STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055185	A. BUILDING _____ B. WING _____	**09/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GARDEN CITY HEALTHCARE CENTER	**1310 WEST GRANGER MODESTO, CA 95350**

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 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation interview and record review the facility failed to ensure that all dishwashing was completed in accordance with professional standards for food safety. Specifically the dishwasher temperature and chlorine monitoring was not completed following three meals in September 2020. These failures potentially placed residents at risk to exposure to pathogens and food borne illnesses. Findings: During a tour of the kitchen on 09/15/2020 at 12:55 PM the Dietary Supervisor (DS1) stated the dishwasher used to sterilize dishes was a low temp washer which sanitized dishes with chemicals. Observed there was a Dish Machine Temperature Log posted on the wall in the kitchen. Review of the log revealed no entries for either the wash temperature, or the sanitizer concentration for the lunch measurements on 09/10/2020, 09/11/2020, and 09/12/2020. The DS expressed her expectation is that it is checked before washing dishes, stating staff Should check before use. All other readings were recorded and within acceptable range. Facility policy dated 2018 titled Dish Washing was provided to the surveyor and reviewed on 09/16/2020. It read, A temperature log (and chlorine log for low-temperature machines) will be kept and maintained by the dishwashers to assure that the dish machine is working correctly. This log will be completed each meal prior to any dishwashing.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**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 maintain an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the transmission of communicable diseases during their response to the COVID-19 pandemic. Specifically, 1. Certified Nursing Assistant 9 (CNA9) failed to disinfect the vital sign equipment between use on Residents 4 and Resident 3. 2. CNA2 and Licensed Nurse 10 (LN10) failed to perform hand hygiene in accordance with national standards and facility policy. 3. Facility staff 11, Director of Nursing, and Infection Preventionist failed to screen one visitor for signs and symptoms of COVID-19 prior to or during a visit on 09/17/2020. These failures had the potential to spread pathogens such as the [DIAGNOSES REDACTED]-CoV-2 virus which causes COVID-19 illness or other communicable diseases to residents and staff. Findings: 1. Reprocessing of equipment: Observed CNA8 take Resident 4 vital signs on 09/15/2020 at 03:14 PM. Upon completion of obtaining the vitals sign, CNA8 draped the blood pressure cuff over the mobile equipment stand, and returned the fingertip saturation monitor into the basket attached to the stand. CNA9 met CNA8 at the doorway of Resident 4's room and took the equipment to Resident 3's room, donned a pair of gloves and wheeled the equipment directly to Resident 3. Observed CNA9 place the blood pressure cuff and fingertip saturation monitor onto Resident 3's arm and finger at 03:16 PM. Upon completion of task, CNA9 wrapped the blood pressure cuff around the equipment stand handle, replaced the saturation monitor in a basket and reentered the facility hallway. CNA9 doffed the gloves and performed hand hygiene after exiting Resident 3's room. As CNA9 wheeled the equipment to another resident room, observed the Infection Preventionist (IP) hand a container of disinfectant wipes to CNA9. During an interview immediately following the observation CNA9 confirmed the equipment cart did not have disinfectant wipes in the basket prior to the IP handing them to her. She stated Sometimes they are on there and sometimes not. When asked if she had disinfected the equipment prior to applying it to Resident 3 she confirmed she had not, stating I think the other CNA did that. When asked how she would know if the other CNA had, she replied they reported to each other if it was clean or not. Interviewed CNA8 on 09/15/2020 at 3:28 PM. CNA8 confirmed she had used the equipment to take Resident 4's vital signs. When asked if she had disinfected the equipment after using it, she sated No, she (CNA9) came and took it. When asked what she reported to CNA9, she stated I told her that the cuff needed to be changed and it was not cleaned. During an interview on 09/15/2020 at 4:30 PM with the IP and the DON, the IP confirmed she had handed CNA8 the container with the disinfectant wipes. When asked what her expectation was for reprocessing of equipment, the IP stated They should wipe down the equipment between residents. The DON confirmed it was her expectation that staff disinfected the reusable equipment between residents. Facility's policy titled Cleaning and Disinfecting Non-Critical Resident-Care Items was provided upon request to surveyor and reviewed on 09/16/2020. It read under General Guidelines that items such as blood pressure cuffs and other similar items which come in close contact with intact skin but not mucous membranes were considered Non-critical items. It further read, Most non-critical reusable items can be decontaminated where they are used. Item 3.d. read Reusable items are cleaned and disinfected or sterilized between residents. 2. Hand hygiene Observed CNA2 exit room [ROOM NUMBER] with two cups on 09/15/2020 at 1:18 PM. CNA2 was wearing gloves, a face shield and an N-95 respirator as she carried the cups down the hallway. CNA2 carried the cups to a food tray cart which was located behind a closed door in the facility entryway hall. Another staff held the door open for her to enter. As she placed the cups into the cart she stated, We can't put them directly into the kitchen anymore. CNA2 then doffed her gloves and threw them into a trash can. CNA2 then grasped the door handle with an unwashed hand and walked to the nurses' station and wash her hands. During an interview on 09/15/2020 at 1:20 PM CNA2 stated that after removing gloves she should Wash hands. When asked if she recalled opening door after removing her gloves, she stated I should have sanitized them first. Observed LN10 perform a glucose blood test on 09/15/2020 at 3:37 PM. After completing the task, LN10 placed the glucometer on the edge of a glove dispenser box while doffing an isolation gown and gloves. LN10 then washed hands with soap and water. LN10 picked up the glucometer with bare hands, walked to the medication cart and placed the glucometer on paper barrier on top of the cart. LN10 then donned a pair of gloves and proceeded to disinfect the glucometer. During an interview on 09/15/2020 at 3:46 PM LN10 described the process for disinfecting glucometer devices after use. LN10 stated I should have a barrier there instead of setting it on the dispenser. LN10 confirmed it was potentially contaminated and setting it down without a barrier could contaminate the glove dispenser and spread infection. When asked about carrying it in a bare hand and then donning a pair of gloves immediately after, LN10 stated I should have done hand hygiene. During an interview on 09/15/2020 at 4:30 PM with the IP and the DON they both voiced concurrence that CNA2 and LN10 missed required hand hygiene opportunities. IP stated staff Should wash hands after removing gloves or contaminated equipment. Facility policy dated 8/2019 titled Handwashing/Hand Hygiene was received and reviewed on 09/16/2020. The policy statement read, This facility considers hand hygiene the primary means to prevent the spread of infections. It further read that hand hygiene with either an alcohol based hand rub or soap and water should be used in situations which included, after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; After removing gloves. The policy further read, Hand hygiene is the final step after removing and disposing of personal protective equipment. Centers for Disease Control (CDC) guidance titled Hand Hygiene in Healthcare Settings dated 1/21/2020 read hand hygiene should be performed After contact with blood, body fluids or contaminated surfaces and Immediately after glove removal. Guidance is located at https://www.cdc.gov/handhygiene/providers/index.html 3. Screening of visitors and staff Observed Staff 11 upon entering the

