subsection. (C) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. (5) Waiver of requirement to provide licensed nurses on a 24-hour basis. (A) To the extent that a facility is unable to meet the requirements of paragraphs (1)(B) and (2)(A) of this subsection, the state may waive these requirements with respect to the facility, if: (i) the facility demonstrates to the satisfaction of HHSC that the facility has been unable, despite diligent efforts (including offering wages at the community prevailing rate for nursing facilities), to recruit appropriate personnel; (ii) HHSC determines that a waiver of the requirement will not endanger the health or safety of individuals staying in the facility; (iii) the state finds that, for any periods in which licensed nursing services are not available, a registered nurse or a physician is obligated to respond immediately to telephone calls from the facility; and (iv) the waived facility has a full-time registered or licensed vocational nurse on the day shift seven days a week. For purposes of this requirement, the starting time for the day shift must be between 6 a.m. and 9 a.m. The facility must specify in writing the schedule that it follows.</p>		
F 0880  <b>Level of harm</b> - Immediate jeopardy  <b>Residents Affected</b> - Some	<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 establish and maintain an infection prevention program and control infections and communicable diseases for all residents, staff, volunteers and visitors for 6 of 52 residents (Resident #2, #5, #8, #16, #33, and #45) reviewed for infection control particularly COVID-19 as evidence by: The facility failed to: A. Failed limited number entrances into the facility ensuring staff to enter the facility without being screened; and to educated and informed staff of isolation protocol; B. Failed to protect residents from exposure from other COVID 19 positive residents; C. Failed to ensure PPE equipment was not worn correctly; D. Failed to ensure staff use infection control practices that would prevent cross-contamination by not washing hands or using hand sanitizer between residents' care; E. Failed to ensure all staff on the positive side (Hall 1) were wearing N95 mask; F. Failed to redirect residents who were COVID-19 negative from roaming halls without wearing mask correctly or not at all; G. Failed to train staff on how to clean rooms that COVID-19 positive residents were residing in; H. Failed to ensure staff who remained on designated hall and equipment was not cleaned or sanitized when going from positive and to negative sides; I. Failed to provide staff with yellow biohazard bags for soiled linen and red biohazard bags for PPE used during care for COVID-19 positive resident side (Hall 1). This failed practice affected 39 residents who tested positive for COVID-19 and 10 expired after testing positive and had the potential to affect all resident putting them at risk for COVID-19. This failure resulted in an identification of an Immediate Jeopardy (IJ) on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at a level of actual harm with a scope identified as pattern. Findings include: The surveyors entered on [DATE] due to a complaint intake # 1 received date [DATE] and priority date [DATE] with 15 residents positive for COVID-19. Observation and interview on [DATE] at 3:30 PM, surveyors walked up to front door and rang door bell. Surveyors observed Local Health Department notification on front door the facility was placed on quarantine order (locked down, doors must be locked) and restricted visitors from entering. Surveyor pulled on the door and it was unlocked allowing access the facility. CNA #8 appeared from the office not wearing a mask and stated she was on light duty and did not know who was taking temperatures. There were no sanitizing wipes at the front door. When asked why the door was unlocked, CNA #8 stated a resident's son had just left. Surveyors started walking toward the nurse's Hall when M.R staff hollered down the hall and told us to wait and she came with thermometer to take tempt in our ear. (it was not sanitized down between taking surveyors temperature). Interview on [DATE] at 3:30 PM, ADON #1 stated Hall 1 is COVID-19 positive side and Hall 2 is</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 - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>negative side. She continued state that residents that are positive and currently on Hall 2 are moving to Hall 1 (indicated as the positive COVID-19 side). And resident who are current negative on Hall 1 are being moved to Hall 2. Interview on [DATE] at 3:34 PM, ADON#1 stated all the housekeeping left at 3:00 PM, after positive resident had been moved to Hall 1 (positive side) her nursing staff was going to clean the rooms in Hall 2 after positive residents were moved out of those rooms. She confirmed the staff was not trained to deep clean for isolation. Interview on [DATE] at 3:50 PM, Corporate RN stated health department notified her around 1:50 PM of results of an additional 20 more residents positive for COVID-19. She continued to state she did know