

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/29/2021
NAME OF PROVIDER OR SUPPLIER  Coronado Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1751 N 15th St Abilene, TX 79603	

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)
<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</b></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 infection for 14 (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, and #14) out of 14 residents reviewed for infection control.</p> <p>The facility failed to isolate COVID-19 positive Residents #1, #2, #3, #4, #5, #6, #7, #8, and #9 after they tested positive for COVID-19 and continued to cohort with negative tested Residents #10, #11, #12, #13, and #14 all on the same unit. Resident # 4 (positive) with Resident #12 (negative) in the same room.</p> <p>The facility failed to change PPE in between working with COVID + and COVID - residents. The facility staff did not remove gloves or gown in between each resident.</p> <p>An Immediate Jeopardy (IJ) was identified on 12/28/21. While the IJ was removed on 12/29/21, the facility remained out of compliance at a severity level of potential for more than minimal harm. and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal.</p> <p>These failures placed residents at risk for exposure to COVID-19 which could result in serious illness, hospitalization , and/or death.</p> <p>Findings Included:</p> <p>Review of Resident #1's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included Dementia, acute respiratory disease, muscle weakness, anxiety and Alzheimer's.</p> <p>Review of Resident #2's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included weakness, fall risk, hypothyroidism, dementia, and muscle weakness.</p> <p>Review of Resident #3's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included Parkinson's disease, psychotic disorder, reduced mobility, hyperlipidemia, hypertension, bradycardia, and lack of coordination.</p> <p>(continued on next page)</p>

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
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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of Resident #4's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included hypertension, gastro-esophageal, hypoglycemia, altered mental status, muscle weakness, and lack of coordination.</p> <p>Review of Resident #5's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included diabetes, kidney disease, muscle weakness, lack of coordination, dementia, and wheezing.</p> <p>Review of Resident #6's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included renal disease, encephalopathy, dementia, dialysis, heart failure, and muscle weakness.</p> <p>Review of Resident #7's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included moderate intellectual disabilities, dementia, weakness, gastro-esophageal and hyperlipidemia.</p> <p>Review of Resident #8's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included dementia, hypertension, anemia, hypothyroidism, and spinal stenosis.</p> <p>Review of Resident #9's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included hypokalemia, vascular dementia, weakness, anxiety disorder, dysphagia, and pseudobulbar.</p> <p>Review of Resident #10's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included Rhabdomyolysis, cerebrovascular disease, acute respiratory disease, age-related physical debility, osteoarthritis, pulmonary disease, anxiety disorder, hyperlipidemia, and peripheral vascular disease.</p> <p>Review of Resident #11's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included dementia, Alzheimer's disease, acute respiratory disease, pulmonary disease, respiratory infection, cognitive impairment, mood disorder, and dysphagia.</p> <p>Review of Resident #12's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included alcohol dependence, dementia, acute respiratory disease, dysphagia, falls, Alzheimer's disease, muscle weakness, mood disorder, and lipomatous neoplasm.</p> <p>Review of Resident #13's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. His diagnosis included schizoaffective disorder, acute respiratory disease, dysphagia, pain, muscle weakness, altered mental status, hypertension, depressive disorder, and anxiety.</p> <p>Review of Resident #14's MDS, dated [DATE], revealed he was a [AGE] year-old male admitted to the facility on [DATE]. He diagnosis included schizophrenia, reduced mobility, anemia, hyperlipidemia, anisocoria, and cervicalgia.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Review of the facility resident tracking log dated 12/26/21 on 12/27/21, titled COVID+ Residents, revealed, Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, and Resident #9 were COVID-19 tested on [DATE] and positive test results were received on 12/26/21 .</p> <p>Review of the facility resident tracking log dated 12/26/21 on 12/27/21, titled COVID-Residents revealed, Resident #10, Resident #11, Resident #12, Resident #13, and Resident #14 were COVID-19 tested on [DATE] and negative results were received on 12/26/21.</p> <p>Review of the facility resident tracking log dated 12/27/21 on 12/28/21, titled COVID+ Residents, revealed, Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, and Resident #9, Resident #12, and Resident #13, were COVID-19 tested on [DATE] and positive test results were received on 12/27/21 .