| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15315<br><br>Based on observations, interviews and record reviews, 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 infection for all residents in the facility except those residing on the COVID-19 isolation unit.<br><br>1. The facility failed to establish and implement a policy/procedure for transporting residents who tested positive for COVID-19 from the second floor to the first floor COVID-19 isolation unit.<br><br>2. The facility failed to ensure signage was placed to alert staff and others of the need for TBP when entering Resident #1's room and/or providing care.<br><br>3. The facility failed to ensure Resident #1 was placed on isolation after testing positive for COVID-19.<br><br>4. The facility failed to ensure LVN A and Staff B wore appropriate PPE when providing care for Resident #1 after the resident tested positive for COVID-19.<br><br>5. The facility failed to ensure Resident #1 wore appropriate PPE, after testing positive for COVID-19, when she was transported through the second-floor hallway and onto the public use elevator to the COVID-19 unit.<br><br>An Immediate Jeopardy (IJ) was identified on 11/30/21 and the Administrator was provided with the IJ template on 11/30/21. While the IJ was removed on 12/01/21, the facility remained out of compliance at a severity level of potential for more than minimal harm that was not immediate jeopardy and a scope of widespread because the facility was still monitoring the effectiveness of their Plan of Removal.<br><br>This failure could place residents at risk of exposure to COVID-19, cross contamination, experiencing health complications, and even death.<br><br>Findings included:<br><br>(continued on next page) |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | During the entrance conference on 11/30/21 at 9:27 a.m. the Administrator stated there were two COVID-19 positive staff on quarantine at home and 4 COVID-19 positive residents residing in the facility. He stated the facility's COVID-19 unit was located on first floor [NAME] end and the quarantine unit was located on the East end of the first floor. He stated an N95 respirator mask was required to be worn in the facility by all staff and visitors.<br><br>Review of a COVID tracking list provided by the IP Nurse revealed 5 staff and 17 residents were COVID-19 positive during the month of November 2021.<br><br>Review of Resident #1's undated electronic Admission Record revealed the resident was a [AGE] year old female admitted to the facility on [DATE]. Her diagnoses included Human Immunodeficiency Virus, COVID-19, spinal stenosis and congestive heart failure.<br><br>Observation rounds on the second floor on 11/30/21 at 10:09 a.m. revealed Resident #1 was resting in bed. The resident stated she was positive for COVID-19. There was no PPE in place or signage in place to alert staff and others of the need for TBP when entering Resident #1's room and/or providing care.<br><br>Observation on 11/30/21 at 10:35 a.m. revealed Resident #1 sitting in an electric wheelchair in the hallway of the second floor. The resident stated, I got COVID. The resident was wearing a surgical mask, no other PPE and multiple staff were noted in the hallway, but no other residents were observed. There was no PPE in place and still no signage on the door to alert staff or others the resident required TBP.<br><br>On 11/30/21 at 10:37 a.m. LVN A was informed Resident #1 was sitting in the hallway stating she was positive for COVID-19. LVN A stated the resident had tested positive earlier (11/30/21) and had not been transferred to the COVID-19 unit yet. The nurse further stated the resident should not have been in the hallway and she would move the resident to the COVID unit now.<br><br>Observation on 11/30/21 at 10:39 a.m. revealed LVN A proceeded to Resident #1's room, entered the room and closed the door without donning any additional PPE other than an N95 respirator mask worn by all staff in the facility.<br><br>Observation and interview on 11/30/21 at 10:40 a.m. revealed Staff B (CNA in training) proceeded to enter Resident #1's room and the only PPE she was wearing was an N95 respirator mask. Staff B was queried during the observation about whether she needed additional PPE to enter Resident #1's room. Staff B stated no additional PPE was required to enter or provide care for the resident. Staff B entered Resident #1's room with no additional PPE and closed the door. There was still no signage on the door or PPE outside the door to alert staff or others the resident required TBP.<br><br>Interview with CNA C on 11/30/21 at 10:41 a.m. revealed there were no quarantined or COVID-19 positive residents residing on the second floor.<br><br>Observation on 11/30/21 at 10:42 a.m. revealed LVN A exited Resident #1's room, used hand sanitizer from a wall dispenser in the hallway and proceeded to the medication cart at the nurse's station. CNA C also exited the resident's room and wheeled the resident down the hall to the elevators. The resident was wearing a surgical mask and both LVN A and Staff C wore an N95 respirator mask. No other PPE was used to transport Resident #1 to the first floor COVID-19 unit.