

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055242	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER FAIRMONT REHABILITATION HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 950 S. FAIRMONT AVENUE LODI, CA 95240	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection prevention and control measures to prevent the spread of COVID-19 when every person entering the facility was not screened for symptoms of COVID-19 and documented. This failure placed residents at risk of contracting COVID-19, with the potential of causing illness or death. Findings: During observation on 8/12/20, at 8:10 a.m., the desk clerk (a person located at the entrance of the facility who is responsible for screening visitors and staff), checked the Department's temperature upon entrance to the building, but did not screen for symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) for COVID-19. During an interview with Licensed Nurse (LN) 1 on 8/12/20, at 8:29 a.m., LN 1 stated when she enters the building she checks her temperature by herself and answers a COVID-19 questionnaire (a set of written or printed questions for the purpose of gathering information from respondents). During an interview with Certified Nurses Assistant (CNA) 1 on 8/12/20, at 9:32 a.m., CNA 1 stated when the desk clerk is not present, she checks her temperature by herself and answers the COVID-19 questionnaire. During an interview with the desk clerk on 8/12/20, at 10:05 a.m., the desk clerk stated the facility staff answers the COVID-19 questionnaire located in the Employee COVID-19 Screening binder by themselves. The desk clerk stated that she only checks visitors' temperature and did not screen them for COVID-19 symptoms. During an interview with the facility administrator (ADM) on 8/12/20, at 11:16 a.m., the ADM stated staff is supposed to check each other's temperature and screen each other for COVID-19 symptoms when the desk clerk is not available. The ADM stated there is a visitors' log for COVID-19 screening. During review of an undated facility document titled, (Facility name) COVID 19 Visitor Screening Log, it only contained information of visitors' name, signature, date, time and temperature from 7/22/20 through 8/12/20. During a subsequent interview with the ADM, the ADM stated this is an old document that they were using in the beginning of COVID-19 pandemic. The ADM stated that there is an updated document with questions for COVID-19 symptoms to screen visitors, but someone picked and start using this old wrong document to screen visitors. Review of the Centers for Disease Control and Prevention (CDC) document titled, Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, indicated, Screen visitors for fever, symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)		
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.