

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER ACACIA PARK NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1611 SCENIC DRIVE MODESTO, CA 95355	
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 maintain an infection control and prevention program for prevention of Coronavirus (COVID-19 - an infectious disease caused by severe acute respiratory syndrome) transmission when: 1. Housekeeping Staff (HKS) 1 exited the COVID Unit (a unit for residents positive for COVID-19) with her Personal Protective Equipment (PPE- gown, mask, and face shields designed to protect your body from infection) on, walked into the parking lot to discarded trash and reentered the facility while still wearing the PPE; and 2. The facility did not employ a certified Infection Preventionist (IP-professional who makes sure health care workers and patients are doing all the things they should to prevent infections). This failure had the potential to result in the spread and transmission of COVID-19 infection to residents and staff. Findings: 1. During an observation on 8/20/20, at 8:49 a.m., in the facility's parking lot, HKS 1 exited the facility's designated COVID Unit exit, pushing a trash cart. HKS 1 wore her PPE and walked towards the facility's parking lot to the designated trash disposal area, disposed the trash in the receptacle, and reentered the facility while still wearing her PPE. During a concurrent interview on 8/20/20, at 8:55 a.m., with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), the DON and ADON stated HKS 1 was assigned to the COVID-19 unit and should have removed her gown and face shield upon exiting residents' rooms to prevent the spread of COVID-19 and prevent cross-contamination (process of bacteria unintentionally transferred from one object to another, with harmful effects). During an interview on 8/20/20, at 9:45 a.m., with the DON, the DON stated HKS 1 should have removed her gown and face shield upon exiting the COVID-19 unit and should not have walked outside with the PPE on because it was an infection control issue especially when she exited from the COVID-19 unit. During an interview on 8/20/20, at 12:44 p.m., with HKS 1, HKS 1 stated she was assigned to work in the COVID-19 unit. HKS 1 stated, (Facility Management) didn't tell me I have to remove my gown and gloves when (exiting) and going outside the COVID unit rooms. HKS 1 stated it was important for her to have removed her used gown upon exiting the residents' rooms to reduce the risk of cross-contamination of COVID-19. During a concurrent interview on 8/20/20, at 1 p.m., with the IP, the IP stated HKS 1 should have removed her gown and face shield upon exiting residents' room in the COVID-19 unit and should not have worn the gown and face shield outside the facility to reduce the risk of cross-contamination. During a review of the facility's policy and procedure (P&P) titled, Standard Precautions dated 2007, indicated, . Standard Precautions will be used in the care of all residents regardless of their diagnoses, or suspected or confirmed infection status. Standard Precautions presume that all blood, body fluids, secretions, and excretions . non-intact skin and mucous membranes may contain transmissible infectious agents . 2. Staff will be adequately trained in various aspects of Standard Precautions to ensure appropriate decision-making in various clinical situations . Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments . c. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other residents or environments, d. Remove gown and perform hand hygiene before leaving the resident's room . During a professional reference review retrieved on 8/21/20 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html, titled, Using Personal Protective Equipment (PPE), dated 6/9/20, indicated, .How to take off (Doff) PPE Gear . Remove gloves. Ensure glove removal does not cause additional contamination of hands . Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle . Healthcare personnel may now exit patient room . Perform hand hygiene . Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles . 2. During an interview on 8/20/20, at 9:13 a.m., with the IP, the IP stated she had been working as a Director of Staff Development (DSD-person in charge of training staff)/IP in the facility since 2015. The IP stated she was not aware of the Centers for Disease Control and Prevention (CDC) Infection Control Preventionist Training. The IP stated she was aware she needed to complete the CDC Nursing Home Infection Preventionist Training especially during the COVID-19 Pandemic (an outbreak of a disease over the whole country or the world). During a review of the facility's Job Description titled, Infection Preventionist undated, indicated, . The Infection Preventionist is accountable for decreasing the incidence of infectious diseases between patients, staff, visitors and community. Through strategic planning, leadership and consultation . will lead and direct a robust team in the identification and implementation of infection prevention goals and objective throughout the facility. The IP is responsible for identifying, investigating, monitoring, and reporting healthcare-associated infections. The IP collaborates with teams and individuals to create infection prevention strategies, provide feedback, and sustain infection prevention strategies .Maintain certification and license requirements . 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.