

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER GEORGE L MEE MEMORIAL HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 300 CANAL STREET KING CITY, CA 93930	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection control measures when two dietary staff were not wearing facemasks while in the kitchen. This failure had the potential to put residents and staff at risk for contracting COVID-19 (Coronavirus Disease 2019; a new infectious disease that can spread through respiratory droplets). Findings: During an observation on 5/22/2020 at 1:43 p.m., two kitchen staff were not wearing facemasks in the kitchen. The Nurse Manager (NM), called the attention of the two kitchen staff. During an interview on 5/22/2020 at 1:56 p.m. with the NM, she acknowledged the above observation and confirmed the two kitchen staff should wear masks and practice social distancing. According to the Centers for Disease Control and Prevention (CDC) website, Preparing for COVID-19 in Nursing Homes updated May 19, 2020, indicated HCP (Healthcare Personnel; e.g. dietary), should wear facemask at all times while in the facility.		

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.