

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 675572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER GLEN ROSE NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1019 HOLDEN ST GLEN ROSE, TX 76043	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to establish and 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 residents 23 of 23 residents, who received services from the Hairdresser, and were reviewed for infection control. The facility failed to follow their Infection Prevention and Control Manual by allowing the Hairdresser, a non-essential personnel/visitor, to provide services to 23 residents. This failure could place residents at risk of contracting infections, including COVID-19. Findings included: Review of the visitor sign in book reviewed on 06/17/20 revealed the hairdresser had signed in (06/17/20) as a visitor. In an interview on 06/17/20 at 9:40 AM the DON said the hairstylist came to the facility today (06/17/20) and started providing services to residents about a week ago. She said the facility did not have any COVID 19 positive residents. In an interview on 06/17/20 at 9:44 the Administrator said the Hairdresser returned to the facility last week and began providing services to the residents. She said the Hairdresser did not work at a salon or any other facilities. She said the Hairdresser was not an employee of the facility but was tested for COVID 19, by the facility, and was negative. Review of the Hairdresser's COVID 19 test dated 06/06/20 revealed she was negative. Review of the Hairdresser's COVID 19 Screening Questionnaires revealed: 06/10/20 appropriate screening completed, temperature was within normal limits and access approved 06/11/20 appropriate screening completed, temperature was within normal limits and access approved 06/12/20 appropriate screening completed, temperature was within normal limits and access approved 06/16/20 appropriate screening completed, temperature was within normal limits and access approved Review of Beauty Shop Trust Transaction List dated 06/16/20 revealed 23 residents (Residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13,14, 15, 16,17, 18, 19, 20, 21, 22, 23) received services from the Hairdresser from 06/10/20, 06/11/20, 06/12/20 and 06/16/20. In an observation and interview on 06/17/20 at 10:48 AM, on the secured unit, Resident #23 was by the nurses' station in a Geri chair. Resident #23 had a face mask on and his hair appeared to have been cut. LVN A said Resident #23 had a haircut today. He said the Hairdresser and Resident #23 wore face masks when he received the haircut. In an interview on 06/17/20 at 12:07 PM the DON said Hairdresser was tested prior to returning to the facility and she was screened for each visit. She said the residents were in need of haircuts and she believed it was a dignity issue to not allow them to receive the services. In an interview on 06/17/20 at 4:00 PM the Administrator said the facility waited until hairdressers could return to work to allow the Hairdresser to return to the facility. She said all the necessary precautions were taken to make it a safe environment for the residents and she did not see the difference in the Hairdresser, who was not an employee of the facility, providing services or a facility employed CNA doing the residents' hair. Review of the facility's Coronavirus (COVID 19) Infection Prevention and Control Manual dated 05/27/20 revealed, the facility will restrict visitation of all visitors and non essential health care personnel, except for certain [MEDICATION NAME] care situations, such as and end of life situation.</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.