how many of the positive residents had been moved to isolation hall for she having to answer phone calls and talk with the state and health department. Observed on [DATE] at 4:00 PM, Resident #15 (negative) without a mask was in dining room in his wheelchair at the dining room table while staff was moving residents that were positive for COVID-19. (he was seen roaming the halls throughout the day with no mask). Observations on [DATE] at 4:05 PM, revealed the foam hand sanitizer holders were empty in resident rooms. According to the CDC Coronavirus Disease 2019 (COVID - 19) guidelines for facilities found at <a href="http://www.cdc.gov/COVID19">www.cdc.gov/COVID19</a>., they are to Put alcohol-based hand rub in every resident room, identify dedicated employees to care for COVID-19 patients and provide infection control training, wear facemasks, eye protection, post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE, and gloves, available immediately outside of the resident room, and position a trash can near the exit inside any resident room to make it easier for employees to discard PPE. These guidelines were not being followed by the facility. Interview on [DATE] at 4:10 PM, #1 RN revealed the facility had moved 5 of the 20 positive COVID-19 residents to the isolation side (Hall 1); and had moved 2 residents who tested negative for to Hall 2. Per ADON, Nursing staff members were cleaning the rooms between the moves because the environmental housekeeping staff left at 3pm. Interview on [DATE] at 4:20 PM, ADON#1 stated resident #8, #30, and #33 test results had not returned. When asked, she confirmed each these residents would stay in a single room with no roommate until results came back. Interview on [DATE] at 4:30 PM, ADON #1 stated that Speech Therapist worked her shift today; the health department cleared her to go to work on [DATE]. She stated restorative CNA #6 was notified today she tested positive for COVID-19. She stated CNA #4 would be allowed to return to work tomorrow [DATE]; health department released her after a 7-day asymptomatic quarantine. Health Dept. stated her cough was [MEDICAL CONDITION] and not related to [MEDICAL CONDITION]. ADON stated CNA #3's doctor put her on 14-day quarantine which had to start over yesterday because her son came home from the hospital. She is on quarantine without doing testing because she has [MEDICAL CONDITION] cell; doctor doesn't want to put her at higher risk. Interview on [DATE] at 5:00 PM, Corp RN stated she pronounced Resident #2 expired at 4:20 PM (she was positive for COVID-19). Observed on [DATE] at 5:45 PM night staff entering the facility without being screened and passed negative area to clock in and to their work hall. Observation on [DATE] at 5:50 PM of shift change for the 6P to 6A shift, staff coming in the front door and back door. Which neither door entrance had a staff member to stop and screen (take temperature/questionnaire) any visitors/staff coming in or going out. Observed on [DATE] at 5:50 PM, on coming staff shifts would go the back tables outside of the dining room where paper grocery bags with the staff member's name written on the outside of the bag. Inside the paper grocery bag held the staff member's disposable PPE. Observed outgoing staff members returning their disposable PPE to same paper grocery bag with their name on it after their shift. Interview on [DATE] at 5:53 PM, Corp RN stated that staff re-use their disposable PPE, turning the disposable PPE dirty to dirty placing it back into paper bag for re-use for their next shift. RN stated she did not have enough disposable PPE for staff to have new disposable PPE daily. In an interview on [DATE] at 12:35 PM, CNA #1 stated he was told to reuse his gown and mask for 5 days. They are supposed to use the mask and gown unless they got dirty or torn. Observation of this CNA revealed him coming out of a resident's room and using hand sanitizer that he pulled out of his pocket. When asked, CNA #1 was asked where the staff put their used disposable PPE when they're through with it, he pulled out of his pocket and showed the surveyor a roll of clear bags (that are used in resident rooms on Hall 2). Both CNA #1 and CNA #2 stated that they did not have any red biohazard bags for contaminated disposable PPE on Hall 2. In an interview at the same time, CNA #2 also stated that they were told to use their mask and gown for five days unless they became soiled. Observed on [DATE] at 5:55 PM, CNA #7 came in through the back door without being screened and went to table outside dining room to put on her disposable PPE that is in paper sack and then she went to clock in. After she clocked in, she went straight to Hall 2 (negative side) to start her shift and was never screened. Observed on [DATE] at 6:30 PM, CNA #7 spraying sanitizer down the rails in the hallway on Hall 2. Record reviewed on [DATE] at 6:40 PM, screening notebook to review those who just clocked in for the night shift; CNA #7 had not been screened. RN #1 stated she did not have her checked that she was in the building. Interview on [DATE] at 6:00 PM, Corporate