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | On 11/30/21 at 10:55 a.m. the Administrator was informed of the observations involving Resident #1 and second floor staff. He stated the resident should have been quarantined in her room with an indicator sign on the door to see the nurse before entering the room. The Administrator stated staff should have worn a gown, gloves, N95 mask and a face shield or goggles when entering the room and during transport of the resident. He stated Resident #1 should have remained in her room until she was transferred to the first floor and worn an N95 mask while being transported to the first floor COVID-19 unit. He further stated he would ensure the elevator, second floor and the resident's room were disinfected immediately.<br><br>Interview with the IP Nurse on 11/30/21 at 1:30 p.m. revealed the procedure for transferring a COVID-19 positive resident from the second floor to the first floor COVID-19 unit was that staff was to wear full PPE to include an N95 mask, gown, gloves and a face shield or goggles. She stated there was no written P/P related to transferring a resident from the to the COVID-19 unit and administrative staff usually participated and ensured residents were moved to the first floor COVID-19 unit. She did not know if staff had been trained on proper PPE use when transferring a resident to the COVID unit, but all staff had been trained on proper PPE use of a known COVID positive resident.<br><br>Interview with the MDS Coordinator on 11/30/21 at 3:54 p.m. revealed she performed the COVID-19 test for Resident#1 three times on 11/30/21 and all three results were positive. She stated the facility P/P was to perform three tests to ensure accuracy. She stated she informed the charge nurse and the charge nurse was responsible for placing signage on the resident's door.<br><br>An Immediate Jeopardy (IJ) was identified on 11/30/21 at 4:49 p.m. and the IJ template was provided to the Administrator at 4:49 p.m. the facility was asked to provide a Plan of Removal to address the Immediate Jeopardy.<br><br>Interview with the IP Nurse on 12/01/21 at 1:05 p.m. revealed outbreak testing was conducted for staff and residents two times a week and additional residents had tested positive for COVID-19 with the most current positive result being 12/01/21. The IP Nurse stated all residents who had tested positive had resided on the second floor except one who visited the second floor often. All who tested positive were transferred to the COVID unit. She stated there were currently 4 positive residents on the COVID unit and four positive residents in the hospital.<br><br>Interview with CNA C on 12/01/21 at 1:09 p.m. revealed she worked on the second floor during the day shift on 11/30/21. She stated she did not know Resident #1 was positive for COVID-19 until after the resident had been transported to the first floor COVID-19 unit. She further stated prior to the resident being moved to the first floor on 11/30/21 she had received no training or instructions on the proper procedure for moving a COVID-19 positive resident to the first floor. She stated if she had been transporting the resident to the COVID unit she would have worn full PPE to prevent spreading the virus in the facility but no gloves as gloves could not be worn in the hallway. She has since learned that she and the resident being transported should wear full PPE and she should wear gloves.<br><br>CNA C stated after Resident #1 left the second floor on 11/30/21, CNA C was provided training related to staff and a COVID-19 positive resident should wear full PPE during the transport to the first floor. She stated she was aware to wear full PPE when entering a resident's room who was positive for COVID-19.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | Interview with LVN A on 12/01/21 at 1:17 p.m. revealed she was informed on 11/30/21 at approximately 9:30 a.m. of Resident #1's positive COVID-19 test results. She stated she had assisted the resident to dress for the move earlier but when the resident arrived to the COVID-19 unit in an electric wheelchair, staff was instructed to return to the second floor, transfer the resident into a manual wheelchair and bring her back to the COVID-19 unit. LVN A stated she did not know she should wear full PPE unless she was going onto the COVID-19 unit. LVN A stated prior to Resident #1 she did not have much experience with COVID-19 positive residents and had received no training or instructions on the proper procedure for dealing with or transporting a resident to the COVID-19 unit. She stated since the resident was transported to the first floor, she had received training on 11/30/21 and now knew she should have placed some type of isolation sign on the resident's door, had on full PPE when she went into the resident's room and the resident should have also been wearing full PPE during transport.