

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055887	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER RIVER BEND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 2215 OAKMONT WAY WEST SACRAMENTO, CA 95691	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and facility document, and policy review, the facility failed to implement a system to accurately prevent, identify, investigate and control potential infection with COVID19 for all residents, staff, and visitors when the facility sign-in log was not maintained. This failure increased the risk of resident and staff exposure to a highly contagious and communicable disease during a global pandemic, within a vulnerable population, for a census of 86. Findings: During the Initial Tour of the facility on 6/17/2020, at 10 a.m., signs were observed posted at the entry of the facility limiting visitors and alerting everyone who entered, of the necessity to be health screened per the Center of Disease Control guidelines for controlling the spread of Coronavirus (COVID19). Review of a facility document titled, 'Visitor Sign-In Attestation' dated 5/24/2020 through 5/28/2020 indicated twenty-one of forty-five employees and visitors screened for entry into the facility had missing entries for Time in, Oxygen (level), Symptoms of [MEDICAL CONDITION] in last 72 hours, and/or Work another job on the log. Review of a facility document titled, 'Employee Sign-In Sheet' dated 5/25/2020 indicated nineteen of seventy-eight employees and employees screened for entry into the facility had missing entries for Time in, Oxygen (level), Symptoms of [MEDICAL CONDITION] in last 72 hours, and/or Do you work another job on the log. During an interview with the Director of Staff Development/Infection Preventionist (DSD/IP) on 6/17/2020 at 11:55 a.m., the DSD/IP stated, We screen all staff and visitors coming into the facility at the door where they sign in. During a subsequent interview with the DSD/IP and review of the facility documents titled 'Visitor Sign-In Attestation' dated 5/24/2020 through 5/28/2020 and Employee Sign-In Sheet dated 5/25/2020 on 6/19/2020 at 2:35 p.m., the DSD/IP confirmed both logs were missing pertinent entries necessary for screening such as symptoms of [MEDICAL CONDITION] in the last 72 hours and oxygen levels. The DSD/IP stated, It is our practice to have all staff and visitors sign-in and be screened daily. We rely on the honor system if no one is manning the front desk. It is my goal to catch anyone with signs and symptoms of COVID19 early on to prevent it from entering the building. I expect that all staff and visitors will be screened .and that the receptionist will .let us know if they aren't compliant. This incident has highlighted some areas where we need to do some more education. We have some holes in our system. Review of a facility policy titled, 'COVID 19 Action Plan .' dated 3/10/2020 indicated, Before entering the facility .Employees get screened at the front door . Review of a facility policy titled, 'Monitoring Compliance with Infection Control' revised August 2019 indicated, The infection preventionist .monitors the compliance of our infection prevention and control policies and practices.</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.