RN stated she does not have enough parking in the back for staff to park, so they come in the back and front entrance into the building. She stated they do not have enough staff to man doors. Observations made revealed the staff were able to access back door with a code thus being not screened. Observations on [DATE] at 6:04 PM made when onsite during survey revealed 1 car plus the required police car out in the front of the building. Staff would enter building (front or back door) and go to Hall 1 for temperature check. Observed on [DATE] at 6:05 PM meal cart went to the positive and back to kitchen through the negative side without being sanitizing. Interview on [DATE] at 6:09 PM, DS #1 stated they clean the carts including the wheels after every meal with spray down with a bleach combo. He stated the meal cart was not sanitized until it was returned to kitchen after being on the positive side and rolled backed through the negative side. Observed on [DATE] at 6:15 PM, LVN #7 came out of the isolation hall in which the entire hall was on isolation through the fire door with only a face mask on. (Note: staff is supposed to go through dirty to clean rooms with bathroom in between doff PPE in dirty room, wash hands in bathroom and exit through clean room) LVN #7 stated she not been informed by management the whole hall was now on isolation (she was just working at the end of the hall with 6 rooms on isolation with plastic sheet dividing the hall). Observed on [DATE] at 9:00 AM, surveyors walked to the door and rang doorbell, staff not available to screen at door. Corporate DON escorted surveyors to Hall 1 nurse's Hall to fill out the questionnaire and took surveyors' temperature. Interview on [DATE] at 9:00 AM, RN #1 stated Resident #45 was sent to the hospital at 7:00 AM for COVID-19 symptoms. She continued to state Resident #16 was declining, they cannot keep her O2 stats above 85% and she is on 4 liters of oxygen. RN #1 stated Resident #16 is COVID-19 positive and is a DNR and is not going to the hospital. Observed on [DATE] at 9:15 AM, Resident #15 (negative) was at Hall #2 with mask on but not covering his nose. Interview on [DATE] at 9:20 AM, HSK #1 regarding cleaning cart, she stated she was going to take cleaning cart to Hall 1 (positive side) to clean and when she finished would return back through negative side to park cleaning close without cleaning the cleaning cart. Record review on [DATE] at 9:25 AM the resident roster with new room numbers and Resident #7 (negative) was placed in Resident #8 (results pending) room. Interviewed ADON stated she was unaware of that and Resident #8 was not to have roommate. Observation on [DATE] at 10:50 AM revealed Resident #8 lying in her bed watching TV and stated she was very nauseated; when asked if she had a roommate, Resident #8 stated yes it was #7. Interview on [DATE] at 9:35 AM, HSK Super (contracted) stated she cleaned Hall 100 (positive side) last night and brought the cart back through fire doors (dividers for the 2 sides) and put in utility room where she cleaned the cart. She stated she had 3 staff for that day and laundry person called in. All her staff walked off the job and these are all new staff that she is still training. Observed on [DATE] at 10:30 AM, only LVN #2 on the positive side wearing N95 mask, 3 CNAs and 2 LVNs were not wearing N95 masks. Observation on [DATE] at 10:45 AM, revealed LVN #7, who was working the previous day ([DATE]) on the COVID-19 positive side; today ([DATE]) working on Hall 2 which is the negative COVID -19 side. Interview on [DATE] at 11:00 AM, ADON #1, stated LVN #7 was working Hall 2. When asked about keeping dedicated staff to the COVID-19 + side, once staff has worked on the COVID-19 positive side they are to stay on that side. The ADON #1 replied LVN #7 called her the previous evening at 9 PM crying, stating to her that she wasn't going to return to work, so she thought it would be better to move her over to Hall 2 rather than have her quit. Interview on [DATE] at 11:00 AM, HSK Supervisor stated she was going to take the big black cart to the positive side and leave it. Observed on [DATE] at 11:45 AM, staff coming in the back door by using a code not being screened. Interview on [DATE] at 12:05 PM, ADON stated she was just informed Resident #8 and Resident #33 are positive for COVID-19. (Note Resident #7 (negative) was put in the Resident #8's room the day before). Observed on [DATE] at 12:10 PM, Hall 2 (negative side) had no antimicrobial gel in resident's rooms. Observed on [DATE] at 12:41 PM, staff bringing dirty linens from the COVID-19 positive side to the negative side to take to the laundry room. Observed on [DATE] at 12:42 PM LVN #6 on the COVID-19 hall taking meal trays into resident rooms. She immediately came right back out and got another foam box and foam cup. She did not have time to wash her hands for 20 seconds. She wasn't in the room for 20 seconds. She was observed not sanitizing hands between resident rooms. Observed on [DATE] at 12:44 PM of COVID-19 wing (Hall 1) revealed CNA #5 delivering meal boxes to residents. She went in the room and came right back out, not having time to have washed her hands for 20 seconds. She was observed repeatedly taking trays into resident rooms and coming</p>		

