

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555773	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER YUCCA VALLEY NURSING		STREET ADDRESS, CITY, STATE, ZIP 57333 JOSHUA LANE YUCCA VALLEY, CA 92284	
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 - Many	<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 ensure staff followed transmission based precautions (precautions used to help stop the spread of germs from one person to another) to prevent the spread of infection for 74 of 74 residents when a Certified Nursing Assistant (CNA 1) failed to wear a gown when removing dirty linen from a contact isolation room (contact isolation precautions are used for infections, diseases, or germs that are spread by touching the patient or items in the room. Healthcare workers should wear a gown and gloves while in the patient's room).</p> <p>This failure had the potential to cause an infection to spread to other residents of the facility. Findings: A review of Resident 1's face sheet (a document that gives a summary of resident's information), undated, indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 occupied a room in Zone 2 (designated to be used and occupied by those residents, with no symptoms, but exposed to COVID-19 positive residents) of the facility. A review of the facility's policy and procedure titled, Infection Control Guidelines for All Nursing Procedures, dated August 2012 indicated the facility's zone system as follows: As part of the facility's COVID-19 (Coronavirus disease 2019-a [MEDICAL CONDITION] respiratory illness) Mitigation (the action of reducing the severity and seriousness of an infection) Plan: It is the policy of this facility to protect our residents, staff and others who maybe in our facility from harm during emergency events. To accomplish this, we have developed procedures for the safe care and treatment of [REDACTED]. Zone 2 - designated to be used and occupied by those residents waiting test results, with no symptoms, exposed residents to COVID (19) positive, newly admitted residents in transition, [MEDICAL TREATMENT] patients, and staff assigned to their care. Residents stay in the hold x (times) 14 days. Zone 3 - designated to be used and occupied by confirmed negative residents, low risks, residents recovered and staff assigned to their care. During an observation and interview with a Certified Nursing Assistant (CNA 1) on July 3, 2020, at 10:56 AM, CNA 1 was observed inside Resident 1's room, standing over Resident 1's bed, bundling together some linens. CNA 1 did not have a gown on. CNA 1 exited Resident 1's room and placed the bundled linen in a, garbage can sized, plastic container marked dirty linen. CNA 1 stated Resident 1 occupied a room in Zone 2 because she had shared a room with a resident in Zone 1 who had tested positive for COVID-19. CNA 1 stated Resident 1 will stay in Zone 2 for 14 days. CNA 1 stated, I don't have to wear a gown in the resident's room because she's not sick. During an interview with an Infection Preventionist (IP) on July 3, 2020 at 11:17 AM, the IP stated Resident 1 was placed in Zone 2 because Resident 1 had shared a room with a resident who had tested positive for COVID 19. The IP stated Resident 1 had been put on contact isolation precautions for 14 days while monitoring for signs and symptoms of COVID 19. The IP stated CNA 1 should have worn a gown into the room before contact with Resident 1 and/or Resident 1's environment. A review of the facility's policy and procedure titled, Enhanced Standard Precautions, dated November 2012, indicated, Purpose: To provide guidelines for infection control practices to reduce the potential for transmission of pathogens inducing multi-drug resistant organisms [MEDICAL CONDITION]. 2. Transmission-Based Precautions include Droplet, Airborne and Contact Precautions. c. Contact Precautions are an extension of Standard Precautions. 1. Gown and gloves are required for all resident contacts. 2. Gown and gloves are required for contact with the environmental surfaces in the resident (room).</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.