

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 10/13/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</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 26 of 26 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, #24, #25, #26) reviewed for infection control.</p> <ol style="list-style-type: none"> The facility failed to isolate COVID-19 positive Residents #1, #2, #3, #5, #7, #8, #9, #10, #11, #12, #13, #14, and #15, after they tested positive for COVID-19 and continued to cohort with negative tested Residents #4, #6, #16, and #17 on the same unit. Resident #4 (negative) was cohorted with Resident #12 (positive) in the same room. The facility failed to ensure staff changed PPE between working with COVID-19 positive and COVID-19 negative residents. The facility failed to ensure Resident #18 stayed in quarantine while being COVID-19 positive which resulted in Residents #19, #20, #21, #22, #23, #24, #25 and #26 being exposed. The facility failed to ensure proper PPE was being worn by CNA-F while in Resident #19's room. The facility failed to ensure proper PPE technique when CNA A failed to complete hand hygiene after providing care to a COVID-19 positive Resident #3's, and before providing care to a COVID-19 negative Resident #4. <p>An Immediate Jeopardy (IJ) situation was identified on [DATE]. While the IJ was removed on [DATE], the facility remained out of compliance at a scope of a pattern with potential for more than minimal harm due to the facility's need to evaluate the effectiveness of the corrective systems.</p> <p>These failures could place residents at risk for exposure to COVID-19 which could result in serious illness, hospitalization and/or death.</p> <p>Findings Include:</p> <p>Side B was broken down into two units:</p> <p>Unit 1 from [DATE] to [DATE] was the facilities Hot zone that housed COVID positive residents.</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>Unit 1, from [DATE] until time of exit was the step-down unit for the male locked unit (cold)</p> <p>Unit 2, starting [DATE] to time of exit, male locked unit was hot.</p> <p>During an observation on [DATE] at 10:35 AM Side A of the building housed one COVID 19 positive, Resident #18 and eight COVID 19 negative, Residents ##19, #20, #21, #22, #23, #24, #25 and #26. Side B of the building Unit 2 male locked unit had 16 total residents, COVID positive's #1, #2, #3, #5, #7, #8, #9, #10, #11, #12, #13, #14, and #15 and COVID negative #4, #6, #16, and #17 at this time Resident #2 had passed.</p> <p>1. Record review of Resident #2's quarterly MDS, dated [DATE], reflected an [AGE] year-old male who was admitted to the facility on [DATE]. His diagnosis included Cerebral ischemia, hypertension, and dementia.</p> <p>Record review of the facility resident tracking log, dated [DATE] on [DATE], titled COVID+ Residents, reflected Resident #2 was COVID-19 tested on [DATE], and positive test results were received on [DATE].</p> <p>Record review on [DATE] of Resident #2's progress notes reflected on [DATE] Resident #2 tested positive for COVID-19. On [DATE] Resident #2 was taken to local ER due to low O2 stats/saturation. On [DATE] Resident #2 expired associated to COVID-19.</p> <p>During an interview on [DATE] at 2:10 PM, the MD stated Resident #2 was sent to theER on [DATE] because the resident was unresponsive. The MD stated Resident #2 was intubated and moved to the ICU at the local community hospital. The MD stated Resident #2 expired on [DATE] with complications associated to COVID-19.</p> <p>2. Record review of Resident #1's quarterly MDS, dated [DATE], reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnosis included Parkinsonism, schizophrenia, and muscle weakness.</p> <p>Record review of the facility resident tracking log, dated [DATE] on [DATE], titled COVID+ Residents, reflected Resident #1 was COVID-19 tested on [DATE], and positive test results were received on [DATE].</p> <p>3. Record review of Resident #3's quarterly MDS, dated [DATE], reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnosis included Metabolic encephalopathy, history of falling and altered mental status.</p> <p>Record review of the facility's resident tracking log, dated [DATE] on [DATE], titled COVID+ Residents, reflected Resident #3 was COVID-19 tested on [DATE], and positive test results were received on [DATE].</p> <p>4. Record review of Resident #4's quarterly MDS, dated [DATE], reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnosis included Dementia, Schizo affective disorder, and muscle weakness.</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>During an interview on [DATE] at 12:25 PM, the DON stated that she was the infection preventionist and that Resident #19 was not COVID positive, but he was on isolation because his roommate was previously COVID positive, so he was considered exposed (warm). She stated that's why all the signage was on the door. She stated Resident #18 was positive for COVID and was on quarantine to protect the other residents in the building from being exposed to COVID.</p> <p>20. Record review of Resident #20's face sheet, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Alzheimer's disease, cognitive communication deficient and bipolar disorder.