

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER GEORGE L MEE MEMORIAL HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 300 CANAL STREET KING CITY, CA 93930	
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 observation, interview and document review, the facility failed to implement strategies to prevent the spread of communicable disease when: 1. A dietary aid did not wear his facemask properly; and 2. Facility staff did not screen a housekeeper for signs and symptoms of Coronavirus 2019 (COVID-19, a new strain of virus that can cause mild to severe respiratory illness) before she entered the facility. These failures had the potential to result in transmission of COVID-19 in the facility. Findings: 1. During an observation on 10/23/2020 at 10:53 a.m., dietary aid A (DA A) was standing in the hallway outside the kitchen talking to other staff. His facemask was covering his mouth, but was not covering his nose. DA A was not wearing a face shield. During a concurrent interview with licensed vocational nurse C (LVN C), she acknowledged the above observation and informed DA A that his facemask needed to cover his nose. During an observation on 10/23/2020 at 1:24 p.m., there was an undated sign from the Centers for Disease Control and Prevention (CDC) posted in the facility's hallway. The sign was titled Facemask Do's and Don'ts for Healthcare Personnel. The sign indicated, DON'T wear your facemask under your nose or mouth. Review of the CDC's guidance titled Preparing for COVID-19 in Nursing Homes (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html), updated 6/25/2020 indicated, HCP (health care personnel) should wear a facemask at all times while they are in the facility. According to the guidance, health care personnel includes dietary staff. Review of the CDC's guidance titled Using Personal Protective Equipment (PPE) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html), updated 8/19/2020 indicated, Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. 2. During an interview with LVN C on 10/23/2020 at 10:20 a.m., she stated anyone who entered the facility needed to be screened for signs and symptoms of COVID-19. LVN C explained that after a person was screened, the information was documented on a screening log. During an observation on 10/23/2020 at 10:43 a.m., housekeeper B (HK B) was cleaning in the facility's hallway right outside a resident's room. Review of the facility's document titled LTC (long-term care) Respiratory Surveillance Line List, dated 10/23/2020, indicated there was no documentation that HK B was screened for signs and symptoms of COVID-19 before entering the facility. During a follow-up interview with LVN C on 10/23/2020 at 11:15 a.m., she reviewed the 10/23/2020 Respiratory Surveillance Line List and confirmed there was no documentation that HK B was screened for signs and symptoms of COVID-19 before entering the facility. Review of the facility's undated document titled Coronavirus Disease 2019 (COVID-19) Mitigation Plan indicated, SNF (skilled nursing facility) unit screens and documents every person including staff for COVID-19 symptoms using the LTC Respiratory Surveillance Line list log.</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.