STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056139	A. BUILDING _____ B. WING _____	**07/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROSEVILLE POINT HEALTH & WELLNESS CENTER	**600 SUNRISE AVENUE ROSEVILLE, CA 95661**

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 -** Many	**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 adhere to infection prevention and control standards for a census of 77 when: 1. Hand sanitizer was not readily available for care giver use, 2. Visitors were not screened upon entry into the facility, and 3. Staff were not screened upon entering the facility. These failures had the potential for transmission of COVID-19 (a potentially life threatening [MEDICAL CONDITION] illness) from staff to residents and staff to staff. Findings: The facility had 2 residents in isolation for positive COVID-19 test results. The remaining residents in the facility were considered under investigation. 1. During observations on 7/21/20, at 5:10 p.m., on hall 1 at room [ROOM NUMBER], the hand sanitizer dispenser was empty/non functional. Outside the medication room, the hand sanitizer dispenser was empty/non functional. On hall 3, outside of room [ROOM NUMBER], the hand sanitizer dispenser was empty/non functional. Outside the dining/activity room, at both doorways, two hand sanitizer dispensers were empty/non functional. On hall 4, outside of the the supply storage room near the nurses station, the hand sanitizer dispenser was empty/non functional. On hall 4, outside of room [ROOM NUMBER], the hand sanitizer dispenser was empty/non functional. During an interview on 7/23/20, at 1:15 p.m., with the facility administrator (ADM), the ADM stated the facility was out of hand sanitizer for the dispensers on the walls. During an interview on 7/23/20, at 3:45 p.m., with the maintenance supervisor (MS), the MS stated that hand sanitizer for the dispensers was on back order. During an interview on 7/23/20, at 3:50 p.m., with the infection preventionist (IP), the IP stated that the facility adheres to the Centers for Disease Control and Prevention (CDC) guidelines for isolation precautions. The IP agreed that hand sanitizer was not readily accessible to resident care staff. A request was made for evidence that alternative sources of hand sanitizer were pursued by the facility. A list of suppliers was provided but no evidence of an alternative supplier source being pursued was provided. During a review of CDC document, Isolation Precautions - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007), section I. Administrative Responsibilities, I.B.8., indicated, In all areas where healthcare is delivered, provide supplies and equipment necessary for the consistent observance of Standard Precautions, including hand hygiene products . 2. During an observation on 7/23/20, at 1:00 p.m., in the facility lobby, 2 visitors were not screened for COVID-19 symptoms upon entering the facility. During an interview on 7/23/20, at 1:35 p.m., with the IP, the IP stated all individuals entering the facility must be screened for symptoms of COVID-19 and have their temperature taken. The results of screening must be documented in a log. The facility's (Skilled Nursing Facility) Mitigation Plan did not include facility entry guidelines for visitor screening for COVID-19 symptoms. No facility entry guidelines documentation was provided by the facility regarding visitor screening for COVID-19 symptoms. During a review of All Facilities Letter (AFL) 20-22.3, Guidance for Limiting the Transmission of COVID-19 in Long-Term Care Facilities, dated 6/26/20, the AFL indicated, .Visitation Guidance .1. For all visitations, facilities should make efforts to allow for safe visitation for residents and loved ones .ensure visitor screening for fever and COVID-19 symptoms . 3. On 7/23/20, a review of the facility Daily Staffing Sheet, dated 7/20/20, 7/21/20, and 7/22/20 was performed. The Daily Staffing Sheet indicated 112 staff worked in the facility between 7/20/20 and 7/22/20. On 7/23/20, a review of the facility Employee Screening Log, documentation of staff screened for COVID-19 symptoms, dated 7/20/20, 7/21/20 and 7/22/20, was performed. The Employee Screening Log indicated 81 staff were screened. During an interview on 7/23/20, at 1:35 p.m., with the Infection Preventionist (IP), the IP stated all individuals entering the facility must be screened for symptoms of COVID-19 and have their temperature taken; the results of screening must be documented in a log. No facility entry guidelines documentation was provided by the facility regarding staff screening for COVID-19 symptoms. During a review of Centers for Disease Control and Prevention (CDC) document, Preparing for COVID-19 in Nursing Homes, dated 6/22/20, the guidance indicated, .Core Practices .Evaluate and Manage Healthcare Personnel .Screen all (Healthcare Personnel) at the beginning of their shift for fever and symptoms of COVID-19.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE