

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DYCOR TRANSITIONAL HEALTH - QUAIL LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1221 ROSEMARIE LANE STOCKTON, CA 95207</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview, and record review, the facility failed to implement infection prevention and control measures to prevent the spread of COVID-19 when: 1. Facility employees did not use appropriate Personal Protective Equipment (PPE - facemask, faceshield, gown, and gloves worn by healthcare providers to help prevent the spread of germs) when entering residents' rooms in the yellow zone (designated space for COVID suspected, COVID exposed, symptomatic and newly admitted residents); 2. PPE was not available directly outside of resident rooms in the yellow zone; 3. Facility employees did not wear their facemask correctly; and 4. A facility employee did not wear a facemask while interacting with residents. These failures put residents at risk of contracting COVID-19, with the potential of causing illness or death. Findings: 1. During an interview with the Director of Nursing (DON) on 9/2/20, at 7:30 a.m., the DON stated the west side of the facility is the yellow zone. During an observation on 9/2/20, at 8:18 a.m., Licensed Nurse (LN) 1 entered room [ROOM NUMBER], in the yellow zone, with only a facemask on. LN 1 did not put on an N-95 facemask, goggles or faceshield, gown and gloves before entering room [ROOM NUMBER]. During an interview with LN 1 on 9/2/20, at 9:18 a.m., LN 1 stated she was assigned to rooms 27,29,30,31,32,43,45,47, and 49, all these rooms are in the yellow zone and she only wears a mask and gloves in the yellow zone rooms, but certified nurses assistants (CNAs) have to wear a gown as well when they enter the yellow zone rooms. During a concurrent observation and interview on 9/2/20, at 8:25 a.m., Certified Nurses Assistant (CNA) 1 was inside room [ROOM NUMBER], in the yellow zone and did not have an N-95 or higher respirator and faceshield or goggles on. CNA 1 wore a surgical facemask over her mouth. Her nose was exposed. CNA 1 stated in the yellow zone rooms they (staff) need to wear an N-95 facemask, faceshield, gown and gloves. CNA 1 further stated she should have an N-95 facemask and faceshield on before entering room [ROOM NUMBER]. During a concurrent observation and interview on 9/2/20, at 9:30 a.m., the Infection Preventionist (IP) stated the entire west station is a yellow zone. The IP stated yellow zone rooms are designated for COVID-19 suspected, COVID-19 exposed, COVID-19 symptomatic, new admissions and residents who go out on regular basis such as [MEDICAL TREATMENT] residents. The IP stated these residents are under investigation and stay on isolation precautions for 14 days. The IP confirmed all rooms on west station are in the yellow zone and have isolation precaution signs posted at the room doorways. The IP stated all facility employees must wear full PPE that included N-95 facemask, faceshield, gown and gloves before they enter a resident room in the yellow zone. 2. During a concurrent observation and interview on 9/2/20, at 9:30 a.m., the Infection Preventionist (IP) stated the entire west station is a yellow zone. The IP stated yellow zone rooms are designated for COVID-19 suspected, COVID-19 exposed, COVID-19 symptomatic, new admissions and residents who go out on regular basis such as [MEDICAL TREATMENT] residents. The IP stated these residents are under investigation and stay on isolation precautions for 14 days. The IP confirmed all rooms on west station are in the yellow zone and have isolation precaution signs posted at the room doorways but not every room had an isolation cart with PPE available at the entrance of each room. The IP confirmed room [ROOM NUMBER], 31, 32, 35, 38, 39, 40 and 42 did not have an isolation cart with PPE available outside the room. The IP stated every room in the yellow zone should have an isolation cart set up with PPE available outside the room. The IP stated all facility employees must wear full PPE that included N-95 facemask, faceshield, gown and gloves before they enter a resident room in the yellow zone. During a concurrent interview and review of facility policy with the Director of Nursing (DON) on 9/2/20, at 9:55 a.m., the DON stated the yellow zone was a designated area for new admissions, [MEDICAL TREATMENT] residents, residents who go out, COVID-19 symptomatic, and COVID-19 exposed residents. The DON stated in the yellow zone facility staff was expected to wear gown, gloves, faceshield, surgical or N-95 facemask only if staff was going to have direct contact with residents. The DON stated staff only needed to wear an N-95 or surgical facemask and gloves if they were not going to make physical contact or provide direct care to residents in yellow zone rooms. A review of an undated facility policy titled, (Facility Name) COVID-19 MITIGATION PLAN, section COHORTING UNKNOWN (YELLOW), and PERSONAL PROTECTIVE EQUIPMENT indicated, Residents in yellow zone will be treated with contact and droplet precautions .staff will don new PPE in accordance with CDC guidance .Necessary PPE will be made available directly outside of resident rooms in the red and yellow zones in accordance with current CDC guidance. All staff will wear recommended