

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555125	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER LINWOOD MEADOWS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4444 WEST MEADOW VISALIA, CA 93277	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to limit the transmission of the COVID-19 (mild to severe illness caused by a coronavirus, is transmitted chiefly by contact with infectious material (such as respiratory droplet) and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and [MEDICAL CONDITION]) virus for 29 of 29 (Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, and 29) sampled residents in the COVID-19 dedicated units (A-wing and E-wing (units designated to be used and occupied by confirmed positive COVID-19 residents)) when: 1. The COVID-19 units were not being cleaned (removes germs, dirt, and other impurities from surfaces, but does not necessarily kill them) and disinfected (kills germs on surfaces or objects). 2. Cleaning supplies were not provided to clean and disinfect the COVID-19 units. 3. Training was not provided to all staff responsible for cleaning and disinfecting the COVID-19 units. These failures had the potential to spread the COVID-19 virus to the other 27 residents on the non-COVID-19 units. Findings: 1. During an interview on 6/16/20, at 9 AM, with the Administrator, the Administrator stated there were two dedicated COVID-19 positive units in the facility, A-wing and E-wing, and currently there was a cumulative total of 29 COVID-19 positive residents on the units. The Administrator stated the nursing staff (Licensed Vocational Nurses and Certified Nursing Assistants) on the COVID-19 units were responsible for cleaning and disinfecting the units because the assigned Housekeeping Supervisor (HS), who was responsible for cleaning the COVID-19 units, tested positive for COVID-19 and has not worked since 6/8/20 (8 days ago). During a concurrent observation and interview on 6/16/20, at 10:51 AM, with LVN 2, in the A-wing, two orange buckets near the entrance of the unit were noted, one on the housekeeping cart and one on the floor next to the housekeeping cart. The bucket on the floor, next to the housekeeping cart contained a cloudy brown/black liquid and the bucket on the housekeeping cart contained cloth rags in a cloudy liquid. LVN 2 stated the buckets belonged to the HS assigned to clean the COVID-19 units but the HS has not worked since 6/8/20. LVN 2 stated there was no other staff using the buckets except for the HS. LVN 2 stated cleaning and disinfecting the COVID-19 unit was the nursing staff's responsibility since 6/8/20, but it is not being done due to lack of time. During an interview on 6/16/20, at 12:07 PM, with Maintenance Supervisor (MS), MS stated the HS had been cleaning the COVID-19 positive units until he was taken off work on 6/8/20. MS stated there was currently one Housekeeper (HSK) 1 in the facility who was scheduled to work only in the non-COVID-19 units. MS stated he did not know who has been assigned to clean and disinfect the COVID-19 units after 6/8/20. During an interview on 6/16/20, at 12:32 PM, with the Infection Preventionist (IP) and MS, IP stated HS last worked on 6/8/20, and had designated licensed staff who were assigned to provide resident care in the COVID-19 units, to clean and disinfect the units during their shift. IP stated staff have been in-serviced to clean and disinfect residents rooms, bathrooms, and high touch areas (surfaces that have frequent contact with the hands such as tables, doorknobs, light switch, countertops, handles, toilets, faucets, sinks) with cleaning solutions. MS stated all rooms were to be cleaned daily, using multiple pre-mixed cleaning solutions that included a bleach solution with a contact time of five minutes (time that the disinfectant needs to stay wet on a surface to ensure efficacy). The IP was unable to provide documented evidence which nursing staff was assigned to clean and disinfect the COVID-19 units. The IP was not able to provide evidence the COVID-19 units had been cleaned and disinfected on 6/9/20, 6/10/20, 6/11/20, 6/12/20, 6/13/20, 6/14/20, 6/15/20, and 6/16/20. During an interview on 6/16/20, at 1 PM, with HSK 1, HSK 1 stated she was the only housekeeper currently on the schedule. HSK 1 stated the facility has five separate units, A, B, C, D, and E. She stated units A and E were COVID-19 positive units and she was not assigned to clean and/or enter the units. HSK 1 stated, I clean in unit B, C, and D. HSK 1 stated she did not know who was assigned to clean units A and E, she stated, All rooms are supposed to be clean everyday. During an interview on 6/16/20, at 2:01 PM, with CNA 1, CNA 1 stated no housekeeper has cleaned the COVID-19 units since HS was taken off work on 6/8/20. During an interview on 6/16/20, at 2:28 PM, with LVN 3, LVN 3 stated he was assigned to the COVID-19 E-wing unit for the last week. LVN 3 stated the nursing staff are responsible for cleaning and disinfecting the unit but he was unable to state when he last cleaned or disinfected the COVID-19 unit. During an interview on 6/17/20, at 8:13 AM, with LVN 4, LVN 4 stated she had worked in the COVID-19 units on the night shift. LVN 4 stated she was not sure who was assigned to clean the COVID-19 units after 6/8/20. LVN 4 stated staff assigned to provide resident care in the COVID-19 unit had started taking the trash out and tidy up. LVN 4 stated no staff mopped during the night shift on 6/9/20, 6/10/20, 6/11/20, 6/12/20, 6/13/20, 6/14/20, 6/15/20, and 6/16/20. LVN 4 stated she did the resident restrooms but not completely disinfected. LVN 4 provide no documented evidence of when and what she cleaned. 