</p> <p>In an observation 12/27/21 at 1:30 PM, the facility consisted of 5 halls and the hot unit was unit 1. Upon entry to the unit, all PPE was donned before going through the locked doors to get onto the locked unit. Unit 1 consisted of 14 residents. Resident #1, 3, 5, 13, and 14 were all gathered in the common area within proximity of each other, not 6 feet apart. Residents #3 and Resident #14 were sitting at a table together watching TV. Residents #1, 3, and 5 were COVID 19 positive residents and Resident #13 and #14 were COVID-19 negative residents. There were no signs informing staff how to don and doff PPE throughout the hall. There were no PPE carts containing face shields and gowns located throughout the hall. There were 3 (CNA-A, TNA-A, and LVN-C) staff who were observed wearing N95 masks, face shields, gowns, and gloves while providing care to negative and positive COVID-19 residents. The staff were observed not taking PPE off in-between positive and negative residents' rooms (All rooms). The staff were doing med pass, feeding the residents, and doing patient care, such as helping residents in and out of bed. There were no receptacles anywhere on the unit to doff PPE. The staff were not encouraging social distancing or wearing mask. LVN-C was doffing all PPE in trash bins in a courtyard located between Unit 1 (hot) and Unit 2 (cold).</p> <p>In an observation 12/27/21 at 1:35 PM, Resident #4 (positive) and Resident # 14 (negative) were in the same room together.</p> <p>During an interview on 12/27/21 at 1:20PM with CNA-A, she was confused because the positive and negative COVID-19 residents were not separated. She stated she was told at first on 12/25/21 that everyone on the unit had tested positive, so she treated everyone as positive, by not removing any PPE at any time, only changing her gloves. She stated however, later in the day she was informed by the DON that only about half of the residents were positive and some were negative, sometime in the afternoon, she could not remember an exact time. She stated she was not sure why they had not been separated. She stated she does not know who is positive and who is negative on the unit. She stated she was told not to remove her PPE for any resident, not even in between rooms. She stated that she and TNA-E stay on the unit all day, and that only the LVN-C can leave the unit because LVN-C was covering both unit 1, unit 2, and unit 5.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o Identify a separate, well-ventilated area to use as an isolation area. This NF area should be an isolated wing, unit, or floor that provides meaningful separation between COVID-19 positive residents and the space where the NF cares for residents who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.</p> <p>Page 30</p> <p>Care for residents who are infected</p> <p>o Isolate residents who are infected</p> <p>o Identify cohorts with the same status (exposed, infected)</p> <p>o Determine level of required care</p> <p>o Determine if hospitalization and transport are required</p> <p>o Notify local health care/EMS</p> <p>o Track signs/symptoms</p> <p>o Work with your LHD or DSHS to establish a resident recovery plan, including when a resident is considered recovered and next steps for care.</p> <p>The Administrator was notified on 12/28/21 at 2:40 PM an IJ situation was identified due to the above failures and an IJ template was provided.</p> <p>The Plan of Removal was accepted on 12/29/21 at 9:48 AM and reflected:</p> <p>Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on December 28th, 2021.</p> <p>Definitions:</p> <p>Cold rooms/areas: Residents that have not been exposed to COVID-19, testing negative on outbreak testing, and are not symptomatic.</p> <p>Warm rooms/areas: Residents with an unknown COVID status (new admissions that are not vaccinated), residents that have been exposed to COVID but are testing negative, symptomatic residents that are continuing to test negative.</p> <p>Hot rooms/areas: Confirmed COVID-19 positive.</p> <p>Identified Concern: The facility's failure to isolate positive and follow recommended infection control practices placed 5 negative residents at risk of contracting the COVID19 virus which could result in serious illness, hospitalization , and/or death.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. Immediate Action: COVID positive residents will be identified through outbreak testing (if the resident tests positive), and through daily observation and assessment for signs or symptoms of COVID-19.</p> <p>2. Immediate Action: Move the COVID unknown residents off the secured unit into warm rooms. Assign dedicated staff to ensure residents' safety. All residents who are negative but have been in contact with those that have tested positive will be moved into warm rooms.</p> <p>o Administrator, DON, and/or designee to move COVID unknown residents off the secured unit, these residents are fully vaccinated.</p> <p>o Completed: 12/28/2021</p> <p>3. Immediate Action: Designated hot, warm, and cold zones, in which will be labeled with the signage in which is outlined below. Staff will redirect residents to their perspective areas that coincide with their COVID-19 status. COVID-19 positive residents will not be in common areas, they will reside in the hot unit/hot rooms, with meaningful separation from the warm and cold residents. Warm residents will have meaningful separation from cold residents, as well.</p> <p>o Completed: 12/28/2021</p> <p>4. Immediate Action: Ensure there is proper PPE to include: gowns, N-95, surgical masks, and eye protection outside of the hot and warm rooms/unit. Ensure there are receptacles in each warm room so employees can doff between caring for warm residents. Ensure there are receptacles available for doffing outside hot unit and hot rooms.</p> <p>o Administrator, DON, and/or designee will observe PPE bins outside of residents in warm and hot areas to ensure proper PPE is available every shift.</p> <p>o Completed: 12/28/2021, and ongoing monitoring</p> <p>5. Immediate Action: Ensure proper CDC signage is outside of each hot and warm room regarding the PPE donning and doffing and appropriate PPE attire, which includes: gown, N-95, and eye protection. Ensure door/COVID positive area is indicated via signage and floor tape.