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 2)</p> <p>immediately back out of the rooms. She was not observed to use any hand sanitizer between the residents. Observed on [DATE] at 12:45 PM, staff was delivering meals and drinks to resident on the positive side and staff was not washing or using hand sanitizer between rooms. Observed on [DATE] at 12:47 PM, of the clean (negative) and dirty (positive) rooms where isolation staff are supposed to don and doff PPE revealed in the dirty (positive) room; red bag with dirty (positive) PPE sitting on a chair and on an over the bed table not in receptacle. LVN #2 stated she did not know where the red bag receptacle boxes were, she said she didn't work yesterday ([DATE]) when all the residents were moved. She stated when there were 4 rooms in the very back of the hall (original isolation hall) had red bag receptacles. She stated they hold the red biohazard bag with theirs to put the dirty disposable PPE in the red biohazard bag. Interview on [DATE] at 12:55 PM, ADON #1 stated that HSK #2 also came back positive. She stated they were going to retest Resident #7 because she was placed in a room with a roommate that was positive and retest Resident #30 because the lab said they did not have her sample. Interview on [DATE] at 3:30 PM, Interim Administrator #2 stated that her expectation was for staff to wear the PPE for one day and to change it out; she expected staff to wash hands in between resident meal trays on the isolation unit. Interim Administrator #2 was asked regarding the back door not having a lock on it and a code that staff put in and could walk right in without being screened. She stated that they would put staff members at the back door to screen the employees as they came in. Record reviewed positive COVID-19 residents' clinical records regarding admitted , age, [DIAGNOSES REDACTED]. RESIDENT #2</p> <p>Record review of the face sheet for Resident #2 revealed was [AGE] years old and admitted [DATE] and readmitted [DATE] with the following Diagnoses: [REDACTED]. hemorrhage, unspecified, Malignant neoplasm of colon, Essential (primary) hypertension, and Dehydration. Resident #2 tested positive for COVID-19 on [DATE] and expired on [DATE] in the facility. RESIDENT #5</p> <p>Record review of the face sheet for Resident #5 revealed was [AGE] years old and admitted [DATE] and readmitted [DATE] with the following Diagnoses: [REDACTED]. Resident #5 tested positive for COVID-19 on [DATE]. RESIDENT #8 Record review of the face sheet for Resident #8 revealed was [AGE] years old and admitted [DATE] and readmitted [DATE] with the following Diagnoses: [REDACTED]. (congestive) heart failure, [MEDICAL CONDITION], Malignant neoplasm of unspecified part of left bronchus or lung, Type 2 diabetes mellitus, [MEDICAL CONDITION], [DIAGNOSES REDACTED]. Resident #8 tested positive for COVID-19 on [DATE]. RESIDENT #16 Record review of the face sheet for Resident #16 revealed was [AGE] years old and admitted [DATE] with the following Diagnoses: [REDACTED]. Resident #16 tested positive for COVID-19 on [DATE]. RESIDENT # 33</p> <p>Record review of the face sheet for Resident #33 revealed was [AGE] years old and admitted [DATE] and readmitted [DATE] with the following Diagnoses: [REDACTED]. Resident #33 tested positive for COVID-19 on [DATE]. RESIDENT #45 Record review of the face sheet for Resident #45 revealed was [AGE] years old and admitted [DATE] and readmitted [DATE] with the following Diagnoses: [REDACTED]. Resident #45 tested positive for COVID-19 on [DATE] and admitted to the hospital on [DATE] with shortness of breath and low O2 stats and expired on [DATE]. Record reviewed facility policies: Infection Prevention and Control Policies and Procedures Biohazardous Waste or Regulated Medical Waste (RMW): Cost Effective, Safe Handling and Disposal dated [DATE] Policy: The facility will make responsible decisions regarding the handling and disposal of solid waste. Every facility will be in compliance with federal, state, and local laws and regulations of the jurisdiction in which it is located. Each facility will use good judgement, be prudent, and be in compliance with regulations, and not discard ordinary solid waste with the biohazardous waste. Only solid waste categorized by regulation as biohazardous waste or regulated medical waste will be discarded in red bag or biohazardous trash. Policies and Procedures: Training: 1. Inform and train personnel responsible for disposal or handling of regulated medical waste on the proper handling and disposal procedures, including what constitutes medical waste and what is not to be disposed of in red bag trash. Training is a key factor. 2. In addition to Federal regulations, the OSHA Bloodborne Regulation requires annual training on its provisions, which include proper handling of biohazardous waste. Training can occur more frequently as needed. 5. Training is appropriate to the language and literacy level of the participant. 