2. During a concurrent observation and interview on 6/16/20, at 10:38 AM, with LVN 1 and Director of Nursing (DON), in the E-wing COVID-19 unit, the housekeeping cart contained an unlabeled spray bottle filled with a yellow fluid, a mop bucket filled with fluid, and a small fluid filled bucket was on top of the housekeeping cart. No mop was found near or on the housekeeping cart. LVN 1 sniffed both fluids inside the mop bucket and small bucket and stated It's probably water. Both LVN 1 and DON stated there was no mop near or on the housekeeping cart. LVN 1 stated the housekeeper was responsible for providing housekeeping supplies such as mops, cleaning cloths, buckets, and disinfectant to the COVID-19 units. During an interview on 6/16/20, at 10:45 AM, with the DON, in the E-wing COVID-19 unit, the DON stated the expectation was for the assigned staff in the unit to perform housekeeping duties but it appeared it was not being done and stated there was no mop in the housekeeping cart. 3. During an interview on 6/16/20, at 9 AM, with the Administrator, the Administrator stated there were two dedicated COVID-19 positive units in the facility, A-wing and E-wing, and currently there was a cumulative total of 29 COVID-19 positive residents on the COVID-19 units. The Administrator stated the nursing staff in the COVID-19 units were responsible for cleaning and disinfecting the units because the HS who was assigned to clean and disinfect the COVID-19 units has not worked since 6/8/20. The Administrator stated the MS was covering for the HS but was not responsible to clean the COVID-19 units (A-wing and E-wing). The Administrator stated the HS trained the A-wing nursing staff prior to 6/8/20. During an interview on 6/16/20, at 10:51 AM, with LVN 2, in the A-wing, LVN 2 stated there were 16 residents in A-wing and there was no housekeeper assigned to clean and disinfect the unit. LVN 2 stated there was no training provided to nursing staff on how to clean and disinfect the COVID-19 unit. During an interview on 6/16/20, at 12:31 PM, with the Administrator, the Administrator was unable to provide evidence of nursing staff being trained on how to clean and disinfect the COVID-19 units. The Administrator stated the nursing staff should have been trained on how to clean and disinfect the COVID-19 units. During an interview on 6/16/20, at 1:03 PM, with the MS, the MS stated he did not provide any training to the nursing staff on how to clean and disinfect the COVID-19 units. During an interview on 6/16/20, at 2:01 PM, with CNA 1, CNA 1 stated she has worked in the COVID-19 unit A. CNA 1 stated staff assigned to provide resident care in the COVID-19 units cleaned hallway rails, door knobs, resident bed side table, and trash were picked up in the resident's restrooms. CNA 1 stated she has never been in-serviced on how to clean and disinfect resident rooms and restrooms. CNA 1 did not know the contact time for the unlabelled spray bottle used to disinfect the COVID-19 units. CNA 1 stated, No, never had someone to tell me step by step. The housekeeper that was here would say this spray is to kill this and that. He would tell me the contact time but he was just talking to pass time. I</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>honestly don't remember. During an interview on 6/16/20, at 2:28 PM, with LVN 3, LVN 3 stated he was assigned to the E-wing COVID-19 unit and it was the nursing staffs' responsibility to clean the unit. LVN 3 stated he was not provided training on how to clean and disinfect the unit. During an interview on 6/17/20, at 8:13 AM, with LVN 4, LVN 4 stated she has worked in the COVID-19 unit during the night shift. LVN 4 stated staff assigned to provide resident care in the COVID-19 unit had started taking trash out and tidy up. LVN 4 did not know the contact time for the unlabelled disinfecting bleach solution, did not know high touch areas including but not limited to resident side rails, call lights, bedside tables. LVN 4 stated, Oh yeah that would be good, I never thought of that. LVN 4 stated she has never been in-serviced on cleaning and disinfecting residents' rooms and restrooms. She stated, Nobody ever comes and talks to me, I know my name is listed on getting in-serviced on everything but nobody has ever talked to me. During a review of the facility's policy and procedure (P&P) titled, Cleaning and Disinfecting Residents' Rooms, dated 8/13, the P&P indicated, The following equipment and supplies will be necessary when performing this procedure. 1. Supplies and equipment appropriate for the task.a. Disinfectant solution; b. Cleaning cloths; c. mop; d. Bucket; and e. Personal protective equipment.Resident Room Cleaning: 1. Gather supplies as needed. 2. Prepare disinfectant according to manufacturer's recommendations. 3. Discard disinfectant/detergent solutions that become soiled or clouded with dirt and grime and prepare fresh solution. 4. Change mop solution water at least every three (3) rooms, or as necessary. 5. Change cleaning cloths when they become soiled. Wash cleaning cloths daily and allow cloths to dry before reuse. 6. Clean horizontal surfaces.daily with a cloth moistened with disinfectant solution. 7. Clean personal use items.with disinfectant solution at least twice weekly. 8. When cleaning rooms of residents on isolation precautions, use personal protective equipment as indicated. 9. When possible, isolation rooms should be cleaned last and water discarded after cleaning room. 10. Utilize disinfectant solution based on type of precaution. 11. Clean curtains, window blinds, and walls when they are visibly soiled or dusty. During a review of the facility's policy and procedure (P&P) titled, Cleaning and Disinfection of Environmental Surfaces, undated, the P&P indicated, 10. Environmental surfaces will be disinfected (or cleaned) on a regular basis. and when surfaces are visibly soiled. 12. Disinfecting. solutions will be prepared as needed and replaced with fresh solution frequently.13. Mop heads and cleaning cloths will be decontaminated regularly.19. In units with an outbreak setting, dilute solutions of 5.25 %-6.15 % sodium hypochlorite.will be used for routine environmental disinfection. According to Centers for Disease Control and Prevention (CDC-federal agency in the Department of Health and Human Services that investigates, [DIAGNOSES REDACTED]. Recommends use of EPA (Environmental Protection Agency- protects people and environment from significant health risks, sponsors and conducts research, and develops and enforces environmental regulations) registered disinfectant. Follow the instruction on the label to ensure safe and effective use of product.</p>		