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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056155 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/24/2020 |
| NAME OF PROVIDER OF SUPPLIER OAKDALE NURSING AND REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP 275 SOUTH OAK AVENUE OAKDALE, CA 95361 | |
| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Oakdale F880 -IC Survey Based on observation, interview, and record review, the facility failed to implement and maintain a safe environment with an effective infection prevention and control program for the prevention of [MEDICAL CONDITION] (COVID-19- a contagious serious respiratory infection transmitted from person to person) outbreak for 5 of 5 sampled Residents (Residents 1, 2, 3, 4 and 5) when: 1. Three residents' room doors in the transitional care unit/yellow zone (TCU/YZ- a unit that house residents who may have had close contact with confirmed COVID-19 and/or may have been newly admitted into the facility and are being monitored for evidence of COVID-19) were not kept closed in accordance with CDC standards. 2. The facility did not follow Center for Disease Control and prevention (CDC) guidelines and their policy and procedure to cohort residents who were suspected or exposed to COVID- 19 by not transferring residents out of the TCU/YZ after 14 days and with a negative COVID 19 test result. These failures had the potential for the residents to acquire a respiratory infection and COVID-19 placing the residents' health and safety at risk for harm. Findings: 1. During concurrent observation of TCU/YZ and interview on 9/23/20, at 4:30 p.m., with the Director of Nursing (DON), three resident's room doors in the TCU/YZ were open. The DON stated the resident room doors were kept open because these residents have tested negative for COVID-19. The DON stated these residents were continued to be monitored for signs and symptoms of COVID-19 because the resident did not complete their quarantine period (A time period of separating individuals who may have had exposed to someone with COVID-19 to determine whether they develop symptoms or test positive for the disease) of 14 days. The DON was not able to verbalize the reason why the doors needed to be closed in the TCU/YZ. During a telephone interview on 9/24/20 at 12:55 p.m., with the Registered Nurse (RN), the RN confirmed three resident room doors in the TCU/YZ were open. The RN stated she was not aware of the CDC guidelines to close doors of all residents' rooms who were suspected or may have had exposure to COVID-19. During a telephone interview on 9/24/20 at 4:34 p.m., with the infection preventionist (IP- is a person who is responsible for the facility's activities aimed at preventing healthcare-associated infections (HAIs) by ensuring that sources of infections are isolated to limit the spread of infectious organisms), IP stated after the residents being monitored for 14 days in the TCU/YZ, the residents would get tested for COVID-19. The IP stated if the residents were negative, they remained in the same room with doors open. The IP stated the potential for re-infecting was there for residents who had tested negative for COVID-19. During a professional reference review, retrieved on 9/25/2020, from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 7/15/20 indicated, . Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection . If admitted , place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed . During a professional reference review, retrieved on 9/7/20, from https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf, titled Preventing Transmission of Infectious Agents in Healthcare Settings undated, indicated, . Keep the AIIR (airborne infection (disease transmission through small particles that can be transmitted through the air) isolation room) door closed when not required for entry and exit . 2. During a telephone interview on 9/24/20 at 1:34 p.m., with the DON, the DON stated newly admitted and readmitted residents were roomed in the TCU/YZ for 14 days under airborne precautions (measures taken to protect against diseases and germs that are spread through the air). The DON stated after 14 days, the residents were tested and if COVID 19 negative would continue to stay in the TCU/YZ until they are finished with their rehabilitation (help get back, keep, physical, mental, and/or cognitive abilities for daily life) services. The DON stated the potential for re-exposure was there if the residents remained on the TCU/YZ after 14 days of monitoring and tested negative for COVID-19. RN stated the reason residents continues to stay in TCU/YZ was that, We did not want to disrupt their care. It create a setback in the residents' progress and continue to work with the same physical therapist (a professional that helps individuals develop, maintain and restore maximum body movement and physical function). During a telephone interview on 9/24/20 at 3:54 p.m., with the RN, the RN stated the residents would remain in the TCU/YZ after 14 days and tested negative for COVID-19. RN stated because the residents continued to stay in the TCU/YZ had the greater risk of re-exposure to COVID-19. During a telephone interview on 9/24/20 at 4:20 p.m., with the IP, the IP stated after 14 days of being monitored for suspected COVID-19 in the TCU/YZ, the residents were tested . The IP stated if the residents tested negative they were placed on droplet precautions and remained in the same room. The IP stated the residents could be moved to the green zone but they were kept in the TCU/YZ to finish out the short-term rehabilitation services. The IP confirmed the potential for re-exposure was there if the resident remained on the TCU/YZ after 14 days of being monitored and tested negative for COVID-19. During a review of the facility's policy and procedure (P&P) titled, Testing Residents and healthcare professionals (HCP) dated 9/1/20, the P&P indicated, .Testing frequency .New admissions are admitted first into the Transitional Care Unit (TCU) .if negative, the resident will be placed in quarantine (air borne isolation) for 14 days and then retested . If still negative they will be removed from quarantine and join the other residents and their surveillance testing . During a professional reference review, retrieved on 10/3/2020, from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html titled, Preparing for COVID-19 in Nursing Homes updated 6/25/20 indicated, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission .</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.