

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2020
NAME OF PROVIDER OF SUPPLIER BOULDER CREEK POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 12696 MONTE VISTA ROAD POWAY, CA 92064	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to ensure staff who presented with respiratory symptoms were not allowed to work until cleared of symptoms. As a result, there was the potential for residents to be exposed to an infection by a LN (Licensed Nurse) with respiratory symptoms. Findings: An onsite visit was conducted on 3/20/20 when a complaint was filled with the Department of Public Health related to infection control practice concerns. LN 1 was named in the complaint to have worked while sick. Per the facility's undated LTC (Long Term Care) Respiratory Surveillance Line List, LN 1's symptoms of nasal congestion started on 3/14/20, and resolved on 3/17/20. On 3/20/20 at 9:15 A.M., a concurrent interview was conducted with the ICCM (Infection Control Case Manager) and the DON (Director of Nursing). The ICCM and DON stated, they allowed LN's to work if they had a sore throat and a cough. On 3/20/20 at 3:10 P.M., a telephone interview was conducted with LN 1. LN 1 stated, she went to urgent care for a cough, then the DON allowed her to return to work. Per LN 1's Urgent Care documentation, dated 3/14/20, the physician instructed LN 1 to, .Get plenty of rest . Aggressive hand washing for at least 20 seconds every time you touch your face or mucous membranes (eyes, nose, mouth) or contaminated linens . to prevent contamination of surfaces others could touch and infect themselves . Per the CDC's (Center for Disease Control) web page, titled Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19), https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html, reviewed 3/6/20, .Encourage sick employees to stay home. Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. On 3/23/20 at 10:55 A.M., a telephone interview was conducted with the DON. The DON stated, she did not contact the CDC or the county health department for clarification of when staff with respiratory symptoms could return to work. Per the facility's undated, untitled document to employees in regard to COVID-19, .1. Sick employees should stay home. At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include cough .</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.