

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055028	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER LOS BANOS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 931 IDAHO AVE. LOS BANOS, CA 93635	
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 observation, interview, and record review, the facility failed to implement and maintain a safe environment with an effective infection prevention and control program for the prevention of [MEDICAL CONDITION] (COVID-19- a contagious serious respiratory infection transmitted from person to person) transmission when: 1. Isolation precaution (special precautionary measures, practices, and procedures used in the care of patients with contagious or infectious disease) signs were not posted on two residents' doors (rooms [ROOM NUMBERS]) that were located in the Orange Zone (area in the facility dedicated for person under investigation (PUI- A person exhibiting COVID-19 symptoms or has a history of exposure to COVID-19) was located) unit; and 2. The facility did not follow a disinfectant's (a chemical liquid that destroys bacteria) manufacturer's instructions for use for the contact time (the amount of time the surface must remain visibly wet in order to kill pathogens (germs that can cause disease)) to disinfect environmental surfaces. These practices potentially placed the residents and staff at risk for the spread and transmission of COVID-19, complications from COVID -19, and death. Findings: 1. During a concurrent observation and interview, on 7/28/20, at 11:58 a.m., with the Director of Nursing (DON) and the Administrator (ADM), a tour in the facility's Orange Zone unit was conducted. rooms [ROOM NUMBERS] did not have isolation signs posted on their doors. The DON stated there should have been both contact (precautions are a series of procedures designed to minimize the transmission of infectious organisms by direct or indirect contact with an infected patient or his environment) and droplet isolation (used when a patient has germs in the lungs and is spread by droplets when a patient sneezes or coughs, and protective equipment is needed such as a mask) precaution signs posted on the residents' doors which listed appropriate personal protective equipment (PPE- protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness) to be worn while inside the rooms to prevent the spread of infection. During a review of the facility's policy and procedure (P&P) titled, Isolation-Categories of Transmission-Based Precautions, dated 01/12, the P&P indicated, Policy Statement .Standard precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status .Signs- The facility will implement a system to alert staff and visitors to the type of precaution the resident requires . 2. During a concurrent interview and record review, on 7/28/20, at 12:14 p.m., with the Housekeeping Supervisor (HKS), the HKS stated when cleaning environmental services, she would wipe the surface with (brand name) disinfectant and then come back to wipe it dry with a cloth. The HKS stated the disinfectant's contact time was five minutes. The disinfectant's manufacture's label was reviewed, the disinfectant's label indicated, 'Contact time . remain wet . for 10 minutes to kill all other organism listed on the label . The HKS stated she was unaware the disinfectant's contact time was ten minutes. The HKS stated the manufacturer's instructions for contact time should have been followed for the disinfectant to be effective. During an interview on 7/28/20, at 1 p.m., with the Director of Staff Development (DSD), the DSD stated she thought the disinfectant's contact time was three minutes. The DSD stated she was unaware the disinfectant's contact time was ten minutes. The DSD stated it was important to follow the disinfectant's manufacturer's instructions for use regarding the contact time to effectively kill bacteria [MEDICAL CONDITION]. During an interview on 7/28/20, at 2:12 p.m., with the DON, the DON stated the disinfectant's manufacturer's instructions for use regarding contact time should have been followed to effectively kill bacteria [MEDICAL CONDITION] on surfaces. The DON stated if the contact time was not followed, there was a potential for harm to residents and spread of infection. During a review of the facility's P&P titled, Cleaning and Disinfection of Environmental Surfaces, dated 6/09, the P&P indicated, Policy Statement .Environmental surfaces will be cleaned and disinfected according to the current CDC (Centers for Disease and Control) recommendations for disinfection of healthcare facilities .Policy Interpretation and Implementation .2. Non-critical surfaces will be disinfected with an EPA (Environmental Protection Agency- agency of the United States federal government whose mission is to protect human and environmental health) -registered intermediate or low-level hospital disinfectant according to the label's safety precaution and use directions. a. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes .</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.