STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055955	A. BUILDING _____ B. WING _____	08/20/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CALIFORNIA HOME FOR THE AGED	**6720 E. KINGS CANYON FRESNO, CA 93727**

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 implement and maintain a safe environment with an effective infection prevention and control program for the prevention of [MEDICAL CONDITION] (COVID-19- a contagious serious respiratory infection transmitted from person to person) transmission when: 1. Two of eight sampled employees (Director of Staff Development (DSD) 1, and Housekeeper 1 (HSKP) 1 did not use the K95 respirator (a personal protective face piece used to reduce wearer's risk of inhaling hazardous particles) in accordance with professional standards of practice. 2. One of eight sampled employees (HSKP 2) could not demonstrate the correct sequence to follow for the application and removal of personal protective equipment (PPE- equipment used to protect self and others from contagious infections. 3. One of two housekeepers (HSKP) 2 used a chemical disinfectant (liquid that kills bacteria [MEDICAL CONDITION]) without following manufacturer's guidance for use. 4. Six of six Persons Under Investigation (PUI -persons exposed to someone infected with COVID-19 or who is experiencing symptoms for COVID-19 but not yet laboratory positive for Covid-19) room doors for six sampled residents (Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 and Resident 7) in the PUI unit remained open and not closed in accordance to standards from the Centers for Disease Control (CDC). 5. A dirty oscillating fan was used in the nursing station of the PUI unit. These practices potentially placed the residents and staff at risk for the spread and transmission of COVID-19, complications from COVID -19 and death. Findings: 1. During an observation on 8/18/2020, at 12:20 p.m., the Director of Staff Development (DSD) wore a surgical mask under the K95 respirator. During an observation and concurrent interview on 8/18/2020 at 12:45 p.m., the DSD removed the surgical mask from underneath the K95 respirator. The DSD stated she was in a hurry in the morning and applied the K95 respirator over the surgical mask. The DSD stated the surgical mask prevented the K95 from providing a good seal around the face. During an observation on 8/18/2020, at 2:25 p.m., HSKP 1 wore a surgical mask under the K95 respirator. HSKP 1 wore the K95 respirator upside down. During an interview on 8/18/2020, at 2:35 p.m., with HSKP 1, HSKP 1 stated she did not know she put on her K95 respirator upside down. HSKP 1 stated she did not know she could not wear a surgical mask under the K95 respirator. During an observation and concurrent interview on 8/18/2020 at 3 p.m., with the Maintenance Supervisor (MS), the MS looked at HSKP 1's K95 respirator and stated HSKP 1 was wearing the respirator incorrectly. The MS stated the K95 needed to fit tightly around the face and could not be worn with a surgical mask underneath it. The MS stated the K95 respirator should not be worn upside down. The MS stated the K95 respirator was not effective when worn incorrectly. During a professional reference review from the Centers for Disease Control and Prevention (CDC) retrieved from https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/ titled, Proper N95 Respirator Use for Respiratory Protection Preparedness dated 3/16/2020, indicated, .healthcare workers who may be called to care for COVID-19 patients .training should be ongoing .Three key criteria are required for a respirator to be effective: 1.The respirator filter needs to be highly effective at capturing particles that pass through it. 2.The respirator must fit the user's face snugly (i.e., create a seal) to minimize the number of particles that bypass the filter through gaps between the user's skin and the respirator seal; and 3.The respirator must be put on (donned) and taken off (doffed) correctly before and worn throughout the exposure. Three Key Factors Required for a Respirator to be Effective 1. The respirator must be put on correctly and worn during the exposure. 2. The respirator must fit snugly against the users face to ensure that there are no gabs between the user's skin and respirator seal . 2. During an interview on 8/18/2020, at 2:35 p.m., with HSKP 1, HSKP 1 was asked to demonstrate the sequence of steps followed to put on and remove PPE. HSKP 1 stated she could not verbalize the sequence of the steps she needed to follow to put on or to remove PPE because she did not remember. During a professional reference review retrieved from the Centers for Disease Control and Prevention (CDC) Coronavirus Disease 2019 (COVID-19) titled, How to Take Off (Doff) Personal Protective Equipment (PPE) Gear, undated indicated, .1.Remove gloves . 2. Remove gown . 3. Health care personnel may now exit patient room. 4. Perform hand hygiene. 5. Remove face shield or goggles. . 6. Remove and discard respirator (or facemask if used instead of respirator) . 3. During a concurrent observation and interview on 8/18/2020, at 1:45 p.m., HK 2 sprayed a bottle of (disinfectant brand name) on to a counter top and wiped it down 50 seconds later with a dry towel. HK 2 stated she wiped the countertop dry and did not allow the chemical disinfectant to air dry. HK 2 stated the disinfectant needed to remain on the surface for three minutes in order to [MEDICAL CONDITION] from the surfaces. During an interview on 8/18/2020, at 3 p.m., with the MS, the MS stated the process for disinfecting surfaces was to spray the solution onto the surface and to wipe down with a soaked washcloth filled with the disinfectant. The MS stated the chemical disinfectant had a contact time (the amount of time the surface must remain visibly wet in order to kill germs) of one minute. The MS stated it would not be appropriate to wipe down the chemical disinfectant because it would not allow the disinfectant solution the contact time to work effectively. During a review of the manufacturer's guidelines for use of the (brand name) disinfectant dated 11/2/17, indicated, (brand name disinfectant) .For use as a Virucide (chemical agent that kills viruses) Dilute according to use directions .Spray surfaces 6-8 inches from the surface; making sure to wet surfaces thoroughly. All surfaces must remain wet for the required time indicated in the directions for use. Wipe surfaces or allow to air dry .In 5 minutes diluted in 400 ppm hard water .Human Coronavirus . 4. During an observation on 8/18/2020, at 3:15 p.m., in the PUI unit six resident bedroom doors remained open for the following residents, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6 and Resident 7) During a concurrent observation and interview on 8/18/2020, at 3:20 p.m., with Licensed Vocational Nurse (LVN) 2, LVN 2 stated there were six residents in the PUI unit. LVN 2 stated the six residents were in individual rooms. LVN 2 stated the six PUI room doors remained open. LVN 2 stated she did not know the doors were required to be shut and was a common practice to leave the bedroom doors open. During an interview on 8/18/2020, at 3:40 p.m., with the DSD, the DSD stated she did not know the bedroom doors inside the PUI unit needed to be closed. During a professional reference review retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html dated 7/15/2020, titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic indicated, .2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection . Patient Placement If admitted , place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection .with the door closed. 5. During a concurrent observation and interview on 8/18/2020, at 3:25 p.m., with the DSD and LVN 2, an oscillating fan was on and aerated the nursing station in the PUI unit. The oscillating fan was dusty and visibly dirty while it aerated the nursing station. LVN 2 stated she had not thought about the exposure a fan could have during the COVID-19 pandemic. LVN 2 stated a fan could spread COVID-19.

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.