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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555479 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/26/2020 |
| NAME OF PROVIDER OF SUPPLIER DELANO DISTRICT SKILLED NURSING FACILITY | | STREET ADDRESS, CITY, STATE, ZIP 1509 TOKAY STREET DELANO, CA 93215 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to: 1. Ensure health care personnel (HCP-direct caregivers) were wearing the appropriate facemask (refer to surgical mask) for source control and protection. 2. Ensure designated staff were assigned to care for persons-under-investigation (PUI-someone who has symptoms, but not yet tested positive for COVID-19) or residents with known or suspected COVID-19 to prevent exposure. 3. Ensure soap and paper towels were available to staff in the dirty and clean utility rooms. These failures had the potential to put residents and health care personnel at risks for infection and exposure to [MEDICAL CONDITION]. Findings: 1. During an observation on 5/26/20, at 2:40 PM, in the hallway, it was noted three activities assistants were doing arts and crafts activities with three residents. The three activities assistants were wearing cloth face masks. The residents were not wearing any face covering. During a concurrent observation and interview on 5/26/20, at 3:20 PM, with the Occupational Therapist (OC) in the physical therapy room, OC was observed not wearing a face mask but put on a cloth face mask when we started speaking with her. The OC stated they just finished the therapy of the residents. During an observation on 5/26/20, at 3:12 PM, in the East Wing, the Registered Nurse (RN) 1 was noted wearing a cloth face mask and a licensed vocational nurse who just came out of the resident's room was wearing a cloth face mask. During a concurrent observation and interview on 5/26/20, at 3:15 PM, with RN 2, in the North Wing, RN 2 was also wearing a cloth face mask. The Licensed Vocational Nurse (LVN) 1, who was the medication nurse, was noted wearing a cloth face mask. The Certified Nursing Assistant (CNA) 1, who was in the hallway of the designated observation or quarantine unit was observed also wearing a cloth face mask. RN 2 stated, The staff, who work in the quarantine unit, do not wear N95 masks (a particulate-filtering facepiece respirator that filters at least 95% of airborne particles). The quarantine patients are asymptomatic. The only time they wear N95 mask is when they have to collect a specimen. During an interview on 5/26/20, at 3:30 PM, with CNA 1, CNA 1 stated, I use surgical masks when I am in the quarantine unit taking care of residents in rooms 309 A, 310, 311, 312 A, and 312 D. and I switch to cloth face mask when I provide care to the residents in the non-COVID area in Rooms 301 A, 301 B, 302 A, 302 B, 308 A and 308 B. I put the surgical mask inside the brown bag that's hanging outside the COVID rooms. During a review of the Centers for Disease Control and Prevention (CDC) Guidelines, titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed [MEDICAL CONDITION] Disease 2019 (COVID 19) in Healthcare Settings, the document indicated, .Cloth face coverings are textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE (personal protective equipment) and it is uncertain whether cloth face coverings protect the wearer.As part of source control efforts, HCP should wear a facemask (surgical masks) at all times while in the healthcare facility.To avoid risking self contamination, HCP should consider continuing to wear their respirator or facemask (extended use) instead of intermittently switching back to their cloth face covering. HCP should remove their respirator or facemask and put on their cloth face covering when leaving the facility at the end of their shift. During a review of the facility policy and procedure (P&P) titled, Guidelines for Preventing and Managing COVID-19 dated 5/20, the P&P indicated , d. Consider having staff who provide direct patient care wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of presence of symptoms. Personal Protective Equipment (PPE) All facility personnel should wear a facemask while they are in the facility. 2. During a concurrent interview and record review, on 5/26/20, at 3:20 PM, with RN 2, the Assignment Sheet dated 5/26/20 was reviewed. The Assignment Sheet indicated CNA 1 has rooms [ROOM NUMBERS] A in the quarantine unit and rooms 301 A and B, 302 A and B, and 308 A and B in the non-COVID area. CNA 2 has rooms 311, 312 A, and 312 D in the quarantine unit and rooms 314 A and B, 320 A and B, and 321 A and B in the non-COVID area. Two licensed vocational nurses were scheduled: LVN 2 was assigned to pass medications for the residents in the quarantine/observation unit as well as for the residents in the non-COVID area of the North Wing. RN 2 stated the North Wing is the designated quarantine/observation or COVID 19 unit and there are no staff designated to only care for those residents suspected or confirmed COVID 19. The CNAs take care of residents both in the quarantine/observation unit and the non-COVID area. The designated quarantine rooms are 309 A, 310, 311, 312 A, and 312 D. During an interview on 5/26/20, at 3:25 PM, with CNA 1, CNA 1 stated, I am taking care of residents in the quarantine unit. I have rooms [ROOM NUMBERS] A. In addition to these residents, I have residents in the non-COVID area, in Rooms 301 A, 301 B, 302 A, 302 B, 308 A and 308 B. During an interview on 5/26/20, at 4:15 PM, with the Director of Nursing (DON), DON acknowledged the staffing assignment and verified the findings. During a review of the Centers for Disease Control and Prevention (CDC) Guidelines, titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed [MEDICAL CONDITION] Disease 2019 (COVID 19) in Healthcare Settings, the document indicated, .As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19. Dedicated means that HCP are assigned to care only for these patients during their shift.</p> <p>3. During an observation on 5/26/20, at 3:43 PM, the dirty utility room (where dirty patient care equipment is cleaned) and the clean utility room (where clean patient care equipment is stored) near the East Nurses' Station did not have soap or paper towels in either room at the sinks. During an interview on 5/26/20, at 3:45 PM, with the Housekeeper (Hskp), Hskp verified there was no soap or paper towels for any staff to wash their hands in either utility rooms. During a review of the facility's policy and procedure (P&P) titled, Guidelines for Preventing and Managing COVID 19 dated 5/20, the P&P indicated, Hand Hygiene c. Sinks need to be well-stocked with soap and paper towels.</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.