

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KIT CARSON NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>811 COURT STREET JACKSON, CA 95642</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<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, record review, and facility policy review, the facility failed to ensure infection control measures were followed to prevent COVID-19 when: 1. Hand hygiene was not performed by staff when indicated; 2. Isolation precautions (process) used to create barriers between people and germs) were not followed; and 3. Facemask source control measures (wearing a facemask to prevent the spread of infection) were not adhered to. This failure put residents at risk of contracting COVID-19, with the potential of causing illness, or death. Findings: 1a. During an observation on 6/3/20, at 10:55 a.m., Certified Nurses Assistant (CNA) 2 was observed exiting a resident's room on Nurses Station One with gloves on. CNA 2 then removed the gloves in the hallway and did not perform hand hygiene prior to putting on another pair of gloves. During an interview with CNA 2 on 6/3/20, at 11:00 a.m., CNA 2 stated, Honestly, I only sanitize my hands when I touch the patient. CNA 2 confirmed she should have performed hand hygiene after the removal of her gloves. During an interview with Infection Preventionist (IP) on 6/22/20, at 10:45 a.m., the IP stated hand hygiene should have been performed before and after putting on gloves. b. During an observation on 6/3/20, at 11:07 a.m., CNA 3 was observed on Nurses Station Two picking up a disposable plastic lid off the ground and throwing it away. CNA 3 then grabbed a resident lunch tray off of the lunch cart and delivered it to room [ROOM NUMBER]. CNA 3 proceeded to use the silverware on the tray to cut up the food for the resident. During an interview with CNA 3 on 6/3/20, at 11:10 a.m., CNA 3 confirmed she should have performed hand hygiene after she picked up the piece of garbage from the floor. During an interview with IP on 6/22/20, at 10:45 a.m., the IP stated hand hygiene should have been performed after picking up garbage off the floor. A review of the facility's policy and procedure titled, Handwashing/Hand Hygiene, revised 01/2020, indicated, .All personnel shall adhere to our established hand washing/hand hygiene procedures .i. After contact with inanimate objects .in the immediate vicinity of the resident .j. After removing gloves .). 2. During an observation on 6/3/20, at 10:15 a.m., it was observed residents in Rooms 37, 39, 40, and 42 were on isolation precautions. During an interview with Licensed Nurse (LN) 1 on 6/3/20, at 10:20 a.m., LN 1 stated the residents in Rooms 37, 39, 40, and 42 were on isolation because they were readmissions to the facility. During an observation on 6/3/20, at 11:14 a.m., on Nurses Station Two, LN 1 entered an isolation room, room [ROOM NUMBER], with only a surgical mask on to deliver a lunch tray. LN 1 then exited the room without performing hand hygiene. LN 1 then delivered another lunch tray to an isolation room, room [ROOM NUMBER], with only a surgical mask on. During an interview with LN 1 on 6/3/20, at 11:17 a.m., LN 1 stated she would not Gown up just to deliver a lunch tray. LN 1 confirmed she should have performed hand hygiene before, and after delivering the lunch trays. During an interview with the IP on 6/22/20, at 10:45 a.m., the IP stated a readmitted resident should be isolated due to the risk of COVID-19 exposure. The IP went on to say the Personal Protective Equipment (PPE) used by staff to enter an exposed resident's room should include a mask, gloves, eye protection, and a gown. A review of the facility's policy and procedure titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), (not dated), indicated, .It is the policy of this facility .to adhere to Federal and State/Local recommendations .Isolate all admitted residents (including readmissions) in their room .for 14 days if their COVID-19 status is unknown .Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance . According to the Centers for Disease Control and Prevention (CDC), .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 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>) 3. During an observation in the therapy room on 6/3/20, at 10:37 a.m., Certified Occupational Therapy Assistant (COTA) 1 and COTA 2, were observed with their surgical facemasks pulled down under their chin while COTA 1 assisted an unmasked resident with a puzzle. During an interview with COTA 1, and COTA 2 on 6/3/20, at 10:40 a.m., COTA 1 and COTA 2 confirmed they should have worn a facemask while in the facility. During an interview with the IP on 6/22/20, at 10:45 a.m., the IP stated all direct patient care staff, including therapists, should have a surgical face mask on while in the facility. A review of the facility's policy and procedure titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), (not dated), indicated, .all facility personnel should wear a facemask while they are in the facility .</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.