

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE BRADLEY COURT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>675 E BRADLEY EL CAJON, CA 92021</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 0726  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure two Certified Nursing Assistants (CNA's 1, 2) had the appropriate knowledge and competencies to provide safe care for resident's with influenza (commonly known as flu - a [MEDICAL CONDITION] respiratory infection most likely to be spread by coughing and sneezing). This failure had the potential to place residents and staff at risk to spread the flu within the facility. Findings: During an interview on 1/23/20 at 10:45 A.M., with the Director of Nursing (DON), the DON stated the facility had two residents with flu like symptoms, they were sent to the hospital and were confirmed to have had the flu. The DON also stated one staff member (CNA 1) was also confirmed to have the flu and had been recovering at home, but had returned to work yesterday (1/22/20). During a telephone interview on 2/12/20 at 2:10 P.M., with the Director of Staff Development (DSD), the DSD stated, All staff got an in-service on preventing flu outbreaks on 1/24/20. During a review of the in-service education given to staff titled, Preventing Flu Outbreak in the Facility, dated 1/24/20, indicated, .Implement standard and droplet precautions for all residents with suspected or confirmed influenza .standard precautions include wearing gloves .wearing a gown .droplet precautions include .wear a facemask .these precautions .should be used along with other infection control measures, such as isolation . CNA 1 had not signed as being an attendee at this in-service meeting. During a telephone interview on 2/12/20 at 2:15 P.M., with CNA 1, CNA 1 stated, I don't know what droplet isolation means. During an telephone interview on 2/12/20 at 2:20 P.M., with CNA 2, CNA 2 stated the flu requires contact isolation (protective equipment required to prevent touching infected surfaces). CNA 2 stated, I wouldn't wear a gown. During a telephone interview on 3/3/20 at 1:20 P.M., with the DON, the DON stated, We check competency with a verbal question/answer session after the in-service. The DON also stated there was no return demonstration for competency. During a telephone interview on 3/3/20 at 1:30 P.M., with the DSD, the DSD stated CNA 1 did not attend the in-service regarding preventing flu outbreaks. The DSD stated, We test competency with a question/answer session. During a review of the in-service education given to staff, titled Preventing Flu Outbreak in the Facility, dated 1/24/20, the document indicated the method of evaluation was discussion. The facility's policy titled Influenza, Prevention and Control of Seasonal, revised August 2014, indicated, .Competency will be documented initially and repeatedly .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.