

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER DELANO REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 1401 GARCES HWY DELANO, CA 93215	
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 interview and record review, the facility failed to implement a COVID ([MEDICAL CONDITION] Disease-a contagious respiratory virus)-19 Infection Control Plan in the event of a suspected or confirmed COVID-19 outbreak and to educate the staff on the COVID-19 Infection Control Plan. These failures had the potential to put residents and staff at risk for transmission and rapid spread of COVID-19 during healthcare delivery. Findings: During an interview on 5/20/20, at 2:30 PM, with the Assistant Administrator (AA), AA was not able to articulate the COVID -19 Plan for the unit. AA stated the unit has one isolation room and maybe, they could utilize other rooms in the event of the outbreak. AA was unable to speak about the specific patient placement and alternate staffing plan in the event of COVID -19 outbreak. During an interview on 5/20/20, at 2:40 PM, with the Infection Control Preventionist (ICP) 1, ICP 1 stated she was the designated ICP for the unit but she was unable to speak about the COVID -19 plan for the unit and its implementation. ICP 1 stated there was an electronic mail (email) sent out by the hospital ICP but she was not involved in the planning and she did not receive the email. During a telephone interview on 5/20/20, at 3:25 PM, with the Facility Administrator (FA), FA stated they have been working on the Mitigation Plan, which was almost done. FA stated the rooms designated for suspected or confirmed COVID 19 cases were Rooms 209, 210, 211, and 212, each room has two beds with individual bathrooms, but no shower. Residents will be provided bed baths. FA stated, Honestly, it is not written, it's just verbal. It is not written or documented in any meeting minutes. Staff training and education will occur when the plan is completed. During a concurrent interview and record review, on 5/20/20, at 3:15 PM, with the Chief Nursing Officer (CNO), CNO acknowledged there was no COVID-19 Plan written specific for the Skilled Nursing Facility or the Special Care Unit. The CNO presented a document as part of the Mitigation Plan for Special Care Unit, which indicated, 4. If we have a resident that (sic) tested positive for COVID, we will transfer them out to ER and admit to COVID Ward in Surgical Pavilion. During an interview on 5/20/20, at 5:15 PM, with Licensed Vocational Nurse (LVN) 3, LVN 3 was not able to speak about the COVID-19 Plan for the unit. LVN 3 stated, I don't know but I can find out. During an interview on 5/20/20, at 5:18 PM, with LVN 4, LVN 4 stated, We don't have a designated isolation room. We don't have designated rooms for COVID. We have not been educated. No actual plan has been implemented. During an interview on 5/20/20, at 5:20 PM, with LVN 5, LVN 5 stated, rooms [ROOM NUMBER] are rooms used for emergency, like triage. I don't recall being told about a COVID -19 Plan. If I was not here, I should have been in-serviced about it.</p> <p>During an interview on 5/20/20, at 5:12 PM, with LVN 1, LVN 1 stated, she had not been in-serviced nor had a resource in place to identify the plan for the facility to enact if there are positive COVID-19 residents. During an interview on 5/20/20, at 5:21 PM, with Certified Nursing Assistant (CNA) 1, CNA 1 stated, she had not been in-serviced nor had a resource in place to identify the plan for the facility to enact if there are positive COVID-19 residents. During an interview on 5/20/20, at 5:26 PM, with LVN 2, LVN 2 stated, she had not been in-serviced nor had a resource in place to identify the plan for the facility to enact if there are positive COVID-19 residents. During a review of the facility's policy and procedure (P&P) draft titled, Guidelines for Preventing and Managing COVID-19 in Long Term Care Facilities (LTCF - e.g. Skilled Nursing Facilities), dated 5/12/20, the P&P indicated, LTCF are expected to be able to care for patients who require Transmission-Based Precautions as currently described for management of patients with COVID -19. Interfacility transfers should be limited as much as possible, while maintaining appropriate levels of care for all patients.</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.