

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EUREKA REHABILITATION &amp; WELLNESS CENTER, LP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2353 TWENTY THIRD ST EUREKA, CA 95501</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observations, interviews and record review, the facility failed to implement effective infection source control measures when one staff member was observed walking inside the facility without a facemask. This failure had the potential to increase the risk for transmission of COVID-19 to all 82 residents. Findings: During an observation on 5/18/2020 at 4 p.m., Unlicensed Staff C went through the facility entrance and was being screened by Unlicensed Staff B. Unlicensed Staff C took a surgical mask from the box that was on the screening table. The ear loops broke as he was donning the mask. Unlicensed Staff C reached for another mask, but found the box empty. Unlicensed Staff C, still unmasked, went past the screening area, and walked past seven multiple-bed resident rooms to the nursing station in Wing A where a box of surgical masks was located. During an interview on 5/18/2020 at 4:05 p.m., Unlicensed Staff B stated Unlicensed Staff C should have stayed at the screening area. Unlicensed Staff B stated, I should have brought a mask to him instead. During an interview on 5/18/2020 at 4:10 p.m., Unlicensed Staff C stated he knew he needed a mask while in the facility. Unlicensed Staff C stated, I was looking for a mask. I should not have walked around without one on. During an interview on 5/18/2020 at 4:20 p.m., the DON (Director of Nursing) stated masks were required while in the facility. The DON stated, If there were no masks available by the entrance, the staff should notify somebody to get one for them and wait. They should not be walking inside without a mask on. During an interview on 5/18/2020 at 4:25 p.m., Administrator A stated her expectation was all employees to follow the AFL (All Facility Letter) guidance to wear masks while in the facility. A review of the CDC (Centers for Disease Control and Prevention) guidance stipulated on AFL 20-22, dated March 11, 2020, indicated, HCP (Healthcare personnel) should wear a facemask at all times while they are in the facility.</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.