

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER DYCORA TRANSITIONAL HEALTH - CLOVIS		STREET ADDRESS, CITY, STATE, ZIP 111 BARSTOW AVE. CLOVIS, CA 93612	
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 - Few	<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, interview, and record review, the facility failed to implement and maintain a sanitary environment for the prevention and control of [MEDICAL CONDITION] (COVID-19- a contagious serious respiratory infection transmitted from person to person) transmission when one of one sampled housekeeping staff housekeeper (HK) 1 used a chemical disinfectant (liquid that kills bacteria [MEDICAL CONDITION]) without ensuring contact time (the amount of time the surface must remain visibly wet in order to kill germs) was followed in accordance to manufacturer's instructions for use. This failure potentially placed the residents and staff at risk for spreading and transmitting infections from improper disinfected surfaces. Findings: During a concurrent observation and interview on 8/5/2020, at 11:15 a.m., HK 1 sprayed a bottle of (disinfectant brand name) into a washcloth and wiped down an overbed table. 50 seconds later HK 1 used the same washcloth to wipe dry the overbed table. HK 1 stated she wiped the overbed table dry and did not allow the chemical disinfectant to air dry. HK 1 stated the disinfectant needed to remain on the surface for five minutes in order to kill any viruses of the surface being disinfected. During an interview on 8/5/2020, at 11:45 a.m., with the housekeeping supervisor (HS), the HS stated the process for disinfecting surfaces was to spray the solution into a washcloth, wipe down the surface and allow it to air dry for five minutes. The HS stated it would not be appropriate to wipe down the chemical disinfectant from the surface of the overbed table because it would not allow the disinfectant solution the contact time to work effectively. During a review of the manufacturer's guidelines for use of the (brand name) disinfectant, undated, indicated, .Directions: .Allow to remain wet for 3 minutes at 1:256 (level of dilution) for most common bacteria [MEDICAL CONDITION] (5 minutes at 1:128 (level of dilution) for Norovirus ([MEDICAL CONDITION] infection that causes diarrhea), [MEDICATION NAME] (virus that reproduces in the gut). Air dry .</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.