

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555443</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HI-DESERT MEDICAL CENTER D/P SNF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6601 WHITE FEATHER ROAD JOSHUA TREE, CA 92252</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure complete and accurate COVID-19 (Coronavirus disease 2019 - [MEDICAL CONDITION]) that is easily spread from person to person) screenings were completed accurately in 33 instances over a five day period, October 14, 2020 through October 19, 2020. This failure placed all staff members and residents at risk for infection with COVID-19. Findings: A review of the facility COVID-19 screening tool titled, updated symptoms for COVID 19, revealed, 31 instances where the box for, Screening Questions Asked, was left blank between October 14, 2020 and October 19, 2020 and two instances where the box was left blank for, Check if Temp Under 100. The facility COVID-19 screening tool indicated, The following must be asked of every person who enters building, Have you had any of the following symptoms: Sore Throat, Runny Nose, Fever, Chills, Not Feeling Well, Sneezing, Cough, GI Symptoms: Soft Stool, Stomach Cramp. The screening tool had a boxes to be filled in with headings: Name; Screening Questions Asked; Date; Time; Check if Temp Under 100; Record Exact Temp Over 100; Nurse Reassess over 100; Reassess Nurse Signature; Did They Sanitize Their Hands, and an area to put a check mark and fill in the blanks. The breakdown of dates and instances are listed below: The section titled, Screening Questions Asked, was left unchecked for employees for: 1. Three times on October 14, 2020, 2. Two times on October 15, 2020, 3. Seven times on October 16, 2020, 4. 17 times on October 18, 2020, and 5. Two times on October 19, 2020, (a total of 31 instances of omission). The section titled, Check if Temp Under 100, was left blank once on October 17, 2020 and once on October 18, 2020. During an interview on October 19, 2020, at 11:25 a.m., with Quality Control (QC), Director of Nurses (DON), and the Infection Preventionist (IP), they stated their expectations for facility employees COVID-19 screenings were that all facility employees were screened, 100% of the time, upon entrance to the facility by answering the screening questions and having their temperature taken. During an interview on October 19, 2020, at 11:40 a.m., with the QC, DON, and IP, they confirmed the 31 instances of employee omissions on the facility COVID-19 screening tool titled, updated symptoms for COVID 19, under the section titled, Screening Questions Asked, and the two instances of temperature omissions under the section titled, Check if Temp Under 100. The QC, DON, and IP agreed their was no way to be certain facility employees were screened due to the omissions. A review of the facility handbook titled, COVID-19 HANDBOOK, dated September 21, 2020, indicated, Basic Information: Reference (July 22, 2020): For more information for healthcare personnel, visit: Information for Healthcare Professionals about [MEDICAL CONDITION]: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html</a>. A review of the CDC website referenced above revealed a document titled, Interim Infection Prevention and Control Recommendations for 1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic. Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19. Screen everyone (patients, HCP (healthcare provider), visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever.</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.