| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **555658** | A. BUILDING _____ B. WING _____ | **08/18/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **PORTERVILLE CONVALESCENT HOSPITAL** | **1100 WEST MORTON AVENUE PORTERVILLE, CA 93257** |

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<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Some | **Provide and implement an infection prevention and control program.**<br><br>Based on observation, interview and record review, the facility failed to limit the transmission of COVID -19 when: 1. N95 respirators (is a device designed to protect the wearer from inhaling hazardous atmospheres) and surgical masks were not properly stored. 2. Two bags of trash were stored on the floor. 3. Six plastic bags which contained residents' personal belongings were stored on the floor. These failures had the potential to result in the spread of COVID - 19 to residents and staff. Findings: 1. During an observation on 7/16/20, at 12:49 PM, in the facility PPE (personal protective equipment) donning (putting on) and doffing (removing) room (area designated for putting-on and taking-off PPE), three paper bags were noted: The first paper bag contained two N95 respirators (tight-fitting, filter mask). The second paper bag contained two N95 respirators. A third paper bag contained two N95 respirators. In the donning and doffing room, in the facility's COVID positive unit designated for residents who test positive for COVID - 19 virus, two paper bags were noted: The first paper bag contained three N95 respirators. The second paper contained two surgical mask. During an interview on 7/15/20, at 11:50 AM, with Administrator and the Infection Preventionist (IP), Administrator stated, there should only be one N95 respirator stored in each bag. IP stated, staff should dispose of the surgical mask after they exit the building. The facility policy and procedure (P&P) for proper storage of PPE was requested, none was provided. The Centers for Disease Control Prevention for Pandemic Planning titled, Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings dated 3/27/20, the document indicated, 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 so 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 . Pack or store respirators between uses so that they do not become damaged or deformed . Label containers used for storing respirators. 2. During a concurrent observation and interview on 7/16/20, at 12:55 PM, in the hallway alcoves for resident rooms 407, 409, 410, and 412, a plastic bag containing trash was observed on the floor. In the hallway alcove for resident rooms 401, 403, 404, and 406, two staff members were observed placing trash into a bag of trash on the floor. Administrator and the IP verified the trash had been on the floor. The facility policy and procedure (P&P) for proper storage of trash was requested, none was provided. 3. During a concurrent observation and interview on 7/16/20, at 1:30 PM, with the Director of Nurses (DON) and the IP, six bags of residents personal clothing were stored on the floor near an exit door on the facility's COVID positive unit. The DON stated, the bags of clothing were placed at the door to be picked up by resident families. She verified they should not have been stored on the floor. The facility policy and procedure (P&P) for proper storage of resident clothing was requested, none was provided. |
| F 0907<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide enough space and equipment to meet each resident's needs**<br><br>Based on observation, interview, and record review, the facility failed to ensure one oxygen e-tank (used for the storage of oxygen for medical administration) was stored in a safe manner. This had the potential to cause harm to residents and staff. Findings: During a concurrent observation and interview, on 7/16/20, at 1:30 PM, with Director of Nurses (DON) and the Infection Preventionist (IP), one oxygen e-tank was stored near the exit a door between a window and three bags of clothing on the facility's COVID positive unit (designated for residents who test positive for COVID - 19 virus). DON stated, It should not have been stored there (referring to the oxygen e-tank). During a review of the facility policy and procedure (P&P) titled, Fire Safety and Prevention, dated 2011, the P&P indicated, Oxygen Safety: d. Store oxygen in clean, dry location away from direct sunlight . f. Store oxygen cylinders . oxygen cylinders free-standing. Do not store oxygen cylinders in any resident room or living area. |

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.