

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER CLEARWATER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1517 EAST KNICKERBOCKER DRIVE STOCKTON, CA 95210	
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>Based on observation, interview, and record review, the facility failed to ensure infection prevention practices were in place and adhered to by staff to prevent the spread of COVID-19 in the facility when: 1. Three of three residents (Resident (RES) 1, RES 2 and RES 3) were exposed to confirmed COVID residents and not placed on isolation precautions (barriers used to prevent the spread of germs from one person to another), and 2. Three of three residents (RES 4, RES 5 and RES 6), newly admitted, were not placed on isolation precautions. This failure in infection prevention and control measures had potential to increase COVID-19 infections or deaths in residents. Findings: 1. During a concurrent interview and observation on 8/7/20, at 2:48 p.m., Licensed Nurse (LN) 1 stated RES 1, RES 2, and RES 3 are patients under investigation (PUI - a person who had been in close contact with a person with a confirmed infection). LN 1 stated the roommates of RES 1, RES 2, and RES 3 tested positive for COVID-19 on 8/5/20. It was observed, there were no isolation precaution signs or personal protective equipment (PPE - special equipment that helps prevent the spread of germs) located at the PUI residents' room entrance. LN 1 stated PUI residents are not technically on isolation precautions and staff is monitoring these residents for signs and symptoms of COVID-19 once per shift. During a concurrent interview with the infection preventionist (IP) and the director of nursing (DON) on 8/7/20, at 3:10 p.m., the IP and DON confirmed that PUI RES 1, RES 2 and RES 3 should have been on isolation precautions and have isolation precaution signs posted at their doorway and PPE located outside their room. On 8/7/20, at 3:32 p.m., Housekeeper (HSCP) 1 was observed coming out of RES 1's room wearing only a surgical mask and green cloth gown. HSKP 1 then went to room [ROOM NUMBER], which was not a PUI or isolation room. During a subsequent interview, HSKP 1 stated RES 1 is not on isolation precautions since there is no isolation precaution sign posted or isolation cart with PPE located outside the door. HSKP 1 stated the only rooms with isolation sign posted and PPE outside the room are on isolation precautions and s/he checks with the nurse for isolation precautions before entering those isolation rooms. 2. During interview on 8/7/20, at 3:10 p.m., the infection preventionist (IP) and director of nursing (DON) stated room [ROOM NUMBER] to 114 is the designated yellow zone (designated space for COVID suspected, COVID exposed and newly admitted residents). During concurrent interview and observation on 8/7/20, at 3:48 p.m., Certified Nurses Assistant (CNA) 1 stated RES 4 in room [ROOM NUMBER]A was admitted yesterday and is currently outside visiting her family at the front of the facility. No isolation precaution sign and isolation cart with PPE was observed at the doorway of room [ROOM NUMBER]A. CNA 1 stated newly admitted residents are not on isolation precautions. During concurrent interview and observation on 8/7/20, at 4 p.m., LN 2 stated three residents are recent admissions within last 14 days on this side, RES 4 in room [ROOM NUMBER]A, RES 5 in room [ROOM NUMBER]A and RES 6 in 107B. No isolation precaution signs and isolation carts with PPE were observed at the doorway of rooms 101A, 107A and 107B. LN 2 stated newly admitted residents are not placed on isolation precautions. LN 2 stated newly admitted residents are encouraged to stay in their room for 14 days but allowed to come out of their room with a face mask on. During an interview with DON on 8/7/20, at 4:21p.m., DON stated newly admitted residents who tested negative at the hospital are persons under monitoring. DON stated these residents stay in the yellow zone for 14 days with another newly admitted residents. DON stated staff only uses universal precautions (infection control precautions used to avoid contact with blood and bodily fluids of all residents regardless of any lack of evidence of infection) when provide care to these residents. DON stated newly admitted residents are allowed to come out of their rooms with a mask on. Review of undated facility document titled, (facility name) COVID 19 MITIGATION PLAN, within the section titled COHORTING NEW ADMITS WITH NEGATIVE OR UNKNOWN RESULTS/QUARANTINE(YELLOW), on page 11 indicated, Facility will cohort all negative COVID 19 or unknown asymptomatic and untested residents in the yellow zone Residents admitted from the hospital should be tested prior to admission and if they test negative, should be quarantined for 14 days and then retested. Residents in yellow zone will be treated with contact and droplet precautions until a negative test result can be achieved or resident meets the time criteria to return to the green zone The Centers for Disease Control and Prevention (CDC), Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, indicated, Create a Plan for Managing New Admissions and Readmissions, placing the resident in a separate observation area so the resident can be monitored for evidence of COVID-19. 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. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html)</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.