

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER SHAFTER NURSING CARE		STREET ADDRESS, CITY, STATE, ZIP 140 EAST TULARE AVENUE SHAFTER, CA 93263	
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>Based on observation, interview, and record review, the facility failed to ensure its COVID-19 (a highly contagious and dangerous respiratory virus that can spread from person to person) infection control plan was implemented when: 1. Two staff (Licensed Vocational Nurse (LVN) 1 and Housekeeping Aide (HA) 1 were not wearing a fit tested (a test to check the seal between the N95 mask and the wearer of the respirator (mask) N95 mask (a type of mask that provides the wearer with greater protection from disease-causing germs) in the dedicated positive COVID-19 unit. 2. Two staff (LVN 1 and HA 1) did not perform hand hygiene prior to donning (putting on) personal protective equipment (PPE- refers to equipment worn (such gloves, gowns, masks, goggles, face shields) to minimize exposure to a variety of hazards). These failures had the potential to result in the spread of COVID-19 infection to residents and staff. Findings: 1. During an observation on 8/20/20, at 11:29 AM, in the dedicated positive COVID-19 unit B-wing donning and doffing room (room dedicated to putting on and off PPE), an isolation cart was observed with a box of N95 mask. During a concurrent observation and interview on 8/20/20, at 11:30 AM, with LVN 1, in the dedicated positive COVID -19 unit B-wing, LVN 1 was wearing a loose fitting K95 mask (a non-certified National Institute for Occupational Safety and Health filtering face piece respirator). LVN 1 stated, she had been fit tested for the N95 mask. She stated she did not like wearing the fit tested N95 mask as the straps sometimes break, and it is uncomfortable to wear. She also stated they did not always have N95 mask available. During a concurrent observation and interview on 8/20/20, at 11:45 AM, with HA 1, in the dedicated positive COVID-19 unit B-wing, HA 1 was wearing a K95 mask. He repeatedly adjusted the K95 mask with his hands which was falling down his nose. HA 1 stated, when I talk the K95 mask falls down and I have to keep touching the K95 mask to keep it from falling down my face. During an interview on 8/20/20, at 12:05 PM, with Infection Preventionist (IP), IP stated, all staff working in the positive COVID-19 unit B-wing are required to wear a fit tested N95 mask. 2. During a concurrent observation and interview on 8/20/20, at 11:30 AM, with LVN 1, in the dedicated positive COVID-19 unit B-wing, LVN 1 doffed her K95 mask and put it in the trash can. She then donned an N95 mask. LVN 1 stated, she had forgotten to perform hand hygiene after taking off her K95 mask and prior to donning her N95 mask. During a concurrent observation and interview on 8/20/20, at 11:45 AM, with HA 1, in the dedicated positive COVID-19 unit B-wing, HA 1 donned an isolation gown. HA 1 verified he should have performed hand hygiene prior to donning his isolation gown. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Using Personal Protective Equipment (PPE), updated 8/19/20 indicated, 1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training). 2. Perform hand hygiene using hand sanitizer. 3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.</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.