

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056325	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER DYCOR TRANSITIONAL HEALTH - FRESNO		STREET ADDRESS, CITY, STATE, ZIP 2715 FRESNO STREET FRESNO, CA 93721	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to maintain professional standards of quality when: safe and sanitary procedures for the prevention of [MEDICAL CONDITION] (A contagious respiratory infection COVID -19) transmission were not followed by one of three sampled staff members, (assistant director of memory care-ADMC) placed his facemask (Personal Protective Equipment (PPE) used to protect self and others from respiratory droplets) under his chin, which failed to cover his mouth and nose while standing and sitting less than six feet from of a memory care resident. This failure had the potential to acquire or transmit respiratory infections such as; COVID-19, which could result in an outbreak, placing residents and staff at risk of respiratory illness or death. Findings: During an observation on 5/21/2020, at 9:15 a.m., at the doorway of the Director of Memory Care's office, the ADCM stood by the office doorway with his facemask below his chin and exposing his mouth and nose. A resident exited the ADCM's office as he walked and talked with the ADCM who was less than two feet from away. During a concurrent observation and interview on 5/21/2020, at 9:15 a.m., with the ADCM, the ADCM stated the resident was in his office but was sitting at acceptable distance from him and he took his mask below his chin to speak with the resident. The ADCM stated the resident was far enough away in the office he thought it was okay to remove his mask. The ADCM's office was small and narrow with two chairs and a desk. The chairs were between three and four feet apart. The ADCM stated he should have worn his mask properly to protect himself and the residents from potentially spreading illness. The ADCM stated, If a resident was positive for COVID-19 and I was not wearing my mask correctly I could get [MEDICAL CONDITION]. During a phone interview on 5/27/2020, at 11:42 a.m., with Director of Memory Care (DMC), the DMC stated the chairs inside the ADCM's office were three feet apart. The DMC stated the office was small and social distancing requirements could not be practiced in that office. The DMC stated the Memory Care Unit staff was required to wear a surgical mask while in the facility. The DMC stated the masks were an important barrier to keep the staff and residents safe and to help prevent the spread of respiratory illnesses like COVID-19. During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control, dated 12/18/2014, the P&P indicated, this facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of disease and infections . 2. The objectives of our infection control policies and practices are to .c. Establish guidelines for implementing Isolation Precautions, including standard and transmission-based precautions . During a review of a professional reference retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html titled, Social Distancing dated 5/6/2020, indicated, Limiting, face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19). What is social distancing? .Social distancing, also called physical distancing, means keeping space between yourself and other people outside of your home. To practice social or physical distancing: Stay at least 6 feet (about 2 arms' length) from other people . During a review of a professional reference retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings Mode of transmission dated 5/18/2020, indicated, The contribution of small respirable (breathable) particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely. Recent experience with outbreaks in nursing homes has reinforced that residents with COVID-19 frequently do not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these and other healthcare settings. Source control, which involves having the infected person wear a cloth face covering or facemask over their mouth and nose to contain their respiratory secretions, might help reduce the risk of transmission of [DIAGNOSES REDACTED] CoV-2 from both symptomatic and asymptomatic people .</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.