

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARBOR POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 SPRINGFIELD DRIVE CHICO, CA 95928</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> - Few	<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 document review, the facility failed to follow the Center for Disease Control and Prevention (CDC) recommendations for the removal of Personal Protective Equipment (PPE) when one staff member did not remove PPE in a manner to prevent cross-contamination. This had the potential to spread [MEDICAL CONDITION] Disease (COVID-19) to staff and residents. Findings: According to the CDC article Using Personal Protective Equipment dated 7/14/2020, the order in which to remove PPE (doff) is; 1. Remove gloves. 2. Remove gown. 3. Perform hand hygiene. 4. Remove face shield or goggles. During an observation of Station 3 on 8/7/2020 at 11:30 am, Certified Nurse Assistant (CNA) A was observed providing direct patient care. CNA A was observed at the doorway removing the PPE. CNA A first removed the goggles, with contaminated gloves. CNA A then used a disinfectant wipe on the goggles while still wearing the contaminated gloves and placed the goggles on the clean PPE storage cart at the door. CNA A then removed the gown and gloves and performed hand hygiene. During an interview on 8/7/2020, the Infection Preventionist (IP) confirmed that staff were expected to remove the gloves and gown and perform hand hygiene prior to removing the goggles.		

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.