</p> <p>Record review of Resident #20's quarterly MDS assessment, dated [DATE], reflected she had a BIMS score 9 out of 15, which indicated moderate cognitive impairment.</p> <p>21. Record review of Resident #21's face sheet, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included Alzheimer's disease, cognitive communication deficient and bipolar disorder.</p> <p>Record review of Resident #21's quarterly MDS assessment, dated [DATE], reflected she had a BIMS score 11 out of 15, which indicated moderate cognitive impairment.</p> <p>22. Record review Resident #22's face sheet, dated [DATE], reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included chronic pain due to trauma, quadriplegia, and lack of coordination.</p> <p>Record review of Resident #22's quarterly MDS assessment, dated [DATE], reflected he had a BIMS score 13 out of 15, which indicated no cognitive impairment.</p> <p>23. Record review Resident #23's face sheet, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her diagnoses included heart failure, type 2 diabetes mellitus, and acute kidney failure.</p> <p>Record review of Resident #23's quarterly MDS assessment, dated [DATE], reflected she had a BIMS score 9 out of 15, which indicated moderate cognitive impairment.</p> <p>24. Record review Resident #24's face sheet, dated [DATE], reflected a [AGE] year-old female who was admitted to the facility on [DATE]. Her Diagnoses included Alzheimer's disease, cognitive communication deficient and dysphagia.</p> <p>Record review of Resident #24's quarterly MDS assessment, dated [DATE], reflected she had a BIMS score, 5 out of 15 which indicated severe cognitive impairment.</p> <p>Record review of the facility resident tracking log, dated [DATE] on [DATE], titled COVID+ Residents, reflected Resident #24 was COVID-19 tested on [DATE], and positive test results were received on [DATE]. Indicating the first resident to test positive in the facility.</p> <p>25. Record review Resident #25's face sheet, dated [DATE], reflected a [AGE] year-old male who was admitted to the facility on [DATE]. His diagnoses included dementia, schizoaffective disorder, and anxiety disorder.</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>During a follow-up interview on [DATE] at 1:57 PM, the DON stated the facility required PPE for hot zone or warm zone was mask, gown, and gloves. She stated that was what every employee should put on if they entered a resident's room who was COVID positive or suspected of COVID. She stated, oh yeah, face shield and or goggles should be worn, I forgot about that. She stated she did not know her staff were not wearing goggles. She stated CNA F should have been wearing goggles or a face shield while in Resident #19's room. She stated she did not know Resident #18 was leaving his room to go use the restroom in his old room. She stated she was going to fix his toilet seat immediately, so he did not leave his room anymore because he was exposing other residents.</p> <p>Record review of Covid-19 testing from [DATE] through [DATE] for the male memory care unit reflected:</p> <p>[DATE]-1 Covid-19 positive of 17 residents</p> <p>[DATE]- 1 additional Covid-19 positive residents</p> <p>[DATE] -4 additional Covid-19 positive residents</p> <p>[DATE] - 2 additional Covid-19 positive residents</p> <p>[DATE]- 4 additional Covid-19 positive residents</p> <p>[DATE]- 1 additional Covid-19 positive resident.</p> <p>Record review of the facility's, undated, COVID-19 Infection Prevention policy reflected,</p> <p>7. Placement and Response to Newly Identified COVID-19 Infected residents. A. Residents with signs or symptoms consistent with COVID-19 who have had close contact of those who test positive should be placed (isolated) in a single-person room, if possible, and the door should be kept closed (if safe to do so).</p> <p>Record review of the facility's, undated, Use Personal Protective Equipment (PPE) When Care for Patients with Confirmed or Suspected COVID-19 reflected: Before caring for patients with confirmed or suspected COVID-19 Healthcare Personnel (HCP) must wear: Face Shield or Goggles, N95 or higher respirator, one pair of clean non-sterile gloves, and isolation gown.</p> <p>Record review of the facility's Infection Control Policy, Before moving a positive resident to a COVID19 unit, consider if the COVID19 unit staff can manage the secure unit resident safely. If not, then the resident must remain on the secure unit for his/her protection as a higher priority.</p> <p>This was determined to be an Immediate Jeopardy (IJ) was identified on [DATE]. The DON and Administrator were notified. The Administrator was provided with the IJ template on [DATE] at 5:44 PM</p> <p>The following Plan of Removal submitted by the facility was accepted on [DATE] at 6:20 PM:</p> <p>Please accept this Plan of Removal as a credible allegation of compliance for immediate jeopardy initiated on [DATE]th, 2024.</p> <p>(continued on next page)</p>		

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 10/13/2024
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.			
