

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555702	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER THE ORCHARDS POST-ACUTE		STREET ADDRESS, CITY, STATE, ZIP 730 34 STREET BAKERSFIELD, CA 93301	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed to implement COVID-19 (a mild to severe illness that is caused by a Coronavirus, is transmitted chiefly by contact with infectious material (such as respiratory droplet) and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and [MEDICAL CONDITION]) infection control practices when: 1. Staff were not educated on the proper reuse of filtering facepiece respirators (FFP). 2. Surveillance monitoring of staff's compliance in infection control practices were not completed. These failures had the potential for infection to spread to residents, staff, and non-staff. Findings: 1. During a concurrent observation and interview on 7/16/20, at 11:50 AM, with Certified Nursing Assistant (CNA) 1 in the Resident Hallway, CNA 1 was wearing a filtering facepiece respirator (FFR) - mask that filters airborne particles. CNA 1 stated, the facility provides staff with FFR to wear everyday when providing direct patient care. CNA 1 stated, she was told she can reuse the mask. She also stated she stores the mask in a Ziploc plastic bag and takes it home with her. CNA 1 stated, at home, she sprays it with a disinfectant then lays the mask in the sun. During an interview on 7/16/20, at 11:57 AM, with CNA 2, CNA 2 stated, all staff were provided with a FFR. CNA 2 stated, she puts the FFP in a closed Ziploc bag and stores it in her car. She can change it every three days. CNA 2 stated, she was told to wrap the mask in a paper towel during her lunchtime. She places FFR in her pocket while she is eating. During a concurrent observation and interview on 7/16/20, at 12:23 PM, with Certified Nursing Assistant (CNA) 3, in hallway 300, CNA 3 was observed wearing a FFR mask. CNA 3 stated, one mask is provided to the staff while on duty. CNA 3 stated, At the end of the shift the mask goes inside a plastic ziplock bag and taken home. They (facility) told us we could reuse the masks so I put it in the ziplock bag to keep it from getting soiled. During a concurrent observation and interview on 7/16/20, at 12:29 PM, with Housekeeping Aide (HA) 1, in hallway 300, HA 1 was observed wearing a FFR mask. HA 1 stated, At lunch I put the mask in ziplock bag. When I go home I put the mask in the same plastic bag and take it with me. We get a new mask every two days. During an interview with the Administrator, on 7/16/20, at 1:50 PM, the Administrator confirmed the staff were storing the masks in plastic bags. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings, dated 4/27/20 indicated, If reuse of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission: Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. 2. During a concurrent interview and record review on 7/16/20, at 12:45 PM, with Infection Preventionist (IP), it was noted there was no documentation staff were monitored in following infection control practices such as hand hygiene, Donning and Doffing (putting on and taking off) of Personal Protective Equipment (PPE), or any surveillance of staff performing environmental cleaning. IP stated she had no documentation of surveillance of staff adherence to infection control practices. During a review of the facility's policy and procedure (P&P) titled, Monitoring Compliance with Infection Control dated September 2017, the P&P indicated, 1. The infection preventions (sic) or designees shall monitor the effectiveness of our infection prevention and control work practices and protective equipment. This includes, but is not necessarily limited to: a. Surveillance of the workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used;</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.