

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER BRANDEL MANOR		STREET ADDRESS, CITY, STATE, ZIP 1801 N. OLIVE AVENUE TURLOCK, CA 95382	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to assure infection prevention and control methods were known and implemented to prevent the spread of contagious pathogens, such as [DIAGNOSES REDACTED]-CoV-2 ([MEDICAL CONDITION] that causes COVID19 disease). This deficient practice had the potential for five staff to spread contagious pathogens to residents and staff they work with. 1. Deficient practices included housekeeping staff not knowing how to assure effective sanitizing of surfaces; 2. Not wearing all PPE as required 3. Lack of or improper hand hygiene. Findings Include: During a tour of the facility on 8/18/2020 accompanied by the assistant director of nursing (ADON) and/or Staff 83 the following was observed: 1. 8/18/2020 at 9:30 AM, accompanied by Staff 83, Staff 27 was interviewed in the hallway of the Yellow Zone (an designated area of the facility where residents who may have been exposed to and or exhibit symptoms of COVID 19 infection) these residents are identified as Persons under investigation (PUI) pending results of testing near Nurse's Station 2. When asked to describe how long surfaces needed to stay wet with sanitizer solution to obtain sufficient disinfection, Staff 27 stated the surface needed to stay wet for one minute. Staff 27 showed a white bucket on top of the housekeeping cart. It had a label indicating it was a bleach solution and there were cleaning cloths submerged in the solution. A hand written smudged 1 was on the lid. A hand written 5 minutes was written on the side of the bucket. The label indicated the dwell time was 3 minutes. When asked where she got the solution for this bucket, she went to the Janitor's closet. There were two other staff near the Janitor's closet. There was one full gallon container of bleach, about six 1 - 1 1/2 gallon containers with hand written for refill on the sides and a manufacturers label on the front of the container. Staff 27 said she had filled her bucket from the one gallon bleach container. When asked to read the label directions on the one gallon container, Staff 27 read - .the dwell time .is 5 minutes . The label on the 1 - 1 1/2 gallon container read .dwell time is 3 minutes . Staff 30 stated that she, too, was confused how long to keep surfaces wet. Staff 28, the housekeeping manager, read the labels and also said it was confusing. Staff 28 stated he would clarify what the dwell time should be. 2. On 8/18/2020 at 9:50 AM, Staff 15 was observed coming out of a resident room in the 400 hall of the Yellow Zone. Staff 15 did not wear a face shield or N95 mask. Staff 15 went to the portable hand washing station in the hallway and washed her hands with soap for less than 20 seconds. When asked about not wearing the N95 mask or face shield Staff 15 stated she forgot. When asked how long she should wash her hands Staff 15 stated 15 - 20 seconds. Staff 83 stated the required time to wash hands was 20 seconds. 3. On 8/18/2020 beginning at 11:45 AM, a tour of the Red Zone (the zone designated for placement of residents who tested positive for COVID19) accompanied by the ADON revealed the following: Upon entering the unit four staff with plastic bags in their hands were walking down the 300 hall after leaving a residents room at the end of the hall. Three staff walked out the exit/entrance doors. Staff 13 walked into the soiled linen closet near the doorway and quickly came out without the plastic bag. Staff 13 returned down the 300 hall to the portable hand washing station and removed a paper towel, then preceded to the medication cart and folded the towel on the top of the cart. Staff 13 did not sanitize or wash her hands. Staff 13's face shield slid down over her eyes. She handled the edge of the shield with her bare hands. When asked about the requirement for hand hygiene, Staff 13 stated use alcohol based hand rub or wash hands with soap and water. When asked if she had sanitized or washed her hands after disposing of the soiled linens, she shrugged her shoulders then said she got nervous and did not sanitize or wash her hands. When asked about her face shield, which had slid down over her eyes during the interview, Staff 13 said she tried to push the shield up with her arm. The ADON acknowledged Staff 13 needed a smaller face shield. On 8/19/2020 facility documents were reviewed and revealed the following: 1. Review of the Policies and Procedures (P&Ps) titled Pro-Active Cleaning of SNF Rooms during the COVID-19 Pandemic dated 7/20/2020 read in pertinent part as follows: 1. CLEANING (ALL ROOMS - Isolation & Non-Isolation Rooms) .Full Clean - ONCE A DAY (usually morning) - A full clean and disinfectant is to be completed by housekeeping o This not only includes basic disinfection (sic), but a full clean; scrubbing surfaces to remove soil o In all rooms - Use a rag and bucket where possible; avoid using a spray bottle because we do not want the spray from the trigger sprayer to cause resident coughs or sneezes (Re-Juv-Nal, QT Plus, QT TB, Non-Acid Restroom Cleaner Disinfectant or Vindicator for rag; QT3 trigger sprayer only) . o Pay close attention to the disinfectant dwell time (e.g., QT3 - 5 minutes, Re-Juv-Nal - 10 minutes) . This P&P did not instruct staff to use a bleach solution to clean surfaces. The facility did not provide a P&P for the use of bleach or instructions for dwell time for bleach solution. 2 and 3. Review of the P&P titled Handwashing/Hand Hygiene dated August 2015 read in pertinent part as follows: Policy statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors 8. Hand hygiene is the final step after removing and disposing of personal protective equipment Procedure .Washing Hands: 1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water, at a comfortable temperature. Hot water is unnecessarily rough on hands . Review of the P&P titled Coronavirus Disease (COVID-19) Prevention and Control dated 3/2020 read in pertinent part as follows: Policy Statement: Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during the current outbreak of coronavirus disease (COVID-19). Policy Interpretation and Implementation: 1. The response to the current outbreak of coronavirus disease is based on the most current recommendations from health policy officials, state agencies and the federal government . Review of the CDC guidance found at the following website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, read in pertinent part as follows: HCP (healthcare providers) should use all recommended COVID-19 PPE (personal protective equipment) for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents . Review of the following CDC website: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf Guides HCP in how to use PPE and reads in pertinent part as follows: Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19. PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting). PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care . (Underlined sentences are for emphasis and not in the original text) The website had an image of a person wearing the required PPE as mentioned above. The image included a face shield, N95 mask, gown and gloves. These are the PPE that should be worn while staff are in the isolation room or designated unit.</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.