

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/30/2020
NAME OF PROVIDER OF SUPPLIER THE HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP 1855 W GOODWIN PLEASANTON, TX 78064	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 2 of 3 Residents (Residents #1 and #2) observed for infection control, in that: 1. Facility staff CNA A did not wear a face mask when providing feeding assistance to Resident # 1 in the dining room. 2. Facility staff NA B did not wear a face mask when providing feeding assistance to in Resident # 2's room. This deficient practice could place residents, staff and visitors at risk of transmission of communicable diseases and infections, including COVID-19. The findings were: 1. Review of Resident #1's face sheet, dated 5/30/20 revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #1's quarterly MDS dated [DATE] revealed a BIM's score of 11 which indicated a moderate cognitive impairment. Review of Resident #1's Care Plan, dated 1/8/2020 revealed the resident had a self-care deficit and required the assistance of 1 staff person for eating and drinking assistance. Observation on 5/30/20 at 12:15 PM revealed CNA A was not wearing a face mask while feeding Resident #1 in the dining room. Interview on 5/30/20 at 12:23 PM with CNA A confirmed she was not wearing a face mask while feeding Resident #1. 2. Review of Resident #2's face sheet, dated 5/30/20 revealed an admission date of [DATE] with a readmission date of [DATE] with [DIAGNOSES REDACTED]. Review of Resident #2's 5-day admission MDS dated [DATE] revealed a BIM's score of 1 which indicated a severe cognitive impairment. Review of Resident #2's Care Plan dated 2/8/20 revealed the resident had a self-care deficit related to dementia which required the assistance of 1 staff person for eating and drinking assistance. Observation on 5/30/20 at 12:20 PM revealed NA B was not wearing a face mask while standing over Resident #2 in bed and feeding the resident with a spoon. Interview on 5/30/20 at 12:20 PM with NA B confirmed she was not wearing a face mask while feeding Resident #2. Interview on 5/30/20 at 12:32 PM with ADON C confirmed staff should wear a face mask at all times. Review of the CDC website for titled Preparing for COVID-19 in Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html, dated 5/30/20 and reviewed on 6/8/20, revealed: Core Standards: Implement Source Control Measures. Health Care Providers should wear a facemask at all times while they are in the facility. Review of a CMS letter, titled COVID-19 Long-Term Care Facility Guidance dated 4/2/20 revealed, To provide critical, needed leadership for the Nation's long-term care facilities to prevent further spread of COVID-19, CMS and CDC, are now recommending the following immediate actions to keep patients and residents safe: 4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents. For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. Review of a facility policy titled COVID-19: Team Member PPE Usage Guidelines (undated) revealed, Team members caring for non-COVID-19 positive: provide a mask labeled with the team members name to use for multiple shifts.</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.