

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COTTONWOOD HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>625 COTTONWOOD STREET WOODLAND, CA 95695</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>Based on interview and record review, the facility failed to ensure Licensed Nurses (LNs) applied knowledge on the proper use and removal of personal protective equipment (PPE) in accordance with the CDC (Centers for Disease Control and Prevention) guidelines. This failure increased the risk for infection to spread for a census of 80 residents. Findings: 1. During a scenario-based interview, on 5/28/20 at 2:05 p.m., LN 1 was asked to verbalize the sequence on how to remove his PPEs after he cared for a resident on an airborne transmission-based precaution (TBP). LN 1 indicated he would remove his PPEs in the following sequence: 1. Mask and Faceshield; 2. Gown; 3. Gloves; 4. Hand wash or Sanitize In another scenario-based interview, on 5/28/20 at 2:33 p.m., LN 2 was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on droplet TBP. LN 2 indicated she would remove her PPEs in the following sequence: 1. Face shield; 2. Gloves; 3. Facemask; 4. Hand wash. During another scenario-based interview, on 5/28/20 at 2:55 p.m., the Director of Staff Development (DSD) was asked to verbalize the sequence on how to remove her PPEs after she cared for a resident on droplet, airborne, and contact TBPs. The DSD indicated the following: For droplet TBP: 1. Remove the first set of gloves; 2. Sanitize hands; 3. Pull the gown and the second set of gloves and roll inward; 4. Shield; 5. Mask; 6. Hand wash. For airborne TBP: 1. Remove the first set of gloves; 2. Gown; 3. Remove the second set of gloves roll-inwards together with the gown; 4. Face Shield; 5. Mask. 6. Hand wash. For contact TBP: 1. Remove the first set of gloves; 2. Gown; 3. Remove the second set of gloves; 4. Mask; 5. Sanitize hands. During a telephone interview on 6/23/20 at 10:13 a.m., the Quality Improvement Consultant (QIC) indicated when LN1, LN2, and the DSD could not verbalize the sequence on how to properly remove their PPEs after they cared for residents on TBP, in practice, cross contamination could occur and infection could spread. Regarding the use of two sets of gloves, the QIC indicated she expected the DSD to follow the CDC guidelines on the proper use of PPEs. The QIC indicated the use of two sets of gloves was not a practice advocated by the facility. The Centers for Disease Control and Prevention (CDC) Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 1 indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GLOVES; 2. GOGGLES OR FACE SHIELD; 3. GOWN; 4. MASK OR RESPIRATOR; 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE. The CDC Infection Control Guidance for Healthcare Professionals about COVID-19 titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE), EXAMPLE 2 indicated, Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. GOWN AND GLOVES; 2. GOGGLES OR FACE SHIELD; 3. MASK OR RESPIRATOR; 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.</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.