

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555256</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE REHABILITATION CENTER OF BAKERSFIELD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2211 MOUNT VERNON AVENUE BAKERSFIELD, CA 93306</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 - Few</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 ensure appropriate transmission-based precautions were implemented and alcohol-based hand rub (ABHR) was readily accessible by staff when: 1. Staff entered rooms of Covid-19 (a contagious virus) suspected residents on droplet precautions without appropriate PPE (Personal Protective Equipment). 2. ABHR was not readily available for staff on a unit with COVID-19 suspected residents on isolation. These failures had the potential to result in the spread of disease to resident and staff. Findings: 1. During a concurrent observation and interview 8/5/20, at 10:50 AM, with Certified Nursing Assistant (CNA) 1, CNA 1 was observed entering a COVID-19 suspected droplet isolation room without gloves, a faceshield, or an isolation gown. CNA 1 stated she does not wear gloves, gown or faceshield if she enters isolation rooms to see what the resident needs. CNA 1 stated she only wears a gloves, gown, and faceshield if she performs patient care. During a concurrent observation and interview on 8/5/20, at 11:40 AM, with staffing coordinator (SC), SC was observed entering a COVID-19 suspected droplet isolation room without a faceshield or an isolation gown. Upon exit, SC stated she entered the room without a gown or faceshield because the resident was getting out of bed. SC stated she also took the resident's urinal. SC stated she knows she is supposed to wear a gown and goggles in isolation rooms with droplet precautions. During an interview with Infection Preventionist Consultant (IPC) on 8/5/20, at 12:35 PM, IPC stated staff should be wearing gowns, N95 masks, gloves and faceshield or goggles when entering room with suspected or COVID-19 positive residents. During a review of the Centers for Disease Control and Prevention (CDC) publication, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 7/20, indicated, HCP (Health Care Providers) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.</p> <p>2. During a concurrent observation and interview on 8/5/20, at 11:27 AM, with Licensed Vocational Nurse (LVN) 3, in the hallway for rooms 211-217, an isolation cart (storage for PPE to be put on before entering room) was observed outside room [ROOM NUMBER]. No wall mounted ABHR dispensers or portable ABHR dispensers were observed in the hallway. LVN 3 stated the hand sanitizer is usually there. During a concurrent observation and interview on 8/5/20, at 11:35 AM, with Physical Therapist (PT) 1, in the hallway for rooms 211-217, PT verified there was no ABHR available in the hallway. PT 1 stated, Normally it (ABHR) is here. During a review of the facility's policy and procedure (P&amp;P) titled, Infection Control, dated 1/1/12, the P&amp;P indicated, The Facility's infection control policies and procedures are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections.B. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public C. Establish guidelines for implementing isolation precautions, including standard and transmission based precautions D. Establish guidelines for the availability and accessibility of supplies and equipment necessary for standard precautions. During a review of the Centers for Disease Control and Prevention (CDC) COVID-19 guidelines titled, Using Personal Protective Equipment (PPE) dated 7/14/20, the guidelines indicated, Perform hand hygiene using hand sanitizer.</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.