6. Document attendance noting: 7. Staff competency is ascertained through either written or observed methods. Housekeeping In-service Procedures for Infection Control dated [DATE] Purpose: Basic principles to be understood and implemented by Housekeeping and Laundry personnel. Procedures for Infection Control 1. Use an effective quaternary germicidal solution, along with systematic cleaning of all patient areas. 2. All surfaces must be exposed to the chemical agent. Anything short of actual contact will not do the job. 3. Always dilute chemicals properly - too little will be ineffective, too much will be wasteful. 4. Never use a chemical on any surface until you are sure it is safe for that purpose. 7. Change your water often. Failure to do so will result in cloudiness and sedimentation which will lessen the effectiveness of the germicide. 8. Schedule complete routine cleaning of closets and drawers to eliminate insect breeding grounds. 9. Follow all Standard Precaution procedures. 10. Schedule and hold regular in-service meetings. Executive Housekeeper should be an active member of Infection Control Committee. 11. Laundry and linen procedures must be designed to prevent cross infection. 12. Schedule and receive tests to detect any communicable diseases. Make available the [MEDICAL CONDITION] vaccine to all employees. 13. Use hand lotion. It is a good practice to use it after cleaning as disinfecting agents are still at work in your skin. 14. Wash hands regularly using the 9-Step Hand Washing technique. Housekeeping Job To Be Done: Contaminated Isolation Room Cleaning Steps to do Job Before entering the room: 1. Scrub hands and arms for 3 minutes with disinfectant soap. 2. Dress in isolation clothes: 1st: Booties, 2nd Cap, 3rd Mask, 4th Gown, 5th Gloves Enter the Isolation Room: 3. Pick up and place in an isolation bag all personal property left behind by the patient. 4. Remove all trash, paper towels, toilet tissue, place them in a trash liner. Place the trash liner inside a trash collection bag. (Double bag method). 5. Remove the cubicle curtains, drapes, bed linen, double bag them. .bag in isolation and then place outside the room. 6. Spray trash containers inside and out. Dry and reline. 7. Spray high areas and walls and dry them. 8. Spray disinfect the bed mattress and the bed frame and springs. Dry it . the bed is electric disconnect it before spraying. 9. Spray the rest of the room. Dry 10. Disinfect the bathroom. Use the 7-step wash-room cleaning method. .fill dispenser .pull trash .sweep the floor .spray the mirror/sink area and dry .spray the toilet area and shower stall and dry .wet mop the floor 11. Wet mop the patient room. 12. Wipe down cleaning equipment on daily basis with disinfectant solution before removing it. 13. Remove isolation apparel in the room prior to leaving. 14. Replace drapes and cubicle curtains. Patient kit put into place. 15. See everything in its place. Report repairs to supervisor. Additional Information: Isolation is the separating of one or group of patients from the rest of the facility because they have some type of communicable illness. The purpose is to prevent the spread of this disease. Isolation cleaning - refer to the efforts made to keep all bacteria at a low level and within one designated area. Use the systematic routine while working. To protect the facility from the patient, every effort is made to keep the bacteria in the room. Read and follow the directions on the labels. The spray solution will disinfect immediately. Entire bathroom must be wiped. Wring out the mop frequently. Normal cleaning of patient room except worker must gown up. Cleaning equipment is kept in the isolation room. Or must disinfect it before removing it. Housekeeping In-service Procedures for Infection Control dated [DATE] Purpose: To provide Housekeeping and Laundry staff with basic information about infection control as it relates to their day-to-day jobs. 3. Air and Dust-Borne Particles Control the Spread of Bacteria through Air and Dust-Borne Particles: a. Regular disinfection of all areas, especially floors, is the key to controlling the spread of infection. b. Germicide solution in the proper concentration, changing the solution every ,[DATE] rooms, as well as good damp mopping technique, will prevent the spread of bacteria. Personal Protective Equipment: Infection Prevention and Control dated [DATE] and emailed [DATE]. Policy: Facility staff follow clinical practice standards in the selection, use, don and doff of personal protective equipment. Procedure: 1. Perform hand hygiene. 2. Prepare all equipment needed in the patient or resident room. 3. Prepare for entrance into the isolation room. Choice of barrier protection depends on the top of isolation and current recommendations. A. Apply again, being sure it covers all outer garments. Full sleeves down to wrist. Tie securely at neck and waste. B. Apply surgical or respiratory mask around mouth and nose top and fit testing may depend on top of isolation, availability and current recommendations. C. Apply eyewear or goggles snugly around face and eyes, when needed. D. Apply clean gloves. Bring gloves cuffs over edge of gown sleeves. 