

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055597	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER MAYWOOD ACRES HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2641 SOUTH C ST OXNARD, CA 93033	
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: 1. Ensure housekeepers mix the correct bleach disinfectant dilution concentration to disinfect the patient under investigation (PUI) unit and the frequent touch items and areas in the facility. 2. Ensure staff applied a face mask to six residents (Residents 1, 2, 3, 4, 5, and 6) when they were out of their room, in the hallway. 3. Ensure a dietary aide applied a face covering without a valve, while walking from one end of the facility to the other, and while residents were in the hallways. These failures had the potential for spreading the COVID 19 virus throughout the facility. Findings: 1. During an observation of the PUI unit on 6/7/20 at 10:15 a.m., housekeeper (HK1) was observed cleaning residents room in the PUI unit. During an observation of a housekeeper (HK2) cleaning the hallway rails in the facility and concurrent interview on 7/7/20 at 10:25 a.m., HK2 indicated she disinfects all the areas throughout the facility with household bleach. HK2 explained and demonstrated the bleach mixing procedure. HK 2 poured bleach solution into the bleach bottle cap to measure a tablespoon of bleach. She poured the bleach solution into a large container. Then, use the bleach cap to measure a tablespoon of tap water. HK2 poured the tap water into the same container she had poured the bleach solution. HK 2 stated I use one (bleach bottle) cap full of bleach for ten caps full of water. This is my mixing solution to disinfect everything. HK 2 was asked how she knew the bleach bottle cap was one tablespoon. How many milliliters (mls) were in a tablespoon? HK 2 reply Ten. HK 2 measured the bleach solution amount in the bleach cap by pouring the solution into a medicine cup (clear cup with numbers to show milliliters). The medicine cup showed ten milliliters of bleach solution. HK 2 explained she was instructed to measure the bleach dilution rate by her supervisor. During an observation of the housekeeper supervisor (HKS) measuring the bleach mixing procedure and concurrent interview on 7/7/20 at 10:45 a.m., the HKS also performed the same mixing procedure as HK2 using the bleach bottle cap to measure the bleach solution and the water, and also indicating the 10 milliliters of bleach solution in the cap equal to one tablespoon. During an interview with HK1 working in the PUI unit on 6/7/20 at 11:25 a.m., HK1 confirmed mixing one bleach bottle cap of bleach solution with 10 caps of water to use for disinfecting all the areas (resident room's bedside tables, over-bed tables .) and cleaning all frequent touch surfaces by staff in the PUI unit with the bleach solution mixture. During an observation of the HKS demonstrating the bleach dilution mixing procedure with the infection preventionist (IP) present and concurrent interview on 7/7/20 at 11:15 a.m., the IP acknowledged a tablespoon is not 10 milliliters, it is equal to 15 milliliters. The IP acknowledged HK 1, HK2, and HKS have not been measuring correctly the bleach and water mixing solution to disinfect the PUI unit and the rest of the facility's frequent touch surfaces by staff. The IP agreed there is a risk of surfaces not being fully disinfected and potentially spreading germs or viruses (e.g. COVID-19 virus) throughout the facility. The facility's policy and procedure titled, NOVEL CORONAVIRUS (COVID -19), dated 6/26/20, indicated in part, 1. Housekeeping will continue to observe infection and control procedures on disinfection/sanitation throughout the facility and with emphasis on patient care areas. 2. Housekeeping will routinely sanitize/disinfect high- touched areas (side rails, hand-rails, door knobs, switches, etc.) on regular basis using EPA approved cleaning/ disinfecting products. According to the centers for disease control (CDC) website, https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html, dated 3/26/2020, Diluted household bleach solutions (at least 1000ppm sodium hypochlorite, or concentration of 5%-6%) can be used if appropriate for the surface. Prepare a bleach solution by mixing: a) Five (5) tablespoons (1/3rd cup) bleach per gallon of room temperature water, or b). Four (4) teaspoons bleach per quart of room temperature water. 2. During an observation of three residents (Resident 1, 2, and 3) sitting in their wheelchairs in the hall way, and a concurrent interview with the administrator (Admin), on 7/7/20, at 9:30 a.m., Residents 1, 2, and 3 were observed not wearing a face covering while outside their room in the hallway. The Admin explained residents take their face masks off. However, no mask was located anywhere around them or on their wheelchairs. The Admin acknowledged that residents need to wear a face mask while out of their room in the hallway. During another observation down the same hallway and a concurrent interview with the infection preventionist (IP) on 7/7/20, at 9:35 a.m., three additional residents (Residents 4, 5, and 6) were observed without face masks on. Two residents (Resident 4 and 6) were observed sitting in their wheelchairs without a face masks on. A certified nursing assistant (CNA 1) was observed wheeling Resident 5 out of her room into the hallway without a face mask. The IP acknowledged the observation and instructed the CNA 1 to apply Resident 5's face mask. However, no face mask was located anywhere around the resident, on her wheelchair or in her room. Resident 5 was left outside her room until CNA 1 returned with a face mask later. The IP confirmed residents need to have a face masks when they are out of their room. The facility's policy and procedure titled, NOVEL CORONAVIRUS (COVID -19), dated 6/26/20, indicated in under, MASKING . Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. a) Patients and visitors should, ideally, wear their own cloth face covering . If they do not have a face covering, they should be offered a facemask or cloth face covering . b) Patients may remove their cloth face covering when in their rooms but should put it back on when around others .or leaving their room. 3. During an observation and concurrent interview with a dietary aide (DA 1), on 7/7/20, at 11:00 a.m., the DA 1 was observed entering at the main entrance, walked down the hallway, stopped close to the nursing station, had his temperature taken by a licensed nurse, clocked in and was ready to walk to the kitchen which was located at the other end of the facility. The DA 1 was observed with a personal face covering with a valve on the covering. The DA 1 walked from one end of the facility to the other end using the face covering with a valve, while several residents were in the hallways. The DA explained this is the only face covering he uses all day long while in the facility. He has not used a surgical mask while in the facility. During an interview with the infection preventionist (IP), with the DA 1 present, on 7/7/20, at 11:05 a.m., the IP acknowledged the observation and confirmed a face covering with a valve is not appropriate to use when residents are around in the hallways. The facility's policy and procedure titled, NOVEL CORONAVIRUS (COVID -19), dated 6/26/20, indicated in part, under, MASKING . All staff must wear a surgical face mask as soon as they enter the facility and will wear the mask while inside the facility at all times.</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.