

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER LINCOLN MEADOWS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1550 THIRD STREET LINCOLN, CA 95648	
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 - 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 interview and record review, the facility failed to: 1) Properly isolate and quarantine new admissions as possible suspects for COVID-19 (a new highly contagious respiratory illness; causing fever, cough, breathing difficulty); 2) Properly isolate and quarantine a resident who began showing symptoms of COVID-19; and 3) Follow facility policy for 2 residents (Resident 1 and Resident 2) and follow the Centers for Disease Control (CDC) recommendations to properly isolate a resident (Resident 2) who was a direct general acute care hospital (GACH) admission for 14 days and quarantine a resident (Resident 1) who was showing symptoms of COVID-19. These failures had the potential to result in COVID-19 to be transmitted from the unquarantined new hospital admissions and from a resident who was showing symptoms of COVID-19 to all residents and staff within the facility. This jeopardized the health and safety of all residents and staff within the facility for a facility resident census of 81. Findings: A) Resident 1 was admitted in the middle of May 2020 with [DIAGNOSES REDACTED]. Resident 1 was admitted directly from a GACH. A record review revealed Resident 1's Progress Notes dated 5/16/20 at 5:54 p.m., Resident 1 presented with a 100 degree (Fahrenheit) fever and sweating. Records do not indicate quarantine or droplet precautions were initiated. A record review revealed Resident 1's Progress Notes dated 5/17/20 at 3:31 a.m., Resident temp 99 (degrees Fahrenheit) PRN Tylenol given with effective relief went down to 97.9 (degrees Fahrenheit). Records do not indicate quarantine or droplet precautions were initiated. A record review revealed Resident 1's Progress Notes dated 5/24/20 at 11:40 a.m., Resident 1 had a T (temperature) 102.8 (degrees Fahrenheit). Lungs sounds were diminished in all quadrant. An additional Progress Note from 5/24/20 at 12:46 p.m. revealed Resident 1 had a chest x-ray and COVID-19 nasal swab ordered. Progress Notes do not indicate quarantine or droplet precautions were initiated. A record review of the document titled, Admit/Discharge Report: 5/18/2020-06/02/2020 revealed Resident 1 was transferred to the hospital for inpatient care on 5/26/2020. Document indicated admitting [DIAGNOSES REDACTED]. Chronic Resp Failure c (with) [MEDICAL CONDITION]. B) Resident 2 was admitted at the end of May 2020 with [DIAGNOSES REDACTED]. Resident 2 was admitted directly from a GACH. A record review of Progress Notes for Resident 2 dated 5/24/20 at 3:32 p.m. revealed, Resident adjusting well to new environment and roommate. Document reveals Resident 2 was admitted into a room with a room mate and not isolated/quarantined upon admission as required. During an interview on 6/4/20 at 10:15 a.m. with the Director of Nursing (DON), she stated a resident showing any symptoms of COVID will be immediately placed on quarantine on droplet precautions. If the resident has a roommate, both residents in the room are placed on quarantine until testing is completed. During an interview with the Director of Staff Development (DSD) on 6/4/20 at 2:30 p.m., the DSD stated that the facility places hospital admissions into a room by themselves for 72 hours with increased vital signs monitoring and then if no signs of COVID they will place resident with a roommate after the 72 hours. During a follow up interview with the DSD on 6/9/20 at 2:39 p.m., the DSD stated Resident 1 was transferred to the hospital on [DATE] for pneumonia and the Business Office called for admitting [DIAGNOSES REDACTED]. During an interview with the Business Office Manager on 6/10/20 at 12:30 p.m., she verified both Resident 1 and Resident 2 were admitted to rooms with roommates on their individual dates of admissions. The Business Office Manager stated the admitting [DIAGNOSES REDACTED]. During an interview with the Administrator on 6/10/20 at 2:45 p.m., he stated a resident admitted from a GACH is placed on a 72 hour quarantine as directed with corporate policy, this means placed on precautions for 72 hours with every 4 hour vital signs and monitoring of any signs and symptoms of illness. The residents admitted from a GACH are to be placed in a room by themselves or in a room with a resident from the same hospital. Administrator stated he was aware that the current CDC recommendation as released on May 22, 2020 in AFL (all facilities letter) 20-53 states the CDC recommendations are a 14 day quarantine with 2 negative COVID tests. During a confirming interview with the DSD on 6/26/2020 at 3:00 p.m., the DSD confirmed Resident 1 did have a lab requisition on the medical record indicating that a COVID test was collected on 5/24/2020. The DSD confirmed she did not follow up to obtain the results. As of 6/26/20 the results were unknown and the test results were not in the medical record. The DSD confirmed from the date of 5/24/20 when Resident 1 started to display fever and respiratory symptoms to the date of 5/26/20 when the resident was transferred to a GACH; Resident 1 was not placed on isolation precautions. Record review of the facility document titled, COVID- 19 ADMISSION DECISION TREE dated 4/29/2020, inside the (Corporation name) COVID-19 Pandemic Toolkit, revealed Admit, monitor vital signs q (every) 4 hours x (for) 72 hours; isolate under droplets precautions; if COVID symptoms develop. Record review of the facility policy titled, Infectious Disease Pandemic Surveillance and Detection dated 4/2019 indicated, Evaluation and [DIAGNOSES REDACTED]. Record review of the facility policy titled, Infection Prevention and Control Program dated 10/2018 indicated implementing appropriate isolation precautions and following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).</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.