

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055849	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER MODESTO POST ACUTE CENTER		STREET ADDRESS, CITY, STATE, ZIP 159 E. ORANGEBURG AVENUE MODESTO, CA 95350	
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 - Few	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 one of one sampled Housekeeper (HK) did not use gloves when handling contaminated material in accordance with their policy and procedure. This practice potentially placed the residents and staff at risk for the spread and transmission of COVID-19, complications from COVID -19 and death. Findings: During a concurrent observation and interview, on 8/13/20, at 1:06 p.m., with the HK, in the hallway, the HK was observed holding a clear bag with surgical masks. The HK did not wear gloves while she held the bag. The HK stated the clear bag had used surgical masks. The HK stated she had to dispose of the trash. The HK stated she should wear gloves when she handled potentially contaminated materials. During an interview, on 8/13/20, at 3:30 p.m., with the IP, the IP stated the expectation for the HK when she handled potentially contaminated material was to wear gloves. During a review of the facility's Policy and Procedure (P&) titled, Personal Protective Equipment-Gloves dated, 7/2009 indicated. The use of gloves will vary according to the procedure involved. The use of disposable gloves is indicated: . d. when handling . items that may be contaminated .		

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.