

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555918	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/28/2020
NAME OF PROVIDER OF SUPPLIER FOWLER CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 8448 EAST ADAMS AVENUE FOWLER, CA 93625	
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 - Some	<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 implement and maintain an effective infection prevention and control program for the prevention of [MEDICAL CONDITION] (COVID-19 ([DIAGNOSES REDACTED]-CoV -2) - a contagious serious respiratory infection transmitted from person to person) outbreak when: 1. 2. 3. These failures had the potential to spread pathogens such as the [DIAGNOSES REDACTED]-CoV-2 virus which causes COVID-19 illness or other communicable diseases to residents and staff. Findings: 1.</p>		
F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Based on interview and record review, the facility failed to ensure the designated Infection Preventionist (IP-professional who ensures healthcare workers and patients are doing all the things they should to prevent infections) completed the specialized training for IP certification program in accordance with the facility's policy and procedure and CMS (Centers for Medicare and Medicaid Services) guidelines. This failure resulted in the IP not meeting the qualifications that would ensure residents were provided with quality care to prevent or minimize the transmission or spread of COVID-19 (a contagious serious respiratory infection transmitted from person to person) and/or other infections to all residents and staff. Findings: During a concurrent interview and record review on 10/28/2020, at 10:30 a.m., with the IP, the IP reviewed her Infection Control Training and stated she had been working as an IP this year. The IP stated she was aware of the Centers for Disease Control and Prevention (CDC) Infection Control Preventionist Training for Infection Control and had not completed the post test of the Infection Control Training. During a Professional Reference review retrieved on 8/21/2020 from https://www.cms.gov, titled, Specialized Infection Prevention and Control Training for Nursing Home Staff dated 3/11/19, indicated, . Specialized Training for Infection Prevention and Control . CMS and the CDC collaborated on the development of a free online training course in infection prevention and control for nursing home staff. The course includes information about the core activities of an infection prevention and control program, with a detailed explanation of recommended practices to prevent pathogen transmission and reduce health-care associated infections and antibiotic resistance in nursing homes . Completion of this course will provide specialized training in infection prevention and control . The content of the training covers the following topics . Infection and Prevention Control Program Overview . Infection Preventionist responsibilities . Infection Surveillance . Outbreaks . Principles of Standard Precautions . Principles of Transmission-Based Precautions . Hand Hygiene . Respiratory Hygiene and Cough Etiquette .</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.