

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOWS RIDGE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1700 E WASHINGTON STREET COLTON, CA 92324</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to implement their infection control program for COVID 19 (an illness caused by [MEDICAL CONDITION]) when: 1. There were five instances where staff did not complete a screening assessment for COVID 19 symptoms and/or exposure prior to entering the facility on April 25, 2020, May 10, 2020, May 25, 2020, and May 26, 2020. 2. The facility did not implement COVID 19 symptom screening assessments or temperature assessments for any staff who entered the facility directly through the COVID 19 isolation unit (a unit within the facility that has a separate entrance and contains residents who are positive for COVID 19). These failures had the potential to place all 75 residents in the facility at increased risk for exposure to COVID 19 by not ensuring direct care staff were assessed for symptoms of COVID 19 prior to entering the facility. Findings: A review of COVID 19 screening logs titled, Employee Screening for COVID-19 indicated: 1. on April 25, 2020, May 10, 2020, May 25, 2020, and May 26, 2020. COVID 19 screening logs titled, Employee Screening for COVID-19 indicated: a. On April 25, 2020, Certified Nursing Assistant 1 (CNA 1) did not have a documented temperature assessment upon entering the facility. b. On May 10, 2020, Dietary Aide 1 (DA 1) did not have a documented temperature assessment upon entering the facility. c. On May 25, 2020, Licensed Vocational Nurse 3 (LVN 3) and CNA 2, did not have a documented temperature assessment upon entering the facility. d. On May 26, 2020, Licensed Vocational Nurse 3 did not have a documented temperature assessment upon entering the facility. During an interview on May 26, 2020, at 9:50 AM, with Licensed Vocational Nurse 2 (LVN2). LVN 2 stated staff entering the facility for their shift must complete screening for COVID 19 symptoms which includes completing a symptom assessment and temperature check. During a concurrent interview and record review, on May 26, 2020, at 11:21 AM, with the Administrator (ADMIN), the Employee Screening for COVID-19 logs, dated May 25, 2020 were reviewed. ADMIN confirmed LVN 3 and CNA 2 did not have documented temperature assessments as part of the COVID 19 screening performed on May 25, 2020. ADMIN also reviewed the Employee Screening for COVID-19 logs, dated May 26, 2020, and confirmed LVN 3 did not have a documented temperature assessment as part of the COVID 19 screening. ADMIN stated all staff should have had their temperature taken when reporting for their shift but states they (LVN 3 and CNA 2) may have forgotten. During a concurrent interview and record review, on May 26, 2020, at 3:03 PM, with the Director of Nursing (DON), the Employee Screening for COVID-19 logs, dated April 25, 2020, and May 10, 2020, were reviewed. DON confirmed CNA 1 did not have a documented temperature assessment on April 25, 2020, and Dietary Aide 1 (DA 1) did not have a documented temperature assessment on May 10, 2020. DON stated she was unsure why there were no temperatures recorded for the staff but that there should have been. During a concurrent interview and record review, on May 26, 2020, at 3:08 PM, with the DON, the Employee Screening for COVID-19 logs, dated May 25, 2020, and May 26, 2020, were reviewed. DON confirmed LVN 3 and CNA 2 did not have documented temperature assessments as part of the COVID 19 screening performed on May 25, 2020, and LVN 3 additionally did not have a documented temperature recorded for May 26, 2020. DON stated she was unsure why there were no temperatures recorded. During an interview on May 26, 2020, at 3:15 PM with LVN 3 and DON, LVN3 stated on May 25, 2020, and May 26, 2020, she (LVN 3) did not take her temperature when arriving for her shift because there was no thermometer available in the front entrance when she came to work. DON stated the expectation is that staff does not enter the facility without their temperature taken. During an interview on June 5, 2020, at 2:55 PM, with CNA 1, CNA 1 stated on April 25, 2020, she was rushing to get to work and did not take her temperature to assess for fever when she arrived at work and that is why there was no documentation of it. During a review of the facility's policy and procedure (P&amp;P) titled, COVID-19 Preparedness dated May 5, 2020, the P&amp;P indicated Infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Anyone that will enter the facility will be screened upon entry. The facility shall conduct daily temperature checks for staff. 2. During an interview on May 26, 2020, at 8:45 AM, with the Administrator (ADMIN), ADMIN stated the facility had a separate COVID 19 unit (a unit where patients who are positive for COVID 19 are placed in isolation). ADMIN further stated the COVID 19 unit had a separate entrance into the facility. During an interview on May 26, 2020, at 10:30 AM, with the Director of Nursing (DON), DON stated the facility has not implemented COVID 19 symptom screening assessment for staff who work on the COVID 19 unit. During an interview on May 26, 2020, at 11:21 AM, with ADMIN, ADMIN stated all staff temperatures should be taken prior to their shift, and staff must have a symptom assessment for COVID 19. ADMIN further stated she thinks staff working on the COVID 19 unit should also be screened but are not being screened for COVID 19 symptoms. ADMIN stated she was unsure of whether or not the DON had implemented screening for staff working on the COVID 19 unit and who enter the facility directly through the COVID 19 unit entrance. During a concurrent interview and record review, on May 26, 2020, at 12:10 PM, with ADMIN, the facility policy and procedure (P&amp;P) titled, COVID-19 Preparedness dated May 5, 2020, was reviewed. Admin confirmed the policy indicated all staff should be screened for COVID 19 symptoms. During a concurrent observation and interview on May 26, 2020, at 12:44 PM, with DON, the COVID 19 unit entrance from the exterior of the building was observed, there was a separate door leading from the parking lot directly onto the COVID 19 unit (bypassed the main facility entrance). DON stated the entrance was where staff enter the facility if they were assigned to work on the COVID 19 unit. No screening station was noted at the entrance. DON further stated the facility did not have documentation of staff being screened if they work on the COVID 19 unit. States they have not yet implemented staff screening for individuals entering the facility directly through the COVID 19 unit entrance. During an interview on May 26, 2020, at 2:01 PM, with the Director of Staff Development (DSD), DSD stated some staff working on the COVID 19 unit had previously been tested. for COVID 19 and some were positive and some were negative. DSD further stated not all staff working on the COVID 19 unit had been tested. During an interview on May 26, 2020, at 2:23 PM, with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated she has been working on the COVID 19 unit consistently since the unit was created on April 30, 2020. CNA 3 Stated she had not yet been tested for COVID 19. CNA 3 also stated she had never been required to be screened for COVID 19 symptoms, or have her temperature taken when entering the facility through the COVID 19 unit entrance. During an interview on May 26, 2020, at 2:31 PM, with Licensed Vocational Nurse 4 (LVN 4), LVN 4 stated she was registry staff (staff working at the facility on a contract basis). LVN 4 also stated she occasionally worked on the facilities COVID 19 unit. LVN 4 stated on May 21, 2020, she entered the unit directly through the separate COVID 19 unit entrance and did not complete documentation for COVID 19 screening assessment or temperature assessment because it was not a requirement. During an interview on May 26, 2020, at 2:41 PM, with CNA 4, CNA 4 stated she was registry staff and started working at the facility on May 16, 2020. CNA 4 also stated she commonly entered the facility directly through the COVID 19 unit entrance. CNA 4 further stated from May 16, 2020, until May 26, 2020, there was no COVID 19 screening assessment or temperature assessment required for her entry into the COVID 19 unit. The facility P&amp;P titled, COVID 19 Preparedness dated May 5, 2020, indicated. Anyone that will enter the facility will be screened upon entry. The facility shall conduct daily temperature checks for staff.</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.