

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555426	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER FRESNO POSTACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 1233 A STREET FRESNO, CA 93706	
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	<p>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 efficient infection surveillance for May - August 2020 to help identify possible communicable diseases and mitigate infectious disease outbreaks like COVID-19. The staff also failed to implement appropriate Standard and Transmission-Based Precautions based on federal regulations and Centers for Disease Control and Prevention (CDC) guidance. These failed practices can negatively impact all the residents and staff. Findings include: 1). On 08/18/2020 at approximately 8:40 AM during an interview with the Administrator and DON they explained the building was divided into three zones. The Red Zone housed COVID-19 positive residents. The Yellow Zone housed residents under investigations for COVID-19 and new admissions. The Green Zone house residents are COVID-19 negative. According to CDC guidance and federal regulations residents under investigation for COVID-19 should be placed on droplet precautions. Appropriate Personal Protective Equipment (PPE) for staff caring for a resident on droplet precautions includes: isolation gown, mask, eye protection such as goggles or face shield, and gloves. On 08/18/2020 at 9:18 AM, Staff 1 and Staff 2 were observed providing care to residents in the droplet precaution Yellow Zone. Staff 1 and 2 were observed going in and out of the residents' rooms without any eye protection such as goggles or face shields. Staff 2 provided care to a resident in her room while her gown was improperly fastened and was slipping off her shoulders. Staff 1 was also observed discarding her soiled gown in the hamper closed to the window. Staff 1 proceeded out of the room passing the resident on droplet precaution isolation without any protective gear on. Staff 2 was observed discarding her soiled gown across the hallway outside the room. Review of the nursing assignment for 08/18/2020 day shift revealed that Staff 1 was assigned to both the Green and Yellow Zones. During an interview on 08/18/2020 at 9:20 AM with Staff 1 she confirmed her assignment covered both Green and Yellow Zones. When questioned Staff 1 about the changing of PPE between the Green and Yellow Zones she stated, I do not change my mask between the Yellow and the Green Zones when caring for residents, I wear the same mask all day. When questioned Staff 1 about what type of isolation precautions the residents in the Yellow Zone are on she responded Yellow precaution which means the residents are quarantined. When questioned Staff 1 about her not wearing a face shield or goggles when caring for the residents on droplet precaution, she replied, The face shields and goggles were not available. During an interview on 08/18/2020 at 9:25 AM with Staff 2 who was assigned to the Yellow Zone only, she confirmed the face shield and goggles were not available in the storage cabinets outside the residents' rooms. She further explained she only wears the eye protections if the residents are experiencing symptoms. When questioned Staff 2 about what type of isolation precautions the residents in the Yellow Zone are on she responded, Yellow precaution, which means residents are on quarantine for 14 days. When asked about appropriate PPE for this zone she replied, Gown, gloves and mask were appropriate. On 08/18/2020 at 9:44 AM, an interview with a DSD-IPN staff confirmed that residents in the Yellow Zone are on droplet precaution and many are pending COVID-19 test results. She advised the appropriate PPEs are gowns, masks, gloves and eye protection such as goggles and face shields. When questioned about the staff not wearing the face shield or goggles she stated, Everyone should wear eye protector with the droplet precaution isolation rooms. The DSD-IPN staff further explained all the rooms should have a signage in front of the door to help identify the precaution measures for each resident. DSD-IPN Staff indicated the staff are supposed to doff all PPEs prior to leaving the Yellow Zone. Additionally she explained the staff should discard their reusable gowns in the soiled laundry container inside the room and the container should be located near the room exit. On 08/18/2020 at 10:00 AM, the DON was interviewed regarding the isolation precaution measures and inappropriate usage of PPE observed in the Yellow Zone. She acknowledged the practices observed with Staff 1 and Staff 2 were inappropriate per federal regulations and policy. The DON indicated the staff will be trained on isolation precaution measures and appropriate use of PPE's immediately. DON also commented, A PPE alert sign is now posted at the entrance of the Yellow Zone. The sign will remind the staff to change PPE's when entering and exiting the area. The DON explained she called the central supplies department and they delivered face shield for the staff and they were placed in the storage cabinets outside the rooms. Additionally, the DON verbalized that soiled laundry containers were moved closer to the door way for safe disposal of the soiled gowns. 2). During a record review and concurrent interview on 08/18/2020 at 2:34 PM with the DSD-IPN Staff, she acknowledged the infection control surveillance data was incomplete for May-July 2020, and August had not been started. DSD-IPN Staff stated, I can have it all done by 08/28/2020. When questioned on why the infection control surveillance data was incomplete she indicated, I have been doing so many other things, that I just have not had the time available to enter the data. During a concurrent interview with the DON and the Administrator at approximately 3:00 PM on 08/18/2020, they agreed the facility policy was to complete the infection surveillance data monthly. They both acknowledged the infection surveillance data was incomplete from May-August 2020. The DON verbalized that the facility's expectation is for the infection surveillance data to be completed monthly in order to capture outbreaks or concerns promptly. DON verbalized she would have the infection surveillance data completed by tomorrow (08/19/2020). The DON provided infection surveillance data via email on 08/19/2020 at 10:28 PM. Upon review of the documentation the information was still incomplete and inconsistent as the data did not match the facility monthly pharmacy Antibiotic Utilization by Resident data. During a phone interview with the DON on 08/20/2020 at 10:00 AM, she agreed the infection surveillance data was still incomplete and inconsistent as the surveillance data did not correspond with the Antibiotic Utilization by Resident data. She stated, This is the first time I looked at this. The infection control nurse handles this. We have not had an infection control committee meeting. On 08/19/2020, review of the facility policy titled Infection Control Monitoring and Surveillance revealed: the infection control nurse will record data for the monthly infection report and make a monthly report to the Director or Nursing and the infection control committee. The data will be reviewed monthly during the infection control committee meeting. On 08/18/2020, review of the facility lesson plan for the infection control training in-service on understand which PPE to use for each zone and Know how to provide supplies to each zone dated 07/21/2020 revealed: Yellow Zone. Residents who are newly admitted , who left the building for any reason and are readmitted or who frequently leave the building for appointments like [MEDICAL TREATMENT] are considered possibly exposed. Most have a negative COVID screen prior to entering the building and are being watched in the yellow zone for 14 days. Used PPE should be placed in the proper receptacle for sanitizing and reuse. Staff working in the yellow zone should wear a KN-95 mask and use contact and droplet precautions when providing resident care. This includes wearing goggles or a face shield and a gown and gloves when providing resident care. If a staff member will be performing a procedure that may result in aerosol, an N-95 mask and face shield should be used in addition to the gown and gloves. There is a dedicated break room for yellow zone staff. Yellow zone staff should avoid going into the green and red zones whenever possible. If staff must work in both green and yellow zones, all tasks for green zone should be completed before going into yellow zone. If returning to green zone after being in yellow is unavoidable, PPE should be changed and proper hand hygiene performed.</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.