

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER DYCOR TRANSITIONAL HEALTH - FRESNO		STREET ADDRESS, CITY, STATE, ZIP 2715 FRESNO STREET FRESNO, CA 93721	
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 follow infection control procedures for the prevention of [MEDICAL CONDITION] (a contagious respiratory infection known as COVID -19) transmission when one of two sampled staff members, Business office assistant (BOA) 1 conducted COVID -19 visitor screening without implementing the visitor screen questionnaire; BOA 1 granted visitor entrance without providing visitors the required steps to follow during the visit for preventing COVID-19 transmission. The failure to perform appropriate screening, and education to visitors potentially placed the residents and staff at risk for the spread and transmission of COVID-19. Findings: During a concurrent observation and interview on 5/28/2020, at 12:45 p.m., with BOA 1 in the front lobby of the facility, BOA 1 took a temporal (forehead) temperature of visitor 1 and began to ask visitor 1 three questions by memory. BOA 1 asked, Have you been exposed to [MEDICAL CONDITION], have you been out of the state, and have you had a change in the diet or experienced diarrhea or stomach problems. BOA 1 completed the screen on visitor 1 and did not document visitor 1's responses after finalizing the screen. BOA 1 proceeded to verify visitor 2's temporal temperature and began to ask visitor 2 the same questions previously asked of visitor 1. BOA 1 completed the visitor screen and permitted visitor 1 and visitor 2 entrance to the facility. BOA 1 did not provide instructions to visitor 1 and visitor 2 about what precautions were necessary during the visit to the facility for the prevention of COVID-19 transmission. BOA 1 did not provide guidance that restricted visits to resident rooms or other locations designated by the facility. BOA 1 did not provide instructions to visitor 1 or visitor 2 on what to do if COVID-19 symptoms were experienced during the visit to the facility. During an interview on 5/28/2020, at 12:50 p.m., with BOA 1, BOA 1 stated she did not use the designated visitor screen form. BOA 1 stated she felt, frustrated and did not use the form. BOA 1 stated she knew she was supposed to use the form each time she screened a visitor for COVID-19. BOA 1 did not respond when asked about what kind of education she needed to provide to visitors that were permitted entrance to the facility. During an interview on 5/28/2020 at 1 p.m., with the Administrator's Assistant, (AA), the AA stated the expectation of the BOA1 was to conduct visitor screening using the questionnaire with the formulated screening questions. The AA stated the BOA 1 did not follow the expectations when the visitor screen was completed. The AA stated the same questionnaire was used to screen staff. The AA stated BOA 1 missed several questions because she elected to screen visitors asking questions by memory instead of using the dedicated COVID-19 questionnaire. During a review of the visitor, screen questionnaire titled, STAFF SURVEILLANCE dated 5/9/2020, indicated, Ask staff the following questions, take the staff member's temperature before beginning work each shift and direct the staff member to complete hand hygiene before reporting to work station . 1. Have you traveled internationally within the last 14 days? 2. Do you have a fever, new or change in cough, sore throat, muscle aches or other respiratory symptoms? Fever is 100 F (degrees Fahrenheit). Must be fever free for 72 hours without taking fever-reducing medicine. 3. Do you have a headache, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue, chills or new loss of taste or smell? If YES, have a licensed nurse further evaluate to determine if staff/visitor can be cleared for entry. 4. Have you tested positive for COVID-19? 5. Have you had contact with someone with or under investigation for COVID-19 or someone tested for COVID-19? .Have you taken any trips within the past 14 days on a cruise ship or participated in other settings where crowds are confined to a common location? During a review of professional standards retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html on 6/12/2020 titled, Management of Visitors to Healthcare Facilities in the Context of COVID-19: Non-US Healthcare Settings indicated, Facilities should have staff members who are able to provide training and education to visitors. All visitors allowed to visit patients should be educated on: Signs and symptoms of COVID-19 including instructions on who to notify if they develop symptoms. Performing hand hygiene by washing hands with soap and water for at least 40 seconds or by using an alcohol-based hand rub with at least 60% [MEDICATION NAME] or 70% [MEDICATION NAME] for at least 20 seconds. Facilities should provide adequate supplies for visitors to perform hand hygiene. Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing) in the event an individual develops respiratory symptoms while visiting the facility. Facilities should provide adequate supplies for visitors to perform respiratory hygiene and should instruct visitors with cough or other respiratory symptoms to immediately leave the facility and seek care if needed .</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.