

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER FORTUNA REHABILITATION AND WELLNESS CENTER, LP		STREET ADDRESS, CITY, STATE, ZIP 2321 NEWBURG ROAD FORTUNA, CA 95540	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observations, interviews and record review, the facility failed to implement effective infection prevention and control procedures when: 1. The location of staff and visitor screening permits inadvertent entry of febrile individuals to the facility, and 2. Multiple HCP (healthcare personnel) were wearing cloth face coverings inside the facility. Permitting entry of unscreened individuals and the use of inappropriate PPE (personal protective equipment) have the potential to increase the risk for transmission of COVID-19 to all 65 residents. Findings: 1. During entrance to the facility on [DATE] at 3:05 p.m., the Department was ushered through the door by Administrator A. During a concurrent interview, Administrator A stated the screening process occurred in Nursing Station 1. The Department and Administrator A walked through the front lobby, where a resident was in a wheelchair, and walked down a hallway that led to Nursing Station 1. During a concurrent observation and interview on 5/19/2020 at 4:10 p.m., Licensed Staff E stated the staff entered the facility through the door across the laundry room, and walked down the hallway to Nurse Station 1 for screening. During an interview on 5/19/2020 at 4:40 p.m., Administrator A stated, We have a resident who walks around, and yes, that includes walking in that hallway (that leads to Nurse Station 1). When queried about the current location where the actual screening occurred, Administrator A stated, Yes, everyone is technically not screened until they get inside. I could see how the current screening set up could be risky; if someone who is already inside (the facility), gets their temperature checked, and turns out they have a fever. Screening is supposed to be done before permitting entry into the facility. 2. During a concurrent observation and interview on 5/19/2020 at 3:40 p.m., Therapist B was wearing a cloth mask. When asked about the facility policy on mask use, Therapist B stated, Masks are required but it could be cloth masks or surgical masks. Therapist B stated she had therapy sessions with four residents earlier in the day. During an observation on 5/19/2020 at 3:55 p.m., Licensed Staff D was in close proximity of a resident as she was assisting him to drink some water. Licensed Staff D was wearing a cloth mask. During a concurrent observation and interview on 5/19/2020 at 4 p.m., Unlicensed Staff C was wearing a cloth mask as she went into a resident's room. Unlicensed Staff C stated she visited residents and offered in-room activities. When asked about the facility policy on mask use, Unlicensed Staff C stated, All staff are required to wear masks. It could be cloth masks or surgical masks. During an interview on 5/19/2020 at 4:19 p.m., Licensed Staff D stated staff were allowed to wear cloth masks if they were not providing close patient care, like assisting them to the bathroom or doing treatments. During an interview on 5/19/2020 at 4:30 p.m., Licensed Staff F stated the facility followed the AFL (All Facilities Letter) guidelines on mask usage. A review of the CDC (Centers for Disease Control and Prevention) guidance stipulated on a document titled AFL 20-22, dated March 11, 2020, indicated, HCP should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should not be worn by HCP instead of a respirator or facemask if PPE is required. Healthcare Personnel (HCP) include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).</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.