

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTERN SLOPE HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3280 WASHINGTON STREET PLACERVILLE, CA 95667</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement proper donning of Personal Protective Equipment (PPE) by Healthcare Personnel (HCP) when facemasks were worn below the nose. This failure had the potential to spread infection to residents and staff, placing them at risk for severe illness and even death during a [MEDICAL CONDITION], global pandemic. Findings: During an observation on 7/9/2020 at 10:01 a.m., Certified Nursing Assistant (CNA) 1 was in Resident 1's room providing care. Her facemask was worn over her chin and mouth, leaving her nose exposed. During an interview on 7/9/2020 at 10:03 a.m., CNA 1 stated that she knew the proper way to wear a facemask was to cover her mouth and nose and that she had been in-serviced on the technique recently. During a concurrent observation and interview on 7/9/2020 at 10:08 a.m., Staff Member (SM) 1 was observed walking in a hallway with her facemask covering her chin and mouth only. SM 1 stated she had been in-serviced and knew the mask needed to cover her mouth and nose. During a group interview on 7/9/2020 at 10:15 a.m., Administrator, Director of Nursing, and Infection Preventionist (IP) all acknowledged that facemasks are to cover both the mouth and nose of HCP and Staff at all times while inside the facility per the facility's Covid-19 (Coronavirus; [MEDICAL CONDITION] that primarily effects the respiratory system) Mitigation Plan, California Department of Public Health (CDPH) recommendations, and Center for Disease Control (CDC) guidelines. During an interview on 7/9/2020 at 11:45 a.m., IP stated the facility follows CDC guidelines for donning and doffing PPE. During a review of, Western Slope Health Center Covid 19 Mitigation Plan, revised 6/16/2020, page 2 of the document indicated the facility would, . meet the intent and guidance as outlined by CDPH in reference to AFL (All Facilities Letter) 20-52 . Page 11 of the document stated, All staff will wear recommended PPE while in the facility per current CDPH PPE guidance, and further, All HCP will wear a facemask while in the facility for source control. During a review of AFL 20-52, dated 5/11/2020, To account for the role of asymptomatic and pre-symptomatic transmission, CDC's infection control guidance recommends source control for everyone entering a healthcare facility (including, HCP, patients, and limited visitors), regardless of symptoms. A review of CDC recommendations titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, retrieved on 7/13/2020, at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, stated,Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. It is further stated that, HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. A review of a CDC document titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 6/3/2020, found at, <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf</a>, stated, PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., .facemask) during patient care. It is further stated, Both your mouth and nose should be protected.</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.