

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER ROCKY POINT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 625 16TH STREET LAKEPORT, CA 95453	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement infection prevention and control practices when: 1. Two of five staff (Unlicensed Staff A and Certified Nursing Assistant B) did not change gloves and performed hand-hygiene (hand washing or use of hand sanitizer) in between resident care; and, 2. 1 of 1 housekeeping staff (Housekeeper C) used one rag (cloth-soak with disinfecting solution) when disinfecting residents' bed and furniture in a multi-bed room. These failures had the potential to spread germs and Coronavirus (COVID-19 - is a respiratory illness caused by [MEDICAL CONDITION]) to non-affected residents and staff. 1. a) During an interview on 9/22/20, at 1:54 p.m., the Administrator verified the facility had two residents with COVID-19; the facility received the first positive test result on 9/16/20. The Administrator stated all the residents were considered Persons Under Investigation (PUI) at this time. During an observation and interview on 9/22/20, at 3:54 p.m., Unlicensed Staff A, wearing a mask, face shield, gloves and gown, was inside room [ROOM NUMBER]. Unlicensed Staff A touched Resident 1's bedding and assisted Resident 1 to sit on her bed. Using the same gloves, Unlicensed Staff A assisted Resident 2 from the wheelchair to her bed. When asked about hand-hygiene, Unlicensed Staff A stated hand-hygiene was done when wearing new gloves and gowns. 1. b) During an observation on 9/22/20, at 4:03 p.m., Certified Nursing Assistant (CNA) B was wearing gloves, gown, face shield and mask and entered a resident room. CNA B took Resident 3's body temperature and oxygen saturation (fraction of oxygen level in the blood), disinfected the Vital Signs Machine (medical equipment used to measure temperature, blood pressure and pulse) and the Oximeter (used to read oxygen saturation), and put a second pair of gloves on top of the first set of gloves. Wearing the two sets of gloves, CNA B moved to Resident 4 and checked his temperature and oxygen saturation. CNA B disinfected the Vital Sign machine, then returned to Resident 3 and emptied his urinal (urine container) in the bathroom. CNA B removed the outer pair of gloves and disinfected Resident 4's bedside table. After completing her task on room [ROOM NUMBER], CNA B removed her gloves and used wipes to sanitize her hands. During an interview on 9/22/20 at 4:20 p.m., when asked when to change gloves, CNA B stated, between residents. CNA B stated she liked to wear two sets of gloves; she would remove the second set of gloves and disinfect the first set of gloves with bleach. During an interview on 9/23/20, at 2:01 p.m., the Infection Preventionist (IP) stated staff should change gloves and gowns for each resident care, and staff should perform hand hygiene. When hearing a staff was using two sets of gloves, providing care for a resident, then removing the outer gloves before caring for another resident, the IP stated, I would say, No. The facility policy and procedure titled, Handwashing/Hand Hygiene dated 4/12, indicated all personnel should perform hand-hygiene before and after resident contact, and it was the final step after removing and disposing of Personal Protective Equipment (PPE). Review of Centers for Disease Control and Prevention (CDC) guidance titled, Preparing for COVID-19 in Nursing Homes, updated 6/25/20, indicated, Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Review of Centers for Disease Control and Prevention (CDC) guidance titled, Using Personal Protective Equipment (PPE) updated 8/19/20, indicated Healthcare Personnel should perform hand-hygiene after removing gloves and gowns. 2. During an interview on 9/23/20, at 1:45 p.m., Housekeeping Staff C stated she would use one rag to disinfect all the beds and furniture in one room. During an interview on 9/23/20, at 2:01 p.m., the Infection Preventionist stated housekeeping staff should change the rags used for disinfection for every room. When asked if the rag was for every bed, the IP stated, No. During an interview on 9/23/20, at 2:14 p.m., Housekeeping Supervisor stated housekeeping staff would disinfect a resident's bed, chair and other stuff, using one rag per resident, not one rag per room. During an observation on 9/23/20, at 2:50 p.m., Housekeeping Staff C was in a resident room where one bed was vacant, and the second bed was occupied by a resident. Housekeeping Staff C used one yellow rag to disinfect the vacant bed before disinfecting the second bed and other surfaces in the room. A review of the facility document titled, Environmental Services Guidelines, not dated, did not indicate how to disinfect each resident's bed and surfaces in a multi-bed rooms. This document indicated staff should pay special attention to the environmental surfaces in the isolation room because these surfaces were implicated in transmission of infection from one person to another. Review of Centers for Disease Control and Prevention document titled, Best Practices for Environmental Cleaning in Healthcare Facilities: in Resource-Limited Settings. Version 2, dated 2019, indicated the best practices for environmental cleaning of surfaces included new clean cloth (rag) for each patient (resident) bed.</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.