

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055858	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER DYCORA TRANSITIONAL HEALTH - GALT		STREET ADDRESS, CITY, STATE, ZIP 144 F STREET GALT, CA 95632	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, staff interview and document review, the facility failed to operationalize its COVID-19 infection prevention plan when 1) Personal protective equipment (PPE) including a gown and/or gloves was not consistently used in resident rooms when indicated, and 2) Two of ten nursing department educational records reviewed did not reflect training regarding PPE and infection prevention measures. These failures had the potential to transmit infection in a vulnerable resident population. Findings: A line list (spreadsheet used in tracking a disease outbreak) received from the facility's Senior Administrator (SA) at 10:13 a.m., 7/18/20 indicated two residents had tested positive for COVID-19, a highly-contagious and potentially deadly [MEDICAL CONDITION] infection circulating in the community and county. The list also noted that two staff members had previously tested positive within the previous month. A 5:27 p.m., 7/18/20 e-mail from the SA indicated that to provide the highest level of protection from COVID-19 for the facility's residents and staff, a decision was made to require caregivers to wear gowns, gloves, and respirators (masks to protect wearers from [MEDICAL CONDITION] particles) in resident rooms, beginning 6/26/20. In a 1:10 p.m., 7/21/20 interview, the SA stated that no changes in the facility's infection prevention processes had been made since a State COVID-19 Mitigation Plan survey on 7/8/20. During a facility tour with the Director of Nursing Services (DNS) commencing at 1:31 p.m., 7/21/20, three observations of inadequate PPE during staff-resident encounters were made: - A Certified Nurse Assistant (CNA 1) was seen sitting in resident room [ROOM NUMBER] documenting care while wearing only a respirator. In a concurrent interview, the DON was asked what types of PPE staff were expected to wear inside resident rooms. The DON indicated staff were required to wear a respirator, gown and gloves while in resident rooms. - CNA 2 quickly entered room [ROOM NUMBER] and touched a resident's bed while wearing a respirator but without first donning a gown or gloves. When asked why she had not put on a gown or gloves, CNA 2 stated she was trying to prevent a spill in the resident room. - CNA 3 was observed entering room [ROOM NUMBER] and talking with a resident while wearing a respirator and gown but no gloves. When asked why she was not wearing gloves in the room, CNA 3 replied, I didn't touch anything. Moments later she acknowledged, I should have (put on gloves). Review of a sampling of June and July 2020 training records related to transmission-based precautions (heightened infection control measures) and PPE revealed no documentation for two of ten staff members. In a 2:55 p.m., 7/21/20 interview, the SA indicated no evidence of training could be found for Licensed Nurse 1 and CNA 4. Review of the facility's undated Infection Prevention and Control policy reflected, An effective infection prevention and control program is necessary to control the spread of infections and/or outbreaks .Program oversight involves .Identifying the staff's roles and responsibilities for the routine implementation of the program as well as in case of an outbreak of a communicable disease .An effective infection and control program incorporates .the following components .practices which promote consistent adherence to evidence-based infection control practices .Education, including training in infection prevention .to ensure compliance with care center requirements as well as State and Federal regulation .Updated education and training are appropriate .when there is a special circumstance, such as an outbreak .Essential topics of infection control training include .transmission-based precaution techniques</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.