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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>Plan of Removal: F880: Infection Control</p> <p>The facility must 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.</p> <p>Immediate Actions Taken for Those Residents Identified:</p> <p>Action: COVID negative residents will be temporarily moved to another hall (off the secured unit). Residents will continue to be tested per policy. As residents of the secure unit recover, they will be relocated to the negative cohort secure unit. Residents will be moved back into the secured unit if they test positive or there are no longer COVID+ residents on the male secured unit. The negative residents, who have not tested positive within the last 30-days, are separated on their own hall, residents are residing in separate rooms, staff was wearing masks and eye protection. Testing Policy: Testing will occur every three days, until the facility had been COVID free for 14-days. Person(s) Responsible: Administrator, Director of Nursing, and/or Designee Date: [DATE]</p> <p>2. How the Facility Identified Other Possibly Effected Residents:</p> <p>Action: Residents in the secured unit were tested on [DATE]. Four (4) residents were identified as COVID negative (Residents #4, #6, #16, and #17). Person(s) Responsible: Director of Nursing and Assistant Director of Nursing Date: [DATE]</p> <p>3. Measures Put into Place/System Changes to remove the immediacy, and what date these actions occurred:</p> <p>Action: Administrator and Director of Nursing educated by Clinical Resource Nurse over COVID policy as it related to isolation protocol (COVID positive residents will not cohort with negative residents.) The facility policy was developed based on the CDC's recommendation & guidance. PPE must be donned correctly before entering the patient area (e.g., isolation rooms or isolation unit if cohorting). PPE should be doffed when leaving an individual patient room or isolation unit if cohorting. PPE must remain in place and be worn correctly for the duration of work in contaminated areas and should not be adjusted during patient care. If cohorting, positive residents' gown and gloves should be changed following patient care. PPE includes NIOSH approved respirator, well-fitting face masks, gowns, gloves, eye protection (goggles or face shields). N95 masks may be worn for the duration of the shift when used solely for source control but should be changed when soiled or compromised. Other PPE should be changed when it becomes soiled. https://www.cdc.gov/infection-control/hcp/core-practices/index.html and https://www.cdc.gov/covid/hcp/infection-control/index.html#cdc_infection_control_background_1_recommended_routine_infection_prevention_and_control_ipc_practices_during_the_covid_19_pandemic (section 1) Person(s) Responsible: Clinical Resource Nurse Date: [DATE]</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>Action: Administrator and Director of Nursing educated by Clinical Resource Nurse over COVID policy as it related to isolation protocol (COVID positive residents will not cohort with negative residents.) The facility policy was developed based on the CDC's recommendation & guidance. PPE must be donned correctly before entering the patient area (e.g., isolation rooms or isolation unit if cohorting). PPE should be doffed when leaving an individual patient room or isolation unit if cohorting. PPE must remain in place and be worn correctly for the duration of work in contaminated areas and should not be adjusted during patient care. If cohorting positive residents' gown and gloves should be changed following patient care. PPE includes NIOSH approved respirator, well-fitting face masks, gowns, gloves, eye protection (goggles or face shields). N95 masks may be worn for the duration of the shift when used solely for source control but should be changed when soiled or compromised. Other PPE should be changed when it becomes soiled. https://www.cdc.gov/infection-control/hcp/core-practices/index.html and https://www.cdc.gov/covid/hcp/infection-control/index.html#cdc_infection_control_background_1_recommended_routine_infection_prevention_and_control_ipc_practices_during_the_covid_19_pandemic (section 1)</p> <p>All staff will be educated prior to working their next shift. Any new or temporary staff (agency) will be educated prior to working their first shift. Person(s) Responsible: Administrator, Director of Nursing, and/or Designee Date: [DATE]</p> <p>4. How the Corrective Actions Will be Monitored, by whom and for how long:</p> <p>Action: Administrator, Director of Nursing, Assistant Director of Nursing, and/or Designee will observe the secured unit x2 daily, until COVID resolves to monitor for correct PPE usage (staff should wear gown, eye protection, and N95 mask when caring for COVID positive residents) and proper hand hygiene.</p> <p>Director of Nursing, Assistant Director of Nursing, and/or Designee will continue to test per protocol and will follow isolation guidelines per the facility policy. Person(s) Responsible: Administrator, Director of Nursing, Assistant Director of Nursing, and/or Designee Date: [DATE]</p> <p>Action: Ad hoc QAPI performed with Medical Director informing him of the IJ template for F880 and the facility's plan to remove immediacy. Person(s) Responsible: Administrator Date: [DATE]</p> <p>Monitoring of the Plan of Removal included the following:</p> <p>During an observation on [DATE] at 4:30 AM walked facility, two sides to the building. Side A where most of the residents were and no locked units. There were 6 total covid positive residents on this side. Most residents were out of bed, walking around or sitting in the dining room. Side B had the male locked units and some residents who were removed from the hot unit that were on that side of the building for their covid outbreak. Both sides, all staff were wearing facemasks.</p> <p>During an interview on [DATE] at 4:50 AM DON stated that the facility had been organized by:</p> <p>Side A was no hot or warm unit, individual rooms with individual residents on quarantine.</p> <p>Side B was broken down into two units:</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>Unit 1, locked unit with 4 negative residents currently. One CNA required only to wear mask and face shield.</p> <p>Unit 2, male locked unit with currently 12 positives that always have a CNA and a Nurse on the unit in full PPE.</p> <p>During an interview on [DATE] at 4:45 AM, CNA G stated yes she did get in-serviced before she started her shift on [DATE]. She stated she stays on the unit 1 all the time. She stated there were only 4 negative residents on this unit at this time. She stated the DON's education included all the PPE required to wear while in the facility, were on unit 1, and what to wear on unit 2. She stated a mask must be always worn while in the facility. She stated her entire shift she was to wear a mask and face shield/goggles the entire time on the unit. She stated she would change her gloves and hand hygiene anytime she needed to any form of patient care with the resident. She stated if she was needed on unit 2, she was to don the PPE, in order of [TRUNCATED]</p>		