

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIALTO POST ACUTE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1471 S RIVERSIDE AVE RIALTO, CA 92376</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement their infection control program to prevent the spread of COVID 19 (Illness caused by [MEDICAL CONDITION]) when there were two instances where staff did not complete a screening assessment for COVID 19 symptoms prior to entering the facility between May 21, 2020 and May 22, 2020. This failure had the potential to place all 138 residents in the facility at increased risk for exposure to COVID 19 by not ensuring staff were assessed for symptoms of COVID 19 prior to entering the facility. Findings: During observation on May 22, 2020, at 9:30 AM, the main entrance to the facility had a registration desk where staff and visitors were screened for temperature and symptoms of COVID 19. During an interview on May 22, 2020, at 10:35 AM, with the Infection Preventionist Nurse (IPN), IPN stated all staff were required to be screened for COVID 19 symptoms when they came in for their shift. IPN further stated the screening assessment included taking the staff's temperature as well as completing a symptom assessment. During a concurrent interview and record review, on May 22, 2020, at 10:38 AM, with IPN, the facility document titled, Screening Tool for Visitors/Vendors/Staff COVID-19 (a tool used to screen for COVID 19 symptoms or exposure), dated May 21, 2020, was reviewed and indicated the Admissions Coordinator 1 (AC 1) did not indicate Yes or No for any of the following questions: Do you have any of the following respiratory symptoms?; Fever, cough, sore throat, new shortness of breath?; Have you had close contact with someone with a confirmed [DIAGNOSES REDACTED]?; Have you traveled within the last 14 days to areas with sustained community transmission (such as China, Europe, New York)?; and Have you worked or are you currently working in a setting that has confirmed COVID-19 cases and are asymptomatic? IPN stated AC 1 did not complete the screening questions upon signing in for work and that the facility policy requires that all staff is to be screened. During a concurrent interview and record review, on May 22, 2020, at 10:40 AM, with IPN, the facility document titled, Screening Tool for Visitors/Vendors/Staff COVID -19, dated May 21, 2020, was reviewed and indicated Licensed Vocational Nurse 1 (LVN 1) did not indicate Yes or No for any of the following questions: Do you have any of the following respiratory symptoms?; Fever, cough, sore throat, new shortness of breath?; Have you had close contact with someone with a confirmed [DIAGNOSES REDACTED]?; Have you traveled within the last 14 days to areas with sustained community transmission (such as China, Europe, New York)?; and Have you worked or are you currently working in a setting that has confirmed COVID-19 cases and are asymptomatic? IPN stated LVN 1 should have completed the screening questions but did not. During an interview on May 22, 2020, at 12:39 PM, with the Administrator (ADMIN), ADMIN stated he was recently made aware there were instances where staff did not complete the COVID 19 screening questions. ADMIN further stated all staff is supposed to answer the screening questions when entering the facility and if staff indicated they had any symptoms, they were not allowed to enter the facility. During a Concurrent interview and record review, on May 22, 2020, at 12:45 PM, with the Director of Nursing (DON), the Screening Tool for Visitors/Vendors/Staff COVID -19, dated May 21, 2020, and May 22, 2020, was reviewed. The DON confirmed AC1 and LVN 1 did not complete the COVID 19 screening questions and stated she expects all staff to complete the temperature check and screening questions for COVID 19 when entering the facility. During an interview on May 22, 2020, at 12:47 PM, with AC1, AC1 stated she was running late to work on May 22, 2020, and forgot to complete the COVID 19 screening questions. AC1 confirmed she was supposed to complete the screening questions per the facility policy. During an interview on May 22, 2020, at 1:03 PM, with Medical Doctor 1 (MD 1), MD 1 stated it was important for staff to be screened, have their temperature taken and symptoms assessed to ensure they did not have symptoms of COVID 19. During an interview on May 22, 2020, at 1:22 PM, with LVN 2, LVN 2 stated it was important to perform the staff screening process for COVID 19 symptoms to ensure staff entering the facility did not have symptoms of COVID 19 to ensure the illness doesn't get to the patients who are susceptible to disease and infection. During a review of the facility's policy and procedure (P&amp;P) titled, Facility Guidance and Protocol COVID 19 dated April 22, 2020, the P&amp;P indicated, Mandatory Screening: .3. Anyone (essential visitors, vendors, and staff) that enters the facility must have their temperature taken on arrival and must fill out a COVID-19 questionnaire/screening at the facility entrance. Anyone with a temperature reading of 38 degree Celsius or 100.0 degree Fahrenheit and/or anyone who fails the screening will not be permitted to enter the facility at any time (Even in end of life situations).</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.