

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER CRESCENT CITY SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP 1280 MARSHALL STREET CRESCENT CITY, CA 95531	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations and interviews, the facility failed to implement effective infection source control measures when: 1. Two HCP (Healthcare Personnel) were observed wearing cloth masks during their shifts. 2. Two HCP failed to perform hand hygiene after removing their hand gloves. These failures had the potential to increase the risk of transmission of Covid-19 infection to the residents and staff of the facility. Findings: 1. During an interview on 5/14/2020 at 8:50 a.m., Administrator A stated 1,600 pieces of surgical masks were delivered yesterday. Administrator A stated it was very difficult to get supplies and previously ordered supplies, such as gowns, has not been delivered. When the Administrator was asked if she was aware of the guidance released by CDPH (California Department of Public Health) through an AFL (All Facilities Letter) dated, March 11, 2020, the Administrator stated that she was aware of it. During an observation and concurrent interview on 5/14/2020, at 9:30 a.m., Unlicensed Staff B was observed wearing a cloth mask. When Unlicensed Staff B was asked if staff members that provide direct patient care were allowed to wear cloth mask during their shift, she stated today will be the last day and starting tomorrow, staff members that provide direct patient care will be required to use surgical masks during the shift. During an observation and concurrent interview on 5/14/2020, at 9:40 a.m., with Therapist D, she was observed wearing her own cloth mask. Therapist D stated it was OK for staff to use cloth mask, N95 mask, (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles and when subjected to careful testing, the mask blocks at least 95% of very small test particles), or surgical masks. A review of the CDC (Centers for Disease Control and Prevention) guidance stipulated on AFL 20-22, dated March 11, 2020, indicated, HCP (Healthcare Personnel) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should not be worn by HCP instead of a respirator or facemask if PPE (Personal Protective Equipment) is required. Healthcare Personnel (HCP) include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). 2. During an observation of the facility's entrance screening process on 5/14/2020 at 8:28 a.m., Unlicensed Staff C took a staff member's temperature with gloved hands, removed her gloves, grabbed a pen, and wrote down on her log. Without performing hand hygiene, Unlicensed Staff C proceeded to don new gloves to take the temperature of the next staff member in line. Unlicensed Staff C removed her gloves, and recorded on her log. Unlicensed Staff C then walked away from the screening area without performing hand hygiene. During an observation on 5/14/2020 at 8:40 a.m., Therapist D was in the screening area and took a staff member's temperature with gloved hands. Therapist D then removed her gloves, wrote down on her log, and proceeded into the Therapy Room without performing hand hygiene. During an interview on 5/14/2020 at 9:40 a.m., Therapist D stated hand hygiene is done before and after each resident contact. When queried if she should have performed hand hygiene after disposal of PPE, Therapist D stated, Yes, I should have washed my hands after removing my gloves. I probably just forgot to. During an interview on 5/14/2020 at 10 a.m., when asked about hand hygiene when gloves are used, Unlicensed Staff C stated, I'm not sure. During an interview on 5/14/2020 at 10:25 a.m., the Infection Preventionist stated, Hand hygiene is performed even if staff were wearing gloves. After removing the gloves, they should still have either washed their hands or used an alcohol-based hand sanitizer. During an interview on 5/14/2020 at 10:30 a.m., Administrator A stated her expectation was for staff to know and follow the facility's policies on proper hand hygiene. A review of the facility policy titled Hand Hygiene with an original date October 16, 2016, indicated, V. Hand hygiene is always the final step after removing and disposing of personal protective equipment.</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.