

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055996</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DYCOR TRANSITIONAL HEALTH-MANCHESTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3408 EAST SHIELDS AVENUE FRESNO, CA 93726</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain an infection control and prevention program for prevention of Coronavirus (COVID-19 - an infectious disease caused by severe acute respiratory syndrome) transmission when: 1. Engineering controls to reduce or eliminate exposures for shielding Health Care Personnel (HCP) and residents from COVID-19 positive zones were not optimized; instead, a plastic partition with slats hung between the Red COVID Zone without providing a barrier. 2. The facility failed to ensure 16 of 16 recovered asymptomatic (no signs of COVID - 19 such as fever, cough) residents' isolation precautions were discontinued after 14 days have passed since their first positive COVID tests results. These failures had the potential to cause Resident 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, and Resident 18's to be anxious (feeling of worry) and have mood disturbances due to restrictions brought on by the continued isolation in the unit. 3. The facility failed to ensure the designated Infection Preventionist (IP) completed the specialized training for IP certification program in a timely manner in accordance with the facility's policy and procedure. This failure resulted in the IP not meeting the qualifications that would ensure residents were provided with quality care to prevent or minimize the transmission or spread of COVID-19 and/or other infections to all residents and staff. Findings: 1. During an observation on 6/11/2020, at 12:30 p.m., in the entrance to the designated red zone known as the COVID-19 zone, a plastic partition with vertical slats hung across a section of the red COVID-19 zone and the green non-COVID-19 Zone. The slats offered no barrier or protection to those who were in the green zone from those who were in the red zone. An air draft blew down from the air conditioning ventilation and caused the plastic slats to sway towards the green zone. During an interview on 6/11/2020, at 12:32 p.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated the slatted partition was a replacement after the previous barrier used contained a zipper, which was difficult for staff to open and close. LVN 2 stated the solid plastic previously used did not allow airflow in or out of the red zone and made it very hot. LVN 2 stated the plastic barrier used prior to the slatted partition inhibited air draft to blow from the red zone into the green zone. During an interview on 6/12/2020, at 2:37 p.m., with the Administrator (ADM), and the Director of Staff Development/infection preventionist (DSD/IP), the ADM stated the facility initially used a solid plain painter's plastic without slats to serve as a barrier and block off the red zone from the green zone. The ADM stated the Medical Director, (MD) stated he did not like the large rush of air that came out from the red zone each time the zipper was opened and the zipper was rough on the staff. The ADM stated staff had to bend each time they unzipped and zipped the barrier. The ADM stated the MD stated the slatted partition would allow a steady flow of air to flow through the slats. During a review of professional standards retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> titled, Optimize the Use of Engineering Controls and Indoor Air Quality dated 5/22/2020, indicated Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals .Explore options to improve indoor air quality in all shared spaces. Optimize air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance). Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.</p> <p>2. During a concurrent observation and interview on 6/11/2020 at 1:55 p.m., in Station 3 nursing station, with DSD/IP, DSD/IP stated residents with positive COVID results were housed in the nursing unit identified as red zone. A clear plastic clear strip curtain roll served as the barrier between Station 3 which was considered the green zone (Non-COVID unit). During an interview on 6/11/2020 at 2:05 p.m. in Station 3, LVN 1 stated the COVID rooms in the red zone were rooms 44, 45, 46, 47, 48, 49, 50, 51, and 52; and all residents in the red zone were asymptomatic (presented no symptoms of a disease). LVN 1 stated the licensed nurses and certified nursing assistants used N95 mask and disposable gloves for recovered residents in the red zone. During an interview on 6/11/2020 at 4:39 p.m., in facility's conference room, the DSD/IP stated recovered residents in the red zone were residents who were tested positive for COVID-19; and these residents had been considered cleared and not active from infectious disease after 14 days of no symptoms. During a telephone interview on 6/16/2020 at 10:20 a.m., LVN 3 stated all of the residents (active and recovered) in COVID unit had confirmed COVID positive tests. LVN 3 stated all residents in the red zone were still on isolation precautions. LVN 3 stated she had used disposable gowns, N95 mask, and double gloves when she worked her shift in the red zone. During a phone interview on 6/16/2020 at 11:20 a.m., CNA 4 stated all residents in the red zone were on isolation precaution. During a review of facility's COVID line list (a template for data collection and monitoring of both residents and staff during a suspected respiratory illness outbreak in nursing home), dated 6/17/2020, the Resident's line list indicated, Resident 3 tested positive for COVID-19 between 4/22 - 4/24/2020 and recovered on 5/13/2020. Resident 3 was on isolation precaution and was roomed in room [ROOM NUMBER]A. During a review of facility's COVID line list dated 6/17/2020, the Resident's line list indicated, Resident 4 was tested positive for COVID-19 on 5/28/2020 and recovered on 6/12/2020. Resident 4 was on isolation precaution and was roomed in room [ROOM NUMBER]A. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 5 tested positive for COVID-19 on 5/26/2020 and recovered on 6/12/2020. Resident 5 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 6 tested positive for COVID-19 on 5/26/2020 and recovered on 6/10/2020. Resident 6 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 7 tested positive for COVID-19 on 5/26/2020 and recovered on 6/10/2020. Resident 7 was on isolation precaution and was roomed in room [ROOM NUMBER]C. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 8 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/2020 and recovered on 5/13/2020. Resident 8 was on isolation precaution and was roomed in room [ROOM NUMBER]C. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 9 tested positive for COVID-19 on 5/17/2020 and recovered on 5/28/2020. Resident 9 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 10 tested positive for COVID-19 on 5/26/2020 and recovered on 6/10/2020. Resident 10 was on isolation precaution and was roomed in room [ROOM NUMBER]C. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 11 tested positive for COVID-19 on 5/26/2020 and recovered on 6/10/2020. Resident 11 was on isolation precaution and was roomed in room [ROOM NUMBER]A. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 12 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/2020 and recovered on 5/13/2020. Resident 12 was on isolation precaution and was roomed in room [ROOM NUMBER]C. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 13 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/2020 and recovered on 5/13/2020. Resident 13 was on isolation precaution and was roomed in room [ROOM NUMBER]A. During a review</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 14 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/ and recovered on 5/13/2020. Resident 14 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 15 tested positive for COVID-19 on 5/26/2020 and recovered on 6/16/2020. Resident 15 was on isolation precaution and was roomed in room [ROOM NUMBER]A. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 16 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/2020 and recovered on 5/13/2020. Resident 16 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 17 tested positive for COVID-19 on 5/26/2020 and recovered on 6/12/2020. Resident 17 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a review of facility's COVID line list, dated 6/17/2020, the Resident's line list indicated, Resident 18 tested positive for COVID-19 between the dates of 4/22/2020 and 4/24/2020 and recovered on 5/13/2020. Resident 18 was on isolation precaution and was roomed in room [ROOM NUMBER]B. During a phone interview, on 6/17/2020, at 1:57 p.m., ADM stated there were 16 residents in the red zone. ADM stated, It was a mistake and confusion. They (16 residents) should have been removed from isolation precautions 14 days from the date of first COVID-19 test collection date of no symptoms. The undated professional reference titled, County of Fresno Department of Public Health - Specific Congregate Setting Release from Isolation or Quarantine indicated, . All residents in Congregate Settings can be released from isolation based on Symptom-based Strategy . For individuals that tested positive for COVID-19 and did not display any symptoms associated with COVID-19 . Clear when 14 days have passed since the date of their first positive COVID-19 diagnostic test collection date assuming they have not subsequently developed symptoms since their positive test, then the symptom based or test-based strategy should be used . 3. During an interview with the IP on 6/11/2020 at 1:45 p.m. in Conference Room, the IP stated she had been working in the facility for [AGE] years. She stated she had two roles in the facility: 1) Director of Staff Development (DSD) for two and a half years and 2) Infection Preventionist (IP) for two years. During a concurrent interview with the IP and record review on 6/11/2020 at 4:45 p.m., the IP's module transcripts and modules titled, The Nursing Home Infection Preventionist Training Course dated 6/11/2020, indicated the modules were not completed. IP stated, I don't have the training for CDC (Center for Disease and Control Prevention). She stated that she was a full-time DSD and IP at the same time and she divided her role by doing what she had to do as necessary for the two roles. During a phone interview on 6/12/2020 at 3:43 p.m. with the IP, she stated she will complete and provide us the Infection Control and Prevention Training certificate on June 15, 2020. During a review of IP's job description, undated, indicated, . must have completed specialized Infection Preventionist training to complete within 60 days of hire .</p>		