

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GRANADA REHABILITATION &amp; WELLNESS CENTER, LP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2885 HARRIS STREET EUREKA, CA 95503</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation and interview, the facility failed to implement effective infection source control measures when two individuals were allowed entrance to the facility without a facemask. This failure had the potential to increase the risk for transmission of COVID-19 to all 70 residents. Findings: During an observation on 5/18/2020 at 2:40 p.m., an unmasked visitor (Visitor C) walked into the facility. Unlicensed Staff B, who was seated next to the door, proceeded to converse and go through the screening questionnaire with Visitor C. Unlicensed Staff B instructed Visitor C, just wait here while I call for the (person being visited). At 2:45 p.m., a staff member walked by and told Visitor C, You don't have a mask on. Everyone should have a mask on before entering the door. During an observation on 5/18/2020 at 2:50 p.m., Unlicensed Staff B was going through the screening questionnaire with an unmasked staff member. The staff member donned a surgical mask as she was walking away from the screening area. During an interview on 5/18/2020 at 2:55 p.m., Unlicensed Staff B stated she was positioned next to the facility entrance to screen all individuals entering the facility. Unlicensed Staff B stated her role included ensuring facemasks were worn before entering the facility. When queried about the two prior unmasked individuals, Unlicensed Staff B stated, I missed that. I thought they were already wearing their masks before they came in. During an interview on 5/18/2020 at 3:05 p.m., the DON (Director of Nursing) stated everyone should have masks on before stepping into the facility. The DON stated, A box of masks is available outside, just next to the door, so the people coming in could easily grab one before they come in. During an interview on 5/18/2020 at 3:15 p.m., Administrator A stated her expectation was for masks to be worn by everyone before coming into the facility. Administrator A stated, You don't want to bring in anything into the facility. That's why masks should be checked, should be worn, before coming here. Anyone without a mask should not have been allowed in. When asked about the facility policy on mask usage, Administrator A stated the facility follows the AFL (All Facilities Letter) guidance from CDPH (California Department of Public Health). A review of the AFL 20-22, dated March 11, 2020, indicated, Before visitors enter the facility and residents' rooms, facilities should provide instruction on hand hygiene, limiting surfaces touched, and use of PPE (personal protective equipment) . If the visitor's entry is necessary, they should use PPE while onsite.		
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.