STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055412	A. BUILDING _____ B. WING _____	**07/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ORCHARD POST ACUTE CARE	**101 S ORCHARD AVE VACAVILLE, CA 95688**

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	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to ensure all staff observed proper use of Personal Protective Equipment (PPE) when entering resident rooms which were on Covid-19 precautions. This failure had the potential for spread of infection among both residents and staff. Findings: During observations on 7/15/20, two different facility staff did not observe the facility's policy on correct use of PPE when: 1. At 12:30 p.m., Janitor A briefly entered one of five rooms housing quarantined new admissions, wearing a mask and face shield but no gown or gloves. There was an orange sign indicating when the resident had been admitted and the date by which quarantine would be completed. There was a PPE station with gowns and empty glove boxes. There were no signs posted indicating which kind of precautions the resident was on and which PPE health care providers should be donning (putting on) and doffing (removing) upon entrance and exit. Upon exit, Janitor A did not wash his hands or use alcohol sanitizer provided outside the resident room. Janitor A did not discard or clean the face shield he wore. During a concurrent interview, when asked what protection he wore when usually entering quarantined resident rooms to clean, Janitor A indicated the only PPE he wore throughout the day was a surgical mask and face shield. 2. At 1 p.m., Nurse B came to the entrance of the designated Covid-19 unit which had one positive Coronavirus resident to whom Nurse B attended. Registered Nurse B was wearing an N-95 respirator mask, gown, and gloves. Nurse B verbally demonstrated donning and doffing of equipment and described how she entered and exited the resident's room. During a concurrent interview, when asked whether she discarded her N-95 at end of shift, Registered Nurse B stated she re-used the mask. When asked how she was re-using the mask, Nurse B stated she was on her second day of assignment on the Covid-19 unit, and placed her N-95 mask in a paper bag with her name on it at the end of the shift, to be used the following day. When asked how long she intended to re-use the mask, Nurse B stated one week. An interview on 7/15/20, at 12:35 p.m., Nurse C indicated Janitor A should have worn a gown when entering quarantined resident rooms. An interview on 7/15/20, at 1:18 p.m., facility Administrator indicated Janitor A should have worn a gown, and nurses working in the designated Covid-19 unit should be discarding their N 95 respirator mask after each shift. The Administrator indicated the facility followed Centers for Disease Control, County Public Health, and California Department of Public Health guidelines. Review of the facility's, Policy for the use of N 95 in the Covid Unit, undated, indicated Healthcare Providers working in the facility's dedicated Covid-19 unit wore an N 95 mask for the duration of their shift and then discarded. Review of facility's policy, 3.5 Infection Prevention and Control of Covid-19 on Admission, indicated the facility goal included implementing appropriate transmission-based precautions (standard, contact, and droplet), but did not specify which precautions new admissions were placed on and which PPE health care providers were expected to wear (e.g. gown, gloves and mask).

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.