PPE while in the building per current CDPH PPE guidance . The DON stated as per their facility policy, all staff in the yellow zone must wear facemask, gown, gloves, and faceshield before entering the room. During a concurrent observation and interview on 9/2/20, at 11:05 a.m., Certified Nurses Assistant (CNA) 2 was inside room [ROOM NUMBER] with only a facemask on. CNA 2 did not have an N-95 facemask, faceshield, gown, and gloves on. CNA 2 stated they were told to wear full PPE which includes facemask, faceshield, gown, and gloves only when providing direct care to residents in the yellow zone. CNA 2 stated she just went inside room [ROOM NUMBER] to check on the resident and to notify her of her shower schedule. CNA 2 stated the west station is the yellow zone. During an interview with LN 2 on 9/2/20, at 11:20 a.m., Licensed Nurse (LN 2) stated the resident in room [ROOM NUMBER] was a new admission. LN 2 stated isolation precaution signs outside each room in the yellow zone indicated to wear an N-95 facemask, gown, gloves and faceshield. LN 2 stated she wears N-95 facemask, faceshield, gown, and gloves only when entering a new admission resident room in yellow zone. LN 2 stated the DON informed them to wear only facemask and gloves when providing care to all other residents in yellow zone. According to the Centers for Disease Control and Prevention (CDC), Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, indicated, Create a Plan for Managing New Admissions and Readmissions .placing the resident .in a separate observation area . HCP (health care personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) 3. During a concurrent observation and interview on 9/2/20, at 8:10 a.m., Certified Nurses Assistant (CNA) 3 was wearing a N-95 facemask under his nose. The facemask was only covering his mouth; his nose was exposed. CNA 3 stated his facemask keeps dropping down to his mouth and he has to keep adjusting it. CNA 3 stated a facemask should cover the mouth and nose. During a concurrent observation and interview on 9/2/20, at 8:12 a.m., CNA 4 had a N-95 facemask lowered down to her mouth. Her facemask was only covering her mouth and was not covering her nose. CNA 4 was observed pushing a cart with food trays in the West Hall. CNA 4 stated she just itched her nose and that was why she did not have her nose covered with a facemask, and also she was pushing the food cart at the same time. CNA 4 stated a facemask should cover both the nose and mouth. During a concurrent interview and observation on 9/2/20, at 8:25 a.m., CNA 1 was inside room [ROOM NUMBER] in the yellow zone with a surgical facemask on which was covering only her mouth; her nose was exposed. CNA 1 stated a facemask should cover the nose and mouth. CNA 1 pulled her surgical facemask up, covered her nose, and stated now its covering her nose. CNA 1 stated sometimes the facemask drops down to her mouth. CNA 1 stated she should mold the top stiff edge of the facemask to the shape of her nose. During an interview with the Infection Preventionist (IP) on 9/2/20, at 11:50 a.m., the IP stated the correct way to wear a facemask was to cover the mouth and nose. The IP stated a facemask was not effective if the nostrils are visible and only the mouth is covered. According to the Centers for Disease Control and Prevention (CDC), Facemask Do's and Don'ts for Healthcare Personnel, dated</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DYCOR TRANSITIONAL HEALTH - QUAIL LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1221 ROSEMARIE LANE STOCKTON, CA 95207</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 - Some</b>	<p>(continued... from page 1)</p> <p>6/2/20, indicated, When putting on a facemask. Clean your hands and put on your facemask so it fully covers your mouth and nose .DON'T wear your facemask under your nose or mouth .DON'T touch or adjust your facemask without cleaning your hands before and after . (<a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf</a>). 4. During a concurrent interview and observation on 9/2/20, at 11:35 a.m., the activity director (AD) and three residents were in the dining room. The AD and residents did not have a facemask on. Two residents were participating in a color activity. During an interview with the AD, the AD stated she needs to wear a facemask when she is with residents and anytime when she is out of her office. The AD stated she did not have her facemask on when she was out of her office and was asking a resident to move to another table in the dining room. The AD stated all residents have their facemasks and staff needs to remind them to put their facemasks on. During an interview with the administrator (ADM) on 9/2/20, at 12:08 p.m., the ADM stated all facility employees must have a facemask on at all times in the facility. During a review of undated facility policy titled, (Facility Name) COVID-19 MITIGATION PLAN, within the section titled PERSONAL PROTECTIVE EQUIPMENT, indicated, All staff will wear a facemask while in the facility for source control. According to the Centers for Disease Control and Prevention (CDC), Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, indicated, Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room .(<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>).</p>		