<br><br>Interview with the Housekeeping Manager on 12/01/21 at 1:42 p.m. revealed he was working on the second floor during the day shift on 11/30/21. He stated he had not been informed and had not been aware Resident #1 was positive for the COVID-19 virus until the resident was moved to the first floor on 11/30/21. He stated there should have been a sign on the resident's door to let staff know to see the nurse before entering the room.<br><br>Interview with Housekeeper D on 12/01/21 at 1:48 p.m. revealed he was working on the second floor on 11/30/21. He stated on 11/30/21 he had not been informed there was a resident who was positive for the COVID-19 virus residing on the second floor. He stated he was shocked when he learned Resident #1 was positive as he did not see any signs posted. He further stated it was very important to be informed so that he would be sure to wear protective equipment if he entered the room.<br><br>Interview with the Director of Clinical Education on 12/01/21 at 3:39 p.m. revealed staff in-service training to address the POR included an update of the PPE required for a resident transferring to the COVID -19unit. The Director of Clinical Education stated previously the resident being transferred was only required to wear an N95 mask. The Director of Clinical Education stated the update required the resident to wear full PPE of a gown, face shield and an N95 mask.<br><br>Interview with Staff B on 12/01/21 at 4:00 p.m. revealed she was on duty on the second floor on 11/30/21 and transported Resident #1 to the COVID-19 unit on the first floor. She stated on 11/30/21 when she entered the resident's room and transported the resident to the first floor COVID-19 unit she did not know the resident was COVID-19 positive. Staff B stated that day had been the first time she had transported a resident to the COVID-19 unit. She stated no one told her and she did not think about why the resident was being moved. She stated she had received no training related to what she should do or wear when moving a resident to the COVID-19 unit.<br><br>Review of the facility's COVID-19 Education, Prevention and Response guide, dated June 2021, reflected If an antigen test is positive for a symptomatic resident, no confirmatory test is necessary, and the positive resident should be moved to the COVID-19 unit (Zone 3) until recovered. If the resident is asymptomatic a confirmatory PCR test should be performed within 48-hours, and the resident isolated in a single room. If the confirmatory PCR test is positive treat as infectious and the resident will be isolated on the COVID-19 unit (Zone 3).<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | The facility's infection control guide, dated 01/20/21, reflected TBP are used to help stop the spread of germs form one person to another. The goal is to protect residents, their families, visitors and healthcare workers and stop germs from spreading across a healthcare setting. TBP protect against the spread of COVID-19 organisms.<br><br>The facility's P/P related to when and what type of PPE should be used when a resident tested positive for COVID-19 or how staff and others would be alerted that a resident was on TBP/isolation was requested on 12/01/21. No information or policy/procedure related to the requested information was provided.<br><br>The Facility's Plan of Removal was accepted on 12/01/21 at 4:39 p.m. and reflected the following:<br><br>[Facility name] - Immediate Jeopardy Allegation of Compliance 11/30/2021<br><br>To the best of my knowledge and belief, as an agent of [Facility name] the following allegation of compliance constitutes a written plan demonstrating actions the center took upon awareness of the deficient practice thus removing the Immediate Jeopardy cited on 11/30/2021 and ensuring abatement of this matter as of 12/01/2021.<br><br>Preparation and execution of this allegation of compliance does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the alleged deficiencies. The allegation of compliance is prepared and/or executed solely because it is required by the provisions of Federal and State Law.<br><br>The facility failed to ensure the facility system of notifying staff of need to utilize TBP/Droplet precaution PPE and the failure of the nurse to notify appropriate staff who might interact with the resident to include direct care staff and housekeeping staff, placed all residents, staff and visitors at risk of contracting and/or spreading the COVID-19 virus<br><br>Failed to prevent additional residents from potentially contracting the COVID-19 virus, further spread of COVID-19 infections in the facility, severe illness and/or death.<br><br>Immediate Actions For All Residents Potentially Affected:<br><br>[Resident #1] was relocated to the COVID-19 positive unit on 11/30/21 at 10:10AM by the certified nursing assistant.