

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055693</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HEALTHCARE CENTER OF BELLA VISTA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>933 EAST DEODAR STREET ONTARIO, CA 91764</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, record review, the facility failed to ensure complete and accurate COVID-19 (Coronavirus disease 2019 - [MEDICAL CONDITION] that is easily spread from person to person) screenings were completed accurately in 31 instances over a five day period, October 8, 2020 through October 12, 2020. This failure placed all staff members and residents at risk for infection with COVID-19. Findings: A review of the, Daily Screening Log of Employees, a screening tool for signs and symptoms of COVID-19, revealed, 29 facility employees had not, in part or in full, answer the screening questions. The review further revealed one facility employees did not have their beginning of shift temperature recorded. The screening tool contained columns requesting facility employees input their temperature at the beginning of the shift and requests facility employees answer yes or no (Y/N) to the following questions: Cough, Any Type (Y/N), Chills or Repeated Shaking with Chills (Y/N), Difficulty Breathing or Shortness of Breath (Y/N), Headache (Y/N), Diarrhea (Y/N), Malaise (a general feeling of discomfort, illness, or uneasiness whose exact cause is difficult to identify), or Joint Pain (Y/N), Muscle or Joint Pain (Y/N), New Loss of Taste or Smell (Y/N), Sore Throat (Y/N), Congestion or Runny Nose (Y/N), Nausea or Vomiting (Y/N). The breakdown of dates and instances are listed below: For the section titled, Signs and Symptoms, all screening questions were left unchecked for: 1. Two times on October 8, 2020, 2. Three times on October 9, 2020, 3. Three times on October 10, 2020, 4. Four times on October 11, 2020. For the section titled, Signs and Symptoms, one or more screening questions were left unanswered for: 1. Six times on October 8, 2020, 2. Nine times on October 9, 2020, 3. One time on October 10, 2020, 4. One time on October 11, 2020. For the section titled, Temperature: Beginning of Shift, one facility employee did not have their temperature recorded. During a concurrent interview and record review on October 12, 2020, at 10:05 a.m., with the Administrator (Admin), the Admin stated, There is no excuse, for not filling out the, Daily Screening Log of Employees. During an interview on October 14, 2020, at 1:01 p.m., with the Infection Preventionist (IP), the IP confirmed 12 instances facility employees did not fill out the signs and symptoms portion of the, Daily Screening Log of Employees, the IP further confirmed the 17 instances facility employees did not fill out one or more of the signs and symptoms portion of the, Daily Screening Log of Employees. The IP confirmed she is responsible for auditing the, Daily Screening Log of Employees, for accuracy and completeness. During an e-mail exchange on October 14, 2020, at 2:26 p.m., with the Admin, the Admin e-mailed, Yes .I confirm that it was not filled correctly, regarding one facility employee not recording her beginning of shift temperature on the, Daily Screening Log of Employees. A review of the facility P &amp; P titled, COVID 19 (coronavirus disease 2019), revised September 16, 2020, indicated, Procedure .IV. Prevention Practices .B. Symptom screening of all persons entering the Facility including temperature. A review of the Centers for Disease Control (CDC) document titled, Interim Infection Prevention and Control Recommendations for 1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic .Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19 .Screen everyone (patients, HCP (healthcare provider), visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured temperature =100.0F or subjective fever.</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.