STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055756	A. BUILDING _____ B. WING _____	**05/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CLOVERDALE HEALTHCARE CENTER	**300 CHERRY CREEK RD CLOVERDALE, CA 95425**

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 -** Some	**Provide and implement an infection prevention and control program.** Based on observation, interview, and a review of documents, a safe and effective practice for preventing infection was not implemented, when one of four staff members failed to demonstrate an appropriate practice for the routine cleaning and disinfection of a non-critical patient-care medical device (e.g., a blood pressure cuff). This failure placed all residents at potential risk for infection from a contaminated medical device. Findings: On 5/22/20 at 9:35 a.m., Staff A was observed to take a non-dedicated sphygmomanometer machine (a machine used to take a blood pressure measurement) from the nurse station and into a resident's room. Staff A took the resident's blood pressure and returned the equipment to the nurse station. The machine was not cleaned before or after being used on the resident. Staff A was asked to describe the facility's process for cleaning the equipment. Staff A stated, We wipe it down with an alcohol wipe pad if the patient is known to have, or suspected to have, an infection. Otherwise we don't do anything. On 5/22/20 at 9:42 a.m., Staff B was asked to describe the facility's process for cleaning blood pressure equipment. Staff B stated, We have a sanitizer spray, and I use it before and after I take a resident's blood pressure. When asked if this was only done if the resident had or was suspected to have, an infection, Staff B stated, No, I like to do it with all of my residents. On 5/22/20 at 9:45 a.m., Staff C was asked to describe the facility's process for cleaning blood pressure equipment. Staff C stated, I wash my hands before and after, and I sanitize the equipment before and after each use. On 5/22/20 at 10:05 a.m., Administrative Staff D was asked to describe the facility's process for cleaning blood pressure equipment. Staff D stated the process was to use either a sanitizing spray or a cloth wipe from, the purple-top lid container, and it should be done, between each patient use. A facility policy titled, Infection Control Prevention and Control Program (dated 9/2017), indicated on Page 2, C., Prevention of Infection Policies, procedures and aseptic practices are followed by personnel in performing procedures, linen handling and disinfection of equipment. Based upon observation and interview, the facility's practice for disinfection of equipment was inconsistent. A facility policy titled, Cleaning and Disinfection of Environmental Surfaces (dated August, 2019), indicated on Page 7, c., Non-critical items are those that come in contact with intact skin but not mucous membranes. Section 2 on Page 7 indicated, Non-critical surfaces will be disinfected with an EPA-registered intermediate or low-level hospital disinfectant according to the label's safety precautions and use directions. This policy did not differentiate between equipment used on (a) an infected or suspected-infected resident and (b) a non-infected or non-suspected resident. The Centers for Disease Control and Prevention (CDC) document titled, Disinfection and Sterilization: Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), indicated on page 3 of 14, Section 4. b., Disinfect noncritical medical devices (e.g., blood pressure cuff) with an EPA-registered hospital disinfectant using the label's safety precautions and use directions. Section 4. c. indicated, Ensure that, at a minimum, noncritical patient-care devices are disinfected when visibly soiled and on a regular basis (such as after use on each patient or once daily or once weekly). The facility did not have a process in place to ensure noncritical patient-care devices (e.g., blood pressure cuffs) were consistently being disinfected according to CDC guidance.

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