

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER FRESNO POSTACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 1233 A STREET FRESNO, CA 93706	
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.</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 maintain a safe and sanitary environment for the prevention of [MEDICAL CONDITION] (A contagious respiratory infection COVID -19) transmission, when one of 10 sampled staff members, Licensed Vocational Nurse (LVN) 1 placed her facemask (Personal Protective Equipment (PPE) intended for the protection of self and others from contaminated respiratory droplets) under her chin, which failed to cover her mouth and nose. This failure had the potential to acquire or transmit respiratory infections such as; COVID-19, which could result in an outbreak, placing residents and staff at risk of respiratory illness or death. Findings: During an observation on 5/19/2020, at 1:43 p.m., in the Station 2 hallway, LVN 1 stood in front of the nurses station desk with her facemask improperly positioned on her face, exposing her nose. During a concurrent observation and interview on 5/19/2020, at 1:50 p.m., with LVN 1, LVN 1's facemask was under her chin and exposed her mouth and nose. LVN 1 stated she adjusted her mask frequently because it frequently slipped off her nose from the weight of her glasses. LVN 1 stated she was required to wear her facemask correctly and needed to cover her mouth and nose. LVN 1 stated both she and the residents were at risk for exposure of germs, because of her inadequate facemask application. During an interview on 5/19/2020, at 3:18 p.m., with the DON, the DON stated all staff were required to wear facemasks to cover both mouth and nose to prevent the potential spread of respiratory infections. The DON stated masks were important to prevent the spread of COVID-19. During a review of the facility's policy and procedure (P&P) titled, Coronavirus (COVID-19) Policy, dated 3/11/20, the P&P indicated employees are always expected to exercise infection control practices . 3 personal protective equipment: .a. facemasks . are available for use as indicated .It should be noted barrier protection, such as a surgical mask .will protect against droplet transmission of an infectious disease .</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.