

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555496	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER RIVERWOOD HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 5320 CARRINGTON CIRCLE 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 - 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, clinical record, and facility policy review, the facility failed to follow isolation precautions to prevent possible spread of COVID-19 when one of three sampled resident (Resident 1) was moved back to her own room from the red area (a space in the facility designated to be used and occupied by confirmed COVID-19 positive residents) prior to completing 14 days of isolation and free from symptoms related to COVID-19. This failure placed other residents and staff at risk of exposure and spread of COVID-19 infection, with the potential of causing illness or death. Findings: Review of Resident 1's clinical record indicated, Resident 1 was admitted to the facility with [DIAGNOSES REDACTED]. The physician order [REDACTED]. The clinical record also revealed Resident 1 was placed on droplet isolation (precautions used when a patient had an infection transmittable through air droplets by coughing, sneezing, talking, and close contact with an infected patient's breathing. Patients should be placed in individualized rooms, if possible. Surgical masks should always worn before interacting between an infected patient) on 7/9/20. Review of Resident 1's progress notes dated 7/8/20, at 2:25 p.m., revealed Resident 1 came back from her [MEDICAL CONDITION] appointment and was assisted back to her room. The progress notes, at 11:37 p.m. also revealed, Resident 1 had low grade fever of 99.8 (degrees Fahrenheit, a unit of measurement). Review of Resident 1's progress notes dated 7/9/20, at 8:56 a.m., revealed Resident 1 was having loose stool. The progress notes, dated 7/10/20, at 2:15 a.m., revealed Resident 1 has a temperature of 101.3 (degrees Fahrenheit). Further review of Resident 1's progress notes dated 7/11/20, at 4:16 a.m., revealed occasional cough noted. and at 5:56 p.m., Resident still complained of moist cough and was requesting cough medication. Review of Resident 1's progress notes dated 7/12/20, at 8:27 a.m., indicated complaint of shortness of breath with oxygen saturation (level of oxygen in the blood) of 84% on room air. According to News Medical Life Sciences, a website-based resource of medical and life science needs, updated 6/18/20, indicated, A value lower than 90% is considered low oxygen saturation, which requires external oxygen supplementation. (https://www.news-medical.net/health/What-is-Oxygen-Saturation.aspx) Review of Resident 1's progress notes dated 7/14/20, at 5:40 a.m., revealed c/o (complaint of) cough. and at 11:34 a.m., noted to still have occasional cough. The progress notes, dated 7/17/20, at 8:13 p.m., revealed resident continues to have SOB (shortness of breath) and multiple episodes of cough. Review a census dated 7/9/20, revealed Resident 1 was transferred to the red area. On 7/14/20, she was transferred back to her own room at Hallway #4. On 7/18/20, she was transferred back to the red area. Resident 1 was transferred back to her room prior to receiving her COVID-19 test result and five days after the onset of symptoms related to COVID-19 infection. Resident 1 was at her own room for four days and could have potentially exposed her two roommates. During an interview with Licensed Nurse (LN) 1 on 7/24/20, at 9:30 a.m., LN 1 stated, residents were monitored three times a day for signs and symptoms related to COVID-19 infection such as fever, shortness of breath, cough, diarrhea, muscle aches, loss of appetite, headache, nausea, and vomiting. She also stated, residents who were at the red area should complete 14 days of isolation and tested negative prior to moving to Station 1 or Station 4. (a space in the facility designated to be used and occupied by confirmed negative residents) During an interview with LN 2 on 7/24/20, at 10:10 a.m., LN 2 explained Resident 1 used to be in her own room at Hallway #4 (Station 4) then she was moved to the red area because Resident 1 developed symptoms related to COVID-19 infection. LN 2 continued, Resident 1 was moved back to her room prior to receiving the COVID-19 test result and before the completion of the 14 days isolation. LN 2 further stated, Resident 1's two roommates (Resident 2 and Resident 3) were transferred to the red area on 7/20/20 and were placed on contact and droplet precautions. During an interview with the director of nursing (DON) on 7/24/20, at 12 p.m., DON stated, ideally, wait for the test result prior to moving residents to their own room and have no signs and symptoms of COVID-19 infection. The DON explained Resident 1 was transferred back to her own room due to a negative test result received on 7/13/20, for a specimen collected the week of 7/3/20. However, Resident 1 started developing symptoms on 7/9/20. Review of Resident 1's laboratory report dated 7/20/20, for specimen collected 7/15/20, revealed a positive COVID-19 result. Review of Resident 2's and Resident 3's laboratory report dated 7/20/20, for specimen collected 7/15/20, revealed a positive result for COVID-19 infection. During a concurrent interview and record review of Resident 1's progress notes, on 7/24/20, at 3:17 p.m., DON confirmed Resident 1 was transferred from the red area to her own room at Hallway #4 after five days of isolation, before receiving her test result, and still had occasional cough. Review of the facility's policy and procedure titled, INFECTION PREVENTION AND CONTROL: NOVEL CORONAVIRUS (COVID-19), revised 6/9/2020, indicated in pertinent parts, 4. If resident is with known or suspected COVID-19, immediate infection prevention and control measures will be in place. Resident will be placed in a private room with door closed or cohorted with residents with known or suspected COVID-19 infection. 5. Residents suspected with COVID-19 will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms. Review of the facility's document titled, COVID-19 Mitigation Plan, approved 6/1/2020, indicated, Residents in red section will be treated with contact and droplet precautions until a negative test result can be achieved to return to the green section (space in the facility designated to be used and occupied by confirmed negative residents).</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.