

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER BROOKDALE RIVERWALK SNF (CA)		STREET ADDRESS, CITY, STATE, ZIP 350 CALLOWAY DRIVE, BUILDING C BAKERSFIELD, CA 93312	
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>Based on observation, interview, and record review the facility failed to implement COVID-19 infection control practices when: 1. Staff did not consistently wear masks correctly. 2. Staff did not consistently perform hand hygiene. 3. Staff did not consistently verbalize correct removal process for personal protective equipment (PPE). 4. Housekeeper (HSKR) 1 and Resident Program Assistant (RPA) did not complete mandatory education. These failures had the potential to spread COVID-19 and infection to residents, staff, and visitors. Findings: 1. During a concurrent observation and interview on 5/27/20, at 2:17 PM, RPA mask was hanging on the left side of her face, no covering her mouth and nose. RPA stated she should be wearing her mask at all times. RPA stated she did not receive COVID-19 infection control education or PPE education. During a concurrent observation and interview on 5/27/20, at 2:41 PM, Registered Nurse (RN) 1's, mask was below the nose, exposing the nose. RN 1 stated the mask is to be worn covering the nose and mouth. During an interview with the Director of Staff Development (DSD) on 5/18/20, at 1:20 PM, DSD stated staff are to wear masks to cover their mouth and nose during their shifts. 2. During a concurrent observation and interview on 5/27/20, at 2:30 PM, Certified Nursing Assistant (CAN) 1 was observed adjusting resident in bed and then leaving the resident's room without performing hand hygiene. She was observed walking across the hall. CAN 1 was asked why she did not use the hand rub located directly outside the resident's room following performing resident care, CAN 1 stated she did not know why she did not use it. During a concurrent observation and interview on 5/27/20, at 2:35, CNA 2 was observed entering a Resident's room. CNA 2 picked up the Resident's menu and exited the room without hand hygiene. CNA 2 entered the Resident's room next door without performing hand hygiene, picked up the Resident's menu and exited room without hand hygiene. CNA 2 stated she should have performed hand hygiene before entering and after exiting the Resident's room. During a concurrent observation and interview on 5/27/20, at 2:43 PM, Licensed Vocational Nurse (LVN) 1 entered Resident's room, moved a table and exited room without hand hygiene. LVN 1 stated she should have performed hand hygiene before entering and after exiting Resident's room. During a concurrent observation and interview on 5/27/20, at 2:49 PM, Restorative Nurse Assistant (RNA) knocked on the door, entered room, turned off call light, moved the wheelchair and exited the room without performing hand hygiene. RNA 1 stated she should have performed hand hygiene before entering and after exiting resident's room. During a review of the facility policy and procedure (P & P) titled, Handwashing/Hand Hygiene dated 9/17, the P&P indicated Use an alcohol-based hand rub .or, alternatively, soap . and water for the following situations .2. Before and after direct contact with residents . After contact with a resident's intact skin . After contact with objects . in the immediate vicinity of the resident.</p> <p>3. During an interview on 5/18/20, at 1:11 PM with HSKR 1, HSKR 1 stated the sequence for removing PPE was to remove the mask before removing the gloves. During an interview on 5/27/20, at 2:58 PM with HSKR 2, HSKR 2 stated the process to remove PPE was to remove the mask by the ear straps and discard, pull the back of the gown to break the tie, roll the gown forward away from her body and down toward the gloves. The gloves and gown would then be removed and discarded. HSKR 2 stated she would then wash her hands. During a review of the facility policy and procedure (P&P) titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 3/20, the P&P indicated, Doffing (taking of the gear (PPE)): 1. Remove gloves. 2. Remove gown . 4. Perform hand hygiene . 6. Remove and discard respirator (or facemask) 7. Perform hand hygiene after removing the respirator/facemask. 4. During a review of the PPE education sign in sheets, dated 3/27/20, 3/30/20, 3/31/20, 4/2/20, the PPE education sign in sheets listed RPA and HSKR 1's names with no date of completion. During an interview on 6/9/20, at 3:28 PM, with the DSD, DSD stated she was unable to provide documentation RPA and HSKR 1 completed the mandatory PPE education. DSD was unable to provide documentation RPA received COVID-19 infection control education prior to her first shift. DSD stated new hire staff should receive COVID-19 infection control education before they work on the floor.</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.