

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055959	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER WATSONVILLE POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 525 AUTO CENTER DRIVE WATSONVILLE, CA 95076	
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	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to implement and monitor infection control prevention practices when the housekeeper (HK) was not screened for signs and symptoms of COVID-19 (a new strain of virus that can cause mild to severe respiratory illness) before the start of their shift. This failure had the potential to place residents and staff at risk for contracting and transmitting infection in the facility. Findings: A review of the staff COVID-19 screening log on 10/6/2020 indicated there was no evidence of documentation HK was screened for signs and symptoms of COVID-19 before he started his shift on 10/6/2020. During an interview with the staff screener (SS) on 10/6/2020 at 10:40 a.m., she confirmed there was no documentation the HK was screened before start of his shift on 10/6/2020. During an interview with the HK on 10/6/2020 at 10:41 a.m., he stated he arrived around 6 a.m. at the facility, but forgot to be screened by licensed staff on duty before he started to work inside the facility. During an interview with the director of nursing (DON) on 10/6/2020 at 11:15 a.m., she acknowledged HK should have been screened for signs and symptoms of COVID-19 before he started working inside the facility. Review of the CDC's guidance titled, Preparing for COVID-19 in Nursing Homes: Evaluate and Manage Healthcare Personnel, updated 6/25/2020, indicated screen all healthcare personnel (HCP) at the beginning of the shift for fever and symptoms of COVID-19.		

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.