

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555912	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER KERN RIVER TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP 5151 KNUDSEN DRIVE BAKERSFIELD, CA 93308	
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>Based on observation, interview, and record review, the facility failed to implement infection control standards for preventing COVID-19 when: 1. Resident group activities were conducted. 2. Staff member wore Personal Protective Equipment (PPE) improperly. These failures had the potential to spread infection to residents, staff, and non-staff in the facility. Findings: 1. During an interview on 5/18/20, at 10:20 AM, with Administrator (ADM) and Regional Director of Operations (RDO), ADM and RDO stated the facility was continuing Centers for Medicare and Medicaid Services (CMS) guidance of no group activities, no communal dining, and restricted visitation. During a concurrent observation and interview on 5/18/20, at 10:50 AM, with Activities Staff (AS), in the A-Wing dining area, AS was observed doing a coloring activity with Resident 1 and Resident 2 at one table which measured approximately four feet by four feet. AS stated, he was coloring with the residents. During an interview on 5/18/20, at 11:03 AM, with Director of Nursing (DON), she verified AS was doing a group activity with Resident 1 and Resident 2 while not maintaining a separation of at least six feet between the three individuals. During an interview on 5/20/20, at 10 AM, with Activities Director (AD), AD stated Resident 1 has Down's syndrome and Resident 2 has dementia. AD stated it is hard for staff to redirect someone with dementia. During a review of the facility's in-service titled, COVID 19/Audits/Social Distancing, dated 4/23/20, indicated AS did not sign the attendance sheet for the in-service. During a review of the CMS QSO-20-14 letter SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, dated 3/13/20, QSO-20-14 indicated, Guidance for Limiting the Transmission of COVID-19 for Nursing Homes For ALL facilities nationwide . 1. Cancel communal dining and all group activities, such as internal and external group activities. 2. During an observation on 5/18/20, at 10:15 AM, in the facility lobby, all persons entering the facility were screened for COVID-19 and required to wear facemasks. During a concurrent observation and interview on 5/18/20, at 10:50 AM, with Janitor, in the B-Wing dining area, Janitor was observed sweeping the floor. Janitor's facemask was not covering his nose and he repeatedly touched his mask while trying to adjust the mask. He was not wearing gloves. He did not perform hand hygiene after touching the mask and then gripping the boom handle. Janitor stated, My beard catches my facemask, it keeps sliding down. During a review of the facility's in-service titled, COVID 19/Audits/Social Distancing, dated 4/23/20, indicated, Avoid touching your eyes, nose, and mouth with unwashed hands. The sign-in sheet for the in-service indicated Janitor did not attend.</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.