

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WALNUT CREEK SKILLED NURSING &amp; REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1224 ROSSMOOR PARKWAY WALNUT CREEK, CA 94595</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 facility policy and procedures for infection control. The failure to place trash bins near the exits of three resident rooms (room [ROOM NUMBER], 619, and 621) in an area designated for observation of residents suspected of COVID-19 infection (a contagious lung infection commonly resulting in mild to severe difficulty breathing) had the potential to result in the spread of COVID-19 infection and COVID-19 related complications, up to, and including death. Findings: During an observation on 7/21/20, at 10:23 a.m., with the Infection Preventionist (IP), in the Station 3 hallway, the doors to resident rooms [ROOM NUMBER] were open. In each room, the trash bin was located between two resident beds, in the center of the room. During a concurrent interview, IP confirmed the Station 3 area was designated for residents suspected of COVID-19 infection, which required use of contact and droplet transmission precautions (measures intended to prevent the transmission of infectious agents spread by direct or indirect contact with the resident or the resident's environment, or through contact with respiratory secretions). IP confirmed the trash bins were not located as close as possible to the exits of the rooms. During an interview on 7/21/20, at 2 p.m., with the Licensed Vocational Nurse (LVN) 1, LVN 1 stated when leaving these rooms, she discarded her gloves in the trash bin located in the center of the room, and had to walk across the room to reach the exit. During a review of the facility, COVID-19 Facility Preparedness Plan: Prevention, undated, The Plan indicated, Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE. (PPE, personal protective equipment; protective items or garments worn to protect the body or clothing from hazards that can cause injury or transmission of infective organisms; items include gloves, gown, face masks.) During a review of the Center for Disease Control article, Preparing for COVID-19 in Nursing Homes, dated 6/25/20, the article indicated, Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.		
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.