

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER WAGNER HEIGHTS NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 9289 BRANSTETTER PLACE STOCKTON, CA 95209	
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 - Few	<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, record, and facility policy review, the facility failed to ensure infection control measures were followed to prevent the occurrence and the spread of COVID-19 when: 1. Isolation precautions signs (to alert those entering a room regarding an infection and what type of personal protective equipment (PPE) was required to help stop the spread of germs from one person to another) were not posted outside of rooms [ROOM NUMBERS] after the residents were exposed to COVID-19; and 2. Staff did not adhere to infection prevention and control measures while performing housekeeping duties in room [ROOM NUMBER]. These failures placed residents and staff at risk of exposure to COVID-19 infection, with the potential of causing illness or death. Findings: 1. During a concurrent observation and interview with Licensed Nurse (LN) 1 on 9/4/20, at 8:15 a.m., LN 1 indicated the residents in rooms [ROOM NUMBERS] (Resident 2, Resident 3, and Resident 4) were exposed to COVID-19 when Resident 1 tested positive for COVID-19 on 9/3/20. LN 1 indicated Resident 2 was Resident 1's roommate and Resident 3 and Resident 4 shared a bathroom with Resident 1. LN 1 indicated the doors were closed to rooms [ROOM NUMBERS] due to the exposure to COVID-19, to maintain isolation precautions (measures taken to prevent the spread of germs). LN 1 indicated the bins outside each room contained PPE (personal protective equipment used to prevent the spread of germs). There were no isolation precautions signs posted outside of rooms [ROOM NUMBERS]. During a concurrent observation and interview with LN 2 on 9/4/20, at 8:56 a.m., LN 2 stated one of the measures to prevent the spread of COVID-19 was to post contact and droplet precautions signs (to warn that germs may be present which are spread by touching items in the room, or spread by speaking, coughing or sneezing). LN 2 confirmed there were no signs posted outside rooms [ROOM NUMBERS]. LN 2 indicated the signs should have been posted the night before. During a concurrent observation and interview with the assistant director of nursing (ADON) on 9/4/20, at 10:14 a.m., she confirmed there were no isolation precautions signs posted outside of rooms [ROOM NUMBERS]. She stated signs should be posted immediately. Review of Resident 1's progress notes dated 9/3/20, at 8:07 p.m., indicated Resident 1's COVID-19 test result was positive for the infection. The progress note dated 9/3/20, at 9:10 p.m., indicated Resident 1 was transferred to another facility at 8:40 p.m. During an interview with the director of nursing (DON) on 9/4/20, at 12:45 p.m., the DON stated she expected the isolation precaution signs should have been posted at rooms [ROOM NUMBERS] when Resident 1's positive COVID-19 result was received. Review of the facility document titled, COVID-19 Mitigation Plan dated June 2020, indicated, PPE signs are posted outside of resident rooms indicating required PPE and infection control and prevention precautions. 2. During a concurrent observation and interview with Licensed Nurse (LN) 1 on 9/4/20, at 8:15 a.m., LN 1 indicated the residents in rooms [ROOM NUMBERS] (Resident 2, Resident 3, and Resident 4) were exposed to COVID-19 when Resident 1 tested positive for COVID-19 on 9/3/20. LN 1 indicated Resident 2 was Resident 1's roommate and Resident 3 and Resident 4 shared a bathroom with Resident 1. LN 1 indicated the doors were closed to rooms [ROOM NUMBERS] due to the exposure to COVID-19, to maintain isolation precautions (measures taken to prevent the spread of germs). During a concurrent observation and interview with the assistant director of nursing (ADON) on 9/4/20, at 10:14 a.m., the housekeeper (HK) was observed cleaning room [ROOM NUMBER] with the door open, and Resident 2 was in the room. The ADON stated the door to room [ROOM NUMBER] have to be closed even when cleaning. She added, room [ROOM NUMBER] should be closed at all times. The ADON approached the HK and told her to close the door. During an interview with the director of nursing (DON) on 9/4/20, at 12:45 p.m., the DON stated she expected the doors of residents exposed to COVID-19 to be closed at all times. During a phone interview with the housekeeping supervisor (HS) on 9/9/20, at 1:35 p.m., he stated housekeepers cleaning a room with an exposed resident still in the room should, close door behind them. Review of the facility's policy titled, COVID-19 Management Plan Policy dated March 2020, indicated, To promote health and safety of our residents by preventing exposures to and infection with the COVID-19 virus. This policy is implemented in accordance with CDC (Centers for Disease Control and Prevention) guidance. According to CDC guidelines titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings dated 3/15/2020, indicated. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. (www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.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.