4. Enter patient or resident room. Arrange supplies and equipment. 5. Explain purpose of isolation and precautions. 6. Perform care and services according to patient or resident need in following establish policy and procedure. 7. Remove personal protection equipment (order of removal may vary depending on top of PPE used) prior to leaving the patient/resident room. PPE should be removed at doorway or entry in anteroom. A. Remove gloves. Removed one glove by grasping curve and pulling gloves inside out over hand. Hold removed glove in gloved hand. Slide fingers of ungloved hand under the remaining glove at wrist. Peel glove off of over first glove. Discard gloves in the proper container. B. Remove eyewear or goggles. Handle by headband or earpiece. Discard in proper container. C. Untie neck strings and untie back strings of gown. Allow gown to fall from shoulders, touch inside of gown only. Remove hands from sleeves without touching outside of gown. Hold gown inside at shoulder seams, and fold inside out into a bundle, and discard. 8. Leave isolation room A. Perform hand hygiene. B. Remove mask. If the mask secure</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKESIDE REHABILITATION AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4306 24TH ST LUBBOCK, TX 79410</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 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 3)</p> <p>over the ears, remove elastic from ears, pull mask away from face. For a tie-on mask, untie bottom string and then top strings, pull mask away from face and drop into the trash receptacle. Do not touch the outer surface of the mask. C. Perform hand hygiene. Hand Hygiene/Handwashing dated [DATE] Policy: Proper hand hygiene/hand washing technique will be accomplished at all times that handwashing is indicated. NOTE: Hand hygiene/handwashing is the most important component for preventing the spread of infection. Maintaining clean hands is important for patients/residents/visitors as well as staff. Procedures: 1 Hand hygiene/hand washing is done: Before: A. Before patient/resident contact. B. Before eating or handling food. C. Before starting work. D. Before smoking or eating. E. Before taking part in a medical or surgical procedure. After: A. After contact with soiled or contaminated articles, such as articles that are contaminated with body fluids. B. After patient/resident contact. C. After contact with a contaminated object or source where there is a concentration of microorganisms, such as, mucous membranes, non-intact skin, body fluids or wounds. D. After toileting or assisting other with toileting, or after personal grooming. E. After smoking or eating. F. After coughing, sneezing, or blowing the nose. G. After handling uncooked animal products, such as, raw meat, or raw fish. H. After removal of medical/surgical or utility gloves. NOTE: Wash hands at end of procedures where glove changes are not required. For procedures in which change of gloves, e.g., clean gloves to sterile gloves to sterile gloves, is indicated follow the specific standard of practice. However, hand washing may not be necessary until completion of the procedure. If glove hands become contaminated as gloves are changed hands can be washed. I. Contact with a patient's/resident's intact skin (e.g. taking a pulse or blood pressure, performing physical examinations, lifting the patient/resident in bed. J. Contact with environmental surfaces in the immediate vicinity of patients/residents. 2. Selection of Hand Hygiene/ Hand Hygiene/Hand washing Agent: A. When hands are visibly dirty or contaminated with proteinaceous materials or visibly soiled with blood or other body fluids wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water. B. If hands are not visibly soiled, use an alcohol-based rub for routinely decontaminating hands in all other clinical situations. C. Before eating and after using a restroom wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water. D. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternate to washing hands with non-antimicrobial soap and water. Follow manufacturer's recommendations for product use. E. Wash hands with non-antimicrobial soap and water or either antimicrobial soap and water if exposure to <i>Dacilius anthracis</i> is suspected or proven. 3. Method: Hand-Hygiene technique. A. When decontaminating hands with alcohol-based hand rub, apply product to palm of one hand and rub hands together covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use. B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of [MEDICAL CONDITION]. C. Liquid bar, leaflet or powdered forms of plain soap are acceptable when washing hands with a non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used. 1. Using Hand Lotions: A. Hand lotions may be used after hand hygiene/hand washing. B. Small individual containers of lotion, which are not refilled are recommended. C. Petroleum products or other lotion ingredients are not used if will affect the integrity of gloves to be</p>		