<br><br>Education was provided to the Administrator, Infection Preventionist , Director of Care Coordination and MDS Coordinator on 11/30/21 @ 5:45pm by the Director of Clinical Operations regarding the facility system of PPE to be utilized when conducting COVID-19 testing, what measures staff should immediately take when a resident is identified to be positive for COVID-19 to include immediate notification of direct care staff, immediate posting/signage to be posted outside of the room to be visible prior to anyone entering the room, immediately provide resident identified to be positive of COVID-19 a N95 mask & gown to be worn during transport to the positive COVID-19 unit.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | Nursing Administration initiated all staff education for staff present, including, current team members, contract/agency and PRN nursing team members in the care center on 11/30/21 at 5:45pm regarding the facility system of PPE to be utilized when conducting COVID-19 testing, what measures staff should immediately take when a resident is identified to be positive for COVID-19 to include immediate notification of direct care staff, immediate posting/signage to be posted outside of the room to be visible prior to anyone entering the room, immediately provide resident identified to be positive of COVID-19 a N95 mask & gown to be worn during transport to the positive COVID-19 unit.<br><br>Beginning 11/30/21 @ 6:00pm No staff will be allowed to begin their scheduled shift without receiving education by the Administrator and/or Infection Control Preventionist regarding the facility system of PPE to be utilized when conducting COVID-19 testing, what measures staff should immediately take when a resident is identified to be positive for COVID-19 to include immediate notification of direct care staff, immediate posting/signage to be posted outside of the room to be visible prior to anyone entering the room, immediately provide resident identified to be positive of COVID-19 a N95 mask & gown to be worn during transport to the positive COVID-19 unit.<br><br>Monitoring will take place by educating and marking off the employee roster list by the Administrator and/or Infection Control Preventionist. A COVID-19 Routine/Outbreak & PRN testing tool will be used to monitor nursing staff compliance with educated protocol by the Administrator and/or Infection Control Preventionist. This monitoring will take place twice a week during COVID outbreak and as needed for 4 weeks. This list will include all nursing staff including, current team members, contract/agency and PRN nursing team members. They can't work until they receive the education. Newly hired nurse members will be educated upon hire.<br><br>QAPI: A focused/Adhoc QAPI meeting addressing the finding was initiated and completed on 11/30/2021 with the attendance of the Administrator, DCO, Infection Preventionist, MDS Coordinator, Director of Care Coordination and Medical Director.<br><br>In summary, upon awareness, the center acted swiftly with the corrective actions, team member re-education, and ensured auditing measures were in place to monitor the plan. The center utilized the QAPI process to address the identified deficient practice immediately and completed actions on or before 12/1/2021.<br><br>The following interviews, and record reviews were conducted to verify the implementation of the facility's Plan of Removal and revealed the following:<br><br>Interviews were conducted with 4 LVNs, 2 RNs, 5 CNAs and 2 CNAs in training across multiple shifts on 12/01/21 from 1:09 p.m. to 5:56 p.m. The staff was able to verbalize the appropriate PPE required for interacting and caring for a residents who were positive for COVID-19; ensuring signage was placed on the positive resident's door and the resident remained in isolation; the appropriate PPE required for staff and positive residents during transfer to the COVID-19 unit.<br><br>Review of in-service training records, dated 11/30/21 and 12/01/21, revealed staff received training related to steps to take when a resident tested positive for COVID-19 to include placing a stop sign on the resident's door, ensuring the resident remained in isolation in his/her room, staff wearing full PPE when entering the room and/or providing care and ensuring full PPE was worn by staff and the resident during transport to the COVID-19 unit. Full PPE of an N95 mask, gown, gloves and eye protector for staff and full PPE of an N95 make, face shield and gown for the resident.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 455823 | A. Building<br>B. Wing | 12/01/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Treemont Healthcare and Rehabilitation Center | 5550 Harvest Hill Rd<br>Dallas, TX 75230 |

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<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Many | The Administrator was notified on 12/01/21 at 4:49 p.m. that the Immediate Jeopardy was removed. While the IJ was removed on 12/01/21, the facility remained out of compliance at the severity level of potential for more than minimal harm that is not immediate jeopardy and a scope of widespread because the facility was still monitoring their plan of removal. |