</p> <p>o Administrator, DON, and/or designee to round center once a day to ensure appropriate signage is in place to indicate warm and hot areas.</p> <p>o Completed: 12/28/2021</p> <p>6. Immediate Action: Ensure staff is educated prior to working their next shift on: cohorting/separating COVID positive, COVID unknown, and COVID negative residents. Ensure staff is educated on proper PPE, when to don and doff and how to properly don and doff. Ensure staff is educated on physical distancing.</p> <p>o Staff will show return demonstration regarding donning and doffing</p> <p>o Staff will show competency by completing a test</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>o Staff currently in house completed 12/28/2021 and will continue prior to employee's shifts until 100% compliant.</p> <p>7. Immediate Action: Ensure staff working in COVID positive area/rooms are doffing PPE before leaving room/area to work with residents in warm or cold areas. Ensure staff is donning and doffing PPE after working with each warm resident, for their status is unknown, in the receptacles in the warm/hot residents' rooms which will prevent other residents from coming into contact with the discarded PPE.</p> <p>o Random rounds to be completed by DON, administrator or designee in warm/hot zones to ensure staff is properly doffing when exiting area, to be completed every shift for 5 days to ensure substantial compliance.</p> <p>o Completed: 12/28/2021 and continued monitoring to ensure compliance.</p> <p>8. Immediate Action: Educate residents on physical distancing, encourage residents to stay in their rooms, and redirect residents regarding physical distancing.</p> <p>o Completed: 12/28/2021</p> <p>9. Immediate Action: ADHOC QAPI meeting performed with MD completed 12/28/2021. Informed MD of immediate jeopardy and read through POR. MD has no other suggestions at this time.</p> <p>10. Center will review education, competencies, test results, PPE and signage rounds, during their upcoming QAPI meeting, and as needed thereafter.</p> <p>Monitoring of the plan of removal revealed:</p> <p>Verification</p> <p>In an observation on 12/29/21 at 8:45 AM revealed the facility moved all COVID-19 negative residents to the Warm unit on unit 5 and left all COVID-19 positive residents on unit 1. With dedicated staff to unit 5 and unit 1 for COVID Hot and warm zones.</p> <p>In an observation on 12/29/21 at 9:20 AM revealed the facility had moved the doffing PPE bins from the shared courtyard onto unit 1 behind a locked door where no resident could get into the bins. The unit now only contained positive residents and was a true hot zone.</p> <p>Review of Resident #1-9, progress notes, dated 12/26/21 to 12/29/21, revealed the residents were being monitored for chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea every shift (Day, Evening, and Night) for COVID-19 screening.</p> <p>Review of the facility's in-service on 12/28/21 and 12/29/21, titled Inservice Training Report, dated 12/28/21 and 12/29/21, revealed, staff were educated on COVID-19 active case policy and procedure, definitions for policy interpretation, HHSC reporting process, isolation categories, standard precautions, PPE donning and doffing, and hand hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Interviews conducted on 12/29/21 with staff across all shifts (6:00 AM to 2:00 PM, 2:00 PM to 10:00 PM, and 10:00 PM to 6:00 AM), included with DON, LVN A, LVN B, LVN C, LVN D, EVS A, TNA A, TNA B, RN A, Transport A, CNA A, ADMIN, AAD A, HK A, and HK B. Staff confirmed they received in-service training on 12/29/21 to include training on:</p> <ul style="list-style-type: none"> <li>- Hot, cold, warm zones within a facility and preventing the spread of infection per current policy;</li> <li>- PPE utilization during an outbreak according to CDC guidelines;</li> <li>- Return demonstration regarding PPE will be used to determine competency</li> <li>- [Facility name] policy and CDC guidelines pertaining to infection control and isolation protocol;</li> <li>- Positive COVID results and isolation criteria;</li> <li>- Hand hygiene; and</li> <li>- HHSC reporting processes</li> </ul> <p>Interview with the Administrator on 12/28/21 at 1:15 PM revealed the IJ occurred because the infection control policies and procedures were not followed. He stated he observed staff and residents while walking around the facility. He stated he walked around the facility several times a day. He stated she had staff complete competencies regarding infection control such as YouTube videos, education, and return demonstrations, which he started right after IJ was called on 12/28/21. He stated the DON completed the staff competencies and return demonstrations as well as himself. He stated the DON supervised administrative staff by completing competencies with return demonstrations, having constant communication, and having administrative staff follow up with their department staff. He stated to prevent the occurrence of another IJ, staff were in-serviced on the facility COVID-19 plan and the size of the COVID unit was increased to prevent the delay of isolating COVID-19 positive residents.</p> <p>In an observation on 12/29/21 at 2:05 PM witnessed administrator and DON doing random rounds on all units and quizzing the employees on: signage, donning, doffing, and proper PPE.</p> <p>The Administrator was informed the IJ was removed on 12/29/21 at 2:40 p.m The facility remained out of compliance at a severity level of potential for more than minimal harm and a scope of pattern because the facility was still monitoring the effectiveness of their Plan of Removal.</p>		