

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056109	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER WOODLAND SKILLED NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP 678 THIRD STREET WOODLAND, CA 95695	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to ensure Licensed Nurses (LNs) applied knowledge on the proper use and removal of personal protective equipment (PPE) in accordance with the CDC (Centers for Disease Control and Prevention) guidelines. This failure increased the risk for infection to spread for a census of 88 residents. Findings:</p> <p>During a scenario-based interview, on 5/27/20 at 12:55 p.m., LN 2 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on a droplet transmission-based precaution (TBP). LN 2 indicated she would remove her PPEs in the following sequence: 1. Gown; 2. Goggle; 3. Mask; 4. Hand wash or Sanitize In another scenario-based interview, on 5/27/20 at 1:15 p.m., LN 3 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on contact TBP. LN 3 indicated she would remove her PPEs in the following sequence: 1. Gown first; 2. First set of Gloves rolled in together with the gown; 3. Throw the rolled gown and gloves into the trash can; 4. Hand wash; 5. Face shield; 6. Mask; 7. Remove last set of gloves. Another scenario-based interview, on 5/27/20 at 1:32 p.m., LN 4 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on an airborne TBP. LN indicated she would remove her PPEs in the following sequence: 1. Gown inside out; 2. First set of gloves together with the gown; 3. Face Shield; 4. Mask; 5. Second set of gloves; 6. Hand wash. During a telephone interview on 6/24/20 at 3:13 p.m., the Director of Nursing (DON) indicated the use of a second set of gloves would provide a false layer of protection and it was not indicated in the facility's policy and procedure. The DON also indicated she expected LN 2, LN 3, and LN 4 to follow the CDC guidelines on the proper use and removal of PPEs to prevent cross contamination and the spread of infection. A review of the facility's in-service / training records indicated on 3/18/20, 4/8/20, 4/29/20, 5/26/20, 6/3/20, 6/10/20, 6/25/20 and 6/26/20, LN 2, LN 3 and LN 4 attended in-services on donning and doffing of PPEs, COVID-19 updates, and prevention & control of infection. The Centers for Disease Control and Prevention (CDC) Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 1 indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GLOVES; 2. GOGGLES OR FACE SHIELD; 3. GOWN; 4. MASK OR RESPIRATOR; 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE. The CDC Infection Control Guidance for Healthcare Professionals about COVID-19 titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 2 indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GOWN AND GLOVES; 2. GOGGLES OR FACE SHIELD; 3. MASK OR RESPIRATOR; 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.</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.