

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WELLSPRINGS POST ACUTE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>44445 NO.15TH ST. WEST LANCASTER, CA 93534</b>	
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  <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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to practice infection control measures by failing to wear proper PPEs (Personal Protective Equipment) in the red zone (cohort area where COVID-19 residents are groups in the congregated setting) for staff. This deficient practice increased the potential for the development and/or spread of infections among residents and staff members. Findings: On 10/5/2020 at 2:00 PM, while conducting a facility observation tour accompanied by Infection Preventionist (IP) and Director of Nursing (DON), two Environmental Services (EVS) were observed not to have proper PPEs in the red zone area. EVS 1 was in the room [ROOM NUMBER] and EVS 2 was in the room [ROOM NUMBER] as conducting the terminal cleaning (a thorough disinfecting clean process of all surfaces including floors and re-useable equipment) and both were observed wearing only the N-95 (a respiratory protective device designed to achieve a very close facial fit and efficient filtration of particles) respirators. There were no residents inside while they were cleaning the rooms. During the concurrent observation and interview on 10/5/2020 at 2:00 PM, interviewed IP what type of isolations those rooms were and she answered as droplet isolation since those rooms were occupied by confirmed COVID-19 positive residents. Interviewed IP what PPEs should be worn when EVS staff were cleaning the room in the red zone and she answered that they should have N95, face shield, gown and gloves. IP stated that she would provide another in-service to educate those staff. IP indicated that there would be a risk to be exposed to COVID-19 virus while cleaning the room without proper PPEs. During the interview on 10/5/2020 at 3:00 PM, EVS Supervisor stated that all EVS staff were educated what PPEs needed to be worn for each cohort and he validated that those two staff should have worn full PPEs while cleaning the rooms in the red zone. A review of Centers for Disease Control and Prevention (CDC) guidelines updated July 15, 2020, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, indicated the following, but not limited to: Personal Protective Equipment HCP (Health Care Personnel) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. A review of Centers for Disease Control and Prevention (CDC) Healthcare-associated Infections updated November 21, 2019, titled Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes. Indicated the following, but not limited to: Question 25. Should Environmental Services (EVS) or housekeeping personnel wear gowns and gloves when cleaning rooms of residents on Enhanced Barrier Precautions? The current guidance only addresses use of gowns and gloves for high-contact resident care activities. The research that was the basis for the current guidance did not evaluate risk of transmission of antibiotic-resistant bacteria to the hands or clothing of Environmental Services (EVS) personnel. However, changing linen is considered a high-contact resident care activity; gowns and gloves should be worn by EVS personnel if they are changing the linen of residents on Enhanced Barrier Precautions. Otherwise, gown and glove use by EVS should be based on facility policy and anticipated exposures with body fluids, chemicals and contaminated surfaces. Gowns and gloves should be worn by EVS personnel when cleaning the rooms of residents on Contact Precautions.</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.