

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055258	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY SUBACUTE AND TRANSITIONAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3003 N MARIPOSA FRESNO, CA 93703	
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 implement and maintain a safe environment with an effective infection prevention and control program for the prevention of [MEDICAL CONDITION] (COVID-19- a contagious serious respiratory infection transmitted from person to person) transmission when: 1. Two of 17 sampled facility staff, Housekeeper (HK) 1, and Certified Nursing Assistant (CNA) 1, could not demonstrate how to don (put on) and doff (take off) personal protective equipment (PPE- equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) safely. 2. One of three sampled facility staff, (HK) 3 wore an isolation gown in the hallway of the transitional care unit not in accordance to facility policy and procedure for infection control and failed to perform hand hygiene after removal of gloves. 3. Two opened bins used for the collection of used, soiled N95 respirators (a type of mask used to filter small particles and protection of respiratory tract) and face shields were accessible to residents and the public who passed by in the transitional care unit. These failures had the potential to place residents and staff at risk to contract and spread COVID-19. Findings: 1. During an interview on 8/19/2020, at 11:10 a.m., with HK 1, HK 1 stated she did not know the correct sequence for donning and doffing PPE. HK 1 stated she could not demonstrate the sequential steps needed to apply and remove gown, mask, face shield, and gloves. During an observation and concurrent interview on 8/19/2020, at 11:24 a.m., with CNA 1, CNA 1 stated she would first put on a mask, then a gown and then gloves. CNA 1 could not demonstrate the correct sequence for donning and doffing PPE. During review of professional standards from the Centers for Disease Control (CDC) titled, SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE), undated, indicated, The type of PPE used will vary based on the level of precautions required .The procedures for putting on and removing PPE should be tailored to the specific type of PPE. 1. Gown Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. 2. MASK OR RESPIRATOR .3 GOGGLES OR FACE SHIELD .4. GLOVES . During review of professional standards from the CDC titled, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT EXAMPLE 1. There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. 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 HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE.</p> <p>2. During an observation on 8/19/2020, at 11:20 a.m., HK 3 stepped out of a resident room wearing gloves and an isolation gown. HK 3 passed by two resident rooms to retrieve supplies from her assigned housekeeping cart parked two rooms away. HK 3 returned to the room she previously exited wearing gloves and an isolation gowns. During an observation on 8/19/2020, at 11:55 a.m., HK 3 advanced and performed housekeeping duties in multiple rooms of the transitional care unit. HK 3 stepped out from a resident room wearing gloves and an isolation gown. HK 3 walked toward the end of hallway and passed by five resident rooms; HK 3 headed to the receptacle located at the end of the hallway. HK 3 reached the receptacle removed disposed of her gown and gloves and walked away from the receptacle without performing hand hygiene. During an interview on 8/19/2020, at 1:35 p.m., with the DSD, the DSD stated staff should don PPE when entering patients' room and doff PPE when leaving patients room. During an interview on 8/19/2020, at 4:20 p.m., with HK 3, HK 3 stated, she should don PPE when entering patients' room and doff PPE when leaving patients room. HK 3 stated she walked across the hallway and removed her PPE at the end of the hallway because there were no other available receptacles to dispose her PPE in. HK 3 stated she did not perform hand hygiene and should have done so after the removal of gloves. During a review of the facility's document titled, PPE Extended Use and Reuse Plan dated 7/6/20, indicated, Instructions by PPE type: Gown . Gowns may only be worn during patient care and not in common areas such as nurses stations, hallways, elevator etc. During an interview on 8/19/2020, at 1:35 p.m., with the DSD, the DSD stated staff should perform hand hygiene before putting on gloves and after removal of gloves. During a review of the facility's policy and procedure (P&P) titled, Hand Hygiene, dated 8/24/18, indicated, .The expectation is that all health providers will perform hand hygiene upon entering and before or immediately after exiting a patient's room . A. Hand hygiene or hand decontamination can be accomplished by hand washing with soap and water or using an alcohol-based hand gel/rub: 1. Hand hygiene . b. Specific indication of hand hygiene . vii. After contact with inanimate objects . viii. After removing gloves. 3. During a concurrent observation and interview on 9/19/20, at 11:11 a.m., with the infection control nurse (IP), the IP was asked about the open and accessible storage bins used to collect used N95 respirators and used face shields. The storage bins were located in the transitional care unit in front of the nurses' station which was accessible to residents and staff who passed by. The IP stated the collection bins were open and remained without lids. They IP stated the bins were designated to collect the N95 respirators and face shields used by staff at the end of their work day. The IP stated the supplies were meant to be reprocessed (disinfected) for reuse. The IP stated the N95 respirators and face shield would be re-processed by a Third Party Company and there was no need to cover the bins. During a review of professional referenced retrieved from https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf titled, Guidelines for Environmental Infection Control in Health-Care Facilities dated, 7/2019, indicated, Handling, Transporting, and Storing Regulated Medical Wastes A. Inform personnel involved in the handling and disposal of potentially infective waste of the possible health and safety hazards; ensure that they are trained in appropriate handling and disposal methods .B. Manage the handling and disposal of regulated medical wastes generated in isolation areas by using the same methods as for regulated medical wastes from other patient-care areas.</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.