

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN REHAB AND CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1630 N. EDISON STREET STOCKTON, CA 95204</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	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and facility policy review, the facility failed to ensure source control measures were in place to prevent exposure, and the spread of COVID-19 infection when two staff members were not wearing a face covering and were less than 6 feet apart for a census of 87. This failure had the potential to put residents, and staff, at risk of exposure to, and cause the spread of COVID-19 infection. Findings: During an observation on 5/26/20, at 3:04 p.m., Licensed Nurse (LN) 1, and LN 2 were observed not wearing face coverings while in Nurses' Station One, less than six feet apart. During a concurrent observation and interview on 5/26/20, at 3:26 p.m., LN 1 was observed standing in the hallway in front of Nurses' Station One with her face covering pulled down under her chin. When asked, LN 1 stated it is only mandatory to wear a face covering while in resident's rooms providing patient care. Three residents were observed propelling in the hallway near station one without a face covering on. During an interview with the Director of Nursing (DON) on 5/26/20, at 3:30 p.m., the DON stated her expectation would be for all staff to wear face coverings when giving care to residents, at the nurses' station if unable to social distance, and while in the hallways. During an interview with LN 2 on 5/26/20, at 3:37 p.m., LN 2 stated a face covering should be worn while providing care to residents, in the hallway, and at the nurses' station if unable to maintain social distance. LN 2 went on to say he attended a staff in-service the day before informing him of the facility's policy on face coverings. LN 2 confirmed he should have been wearing his face covering while inside Nurses' Station One. According to the Centers for Disease Control (CDC) website, ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> ) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, updated 5/18/20, the CDC recommended all health care personnel .Should wear a facemask at all times while they are in the facility . According to the facility's policy and procedure titled, COVID 19, revised 5/22/20, the policy indicated, .All staff shall wear cloth face cover or face mask .and impractical to keep 6 feet distance possible.		

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.