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

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) facility on 09/16/2020 at 2:46 PM. Staff 11 greeted surveyor then proceeded to scan surveyor's forehead for a temperature reading. Staff 11 verified the temperature recording and stated Ok. Prompted Staff 11 by asking if there was anything else she needed. Staff 11 stated I don't think so. During an interview on 09/16/2020 at 2:50 PM with the IP and the DON, the DON described the procedure for screening visitors, The person assigned to sit (at the entrance) takes a temperature and asks the screening questionnaire. She confirmed her expectation was that a screening form be completed for all visitors and health care workers. Notified the DON Staff 11 had not screened the surveyor for signs and symptoms of COVID-19 upon entry. The DON stated that Staff 11 was Helping out. When asked what training they provided for screening staff, she stated We just tell them what to do. When asked if there was a training log for this, she stated No. When asked what Staff 11's usual job was the IP stated screener. The DON requested the IP in-service Staff 11 on the screening process. At no time during the on-site visit of 09/16/2020 was the surveyor screened for signs and symptoms of COVID-19 like illness. On 09/16/2020 reviewed facility's COVID 19 Mitigation Plan dated 9/4/2020. In the section subtitled Infection Prevention and Control it read, The Facility screens and documents every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks. It further read, IP, (RN14) is responsible for overseeing screening and training of all individuals entering the facility. Facility form titled Respiratory Screening Questionnaire (COVID-19) listed six questions. Question 2 read, In the last 5 days, have you had contact with some with a confirmed [DIAGNOSES REDACTED].? Question 3 read, Have you or a family member in your household experienced signs or symptoms of a respiratory infection, such as fever, cough, fatigue, shortness of breath, or sore throat, muscle or body aches, Nausea or Vomiting, Diarrhea, Headache, Loss of taste or smell, Congestion or runny nose in the last 5 days? The Centers for Disease Control (CDC) Guidance titled Preparing for COVID-19 in Nursing Homes was reviewed on 09/16/2020. It read, Screen visitors for fever (T>100.0oF), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Surveyor requested on 09/17/2020 logs of all persons who entered the facility on 09/16/2020. Logs received on 09/17/2020. A review of all persons who entered the facility on 09/16/2020 did not reveal any other incomplete screenings.