

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINCOLN SQUARE POST ACUTE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1032 N. LINCOLN STREET STOCKTON, CA 95203</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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control measures to prevent the spread of COVID-19 when every person entering the facility was not screened or documented for symptoms of COVID-19. This failure put residents at risk of contracting COVID-19, with the potential of causing illness or death. Findings: 1. During an observation on 8/13/20, at 1:15 p.m., the receptionist (a person located at the entrance of the facility who is responsible for screening visitors and staff), checked the Department's temperature upon entrance to the building but did not screen for symptoms of COVID-19 (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). During an interview with the Infection Preventionist (IP) on 8/13/20, at 4:45 p.m., the IP stated they do not document screening for COVID-19 symptoms of individuals who entered the facility. During an interview with the Administrator (ADM) on 8/13/20, at 4:55 p.m., the ADM confirmed the receptionist should have screened the Department for COVID-19 symptoms upon entrance to the facility. During an interview with the receptionist on 8/18/20, at 9:37 a.m., the receptionist confirmed that she did not screen the Department for COVID-19 symptoms upon entrance to the facility on [DATE]. During review of an undated facility document titled, (Facility name) COVID 19 Employee Screening Log, it only contained information of employees' and visitors' name, signature, date, time and temperature from 7/31/20 through 8/13/20. According to the Centers for Disease Control and Prevention (CDC), Preparing for COVID-19 in Nursing Homes, dated 6/25/2020, indicated, Screen visitors for fever, 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. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>)</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.