

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055568	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2020
NAME OF PROVIDER OF SUPPLIER SIERRA VALLEY REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 301 WEST PUTNAM 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 Level of harm - Actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to prevent the spread of infection when: 1. One of one resident (Resident 1) was removed from isolation precautions after seven days of confirmed positive COVID-19 infection and returned back to her previous room with roommates (Resident 2 and Resident 3) both negative for COVID-19. 2. Three staff (Licensed Vocational Nurse (LVN), Certified Nursing Assistant (CNA), Director of Staff Development Clerk (DSDC)) in the PUI (Person Under Investigation) unit did not wear proper personal protective equipment (PPE-N95 mask, face shield, gown, gloves). These failures had the potential for the continued spread of the COVID-19 infection for all 23 of 23 residents residing in the PUI unit (Unit 1) and staff. Findings: 1. During an interview on 8/12/20, at 11 AM, with the Administrator, the Administrator stated, Resident 1 had tested positive for the COVID-19 virus on 8/4/20. During an observation on 8/12/20, at 12:30 PM, in Unit 1, Resident 1 was observed in a shared three bedroom with three beds. Resident 1 was in B-bed, Resident 2 was in A-bed and Resident 3 was in C-bed. All residents were sitting up in their beds eating lunch. During a concurrent observation and interview, on 8/12/20, at 12:35 PM, in Unit 1, with LVN, and CNA, LVN and CNA both confirmed Resident 1, Resident 2, and Resident 3 were in the same room. LVN stated, Resident 1 was asymptomatic but had tested positive for COVID-19 on 8/4/20, was placed in an isolation room in Unit 1 from 8/4 to 8/10 (total of seven days in isolation), and returned back to her previous room. LVN stated, Resident 2 and Resident 3 tested negative for COVID-19 on 8/4/20. LVN stated, it was the facility practice to place a positive COVID-19 resident in an isolation room for 14 days. During an interview on 8/12/20, at 3:23 PM, with Local Public Health Nurse (LPHN), LPHN stated, she was notified of Resident 1 testing positive for COVID-19 on 8/4/20. LPHN stated, she was not made aware Resident 1 had been taken off isolation on 8/10/20. LPHN stated, Resident 1 should have remain on isolation for 14 days. During an interview on 8/12/20, at 4:56 PM, with Director of Nurses (DON), DON stated, Resident 1 was placed on isolation for seven days, 8/4/20 to 8/10/20. DON stated the facility had followed CDC (Centers for Disease Control and Prevention) recommended guidelines on removing positive COVID-19 residents out of isolation within seven days of confirmed infection. DON was unable to provide any CDC guidelines on removing COVID-19 positive residents out of isolation after seven days of confirmed infection. During an interview on 8/12/20, at 5:12 PM, with the Administrator, Administrator stated, she did not communicate with Local Public Health (LPH) for guidance prior to removing Resident 1 out of isolation after seven days of confirmed infection. The Administrator stated, it was the facility practice to comply with local, state, and CDC guidelines on COVID-19 infection. During a review of the facility's policy and procedure (P&P) titled, Infection Prevention Quality Control Plan updated, the P&P indicated, Purpose/Quality Statement:1. Protect residents by minimizing the risk of transmission of infections associated with use of procedures, medical equipment, and medical devices/Healthcare Associated Infections (HAI). 2. Protect staff and visitors in the healthcare environment. This accomplished by limiting unprotected exposure to pathogens by using administrative controls, engineering controls, isolation. 5. Comply with local, state, and federal regulation, and the Center for Disease Control and Prevention (CDC) guidelines. During a review of the facility's COVID-19 Mitigation Plan (MP), dated 5/29/20, the MP indicated, Return to General Population for residents with Confirmed COVID-19: At least 17 days have passed since symptoms first appeared. During a review of the CDC guidelines titled, Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) updated 8/10/20, the guideline indicated, For patients who are not severely immunocompromised and who were asymptomatic through their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive [MEDICAL CONDITION] diagnostic test. 2. During an observation on 8/12/20, at 12:30 PM, in Unit 1, a signage on the entrance/exit door was noted. The signage read PUI AREA Droplet Precautions: PPE Required: Gloves, Gowns, Respirator, Face Shield/Eye Protection. During an observation on 8/12/20, at 12:31 PM, in Unit 1, LVN and CNA were observed walking in and out of residents' rooms wearing only a surgical mask. During an interview on 8/12/20, at 12:35 PM, with LVN and CNA, LVN and CNA both stated, all staff currently working in Unit 1 were only required to wear a surgical mask. LVN stated, there were currently no residents positive for COVID-19 in Unit 1. LVN stated, Resident 1 had tested positive for COVID-19 on 8/4/20 but was deemed recovered on 8/10/20. LVN stated, it was the facility practice for all staff to wear full PPE (N95 mask, face shield, gowns, gloves, booties) in the designated unit with the confirmed positive COVID-19 resident. During a concurrent observation and interview, on 8/12/20, at 5 PM, in Unit 1, with DSDC, DSDC was noted coming out of Unit 1 wearing only a surgical mask. DSDC confirmed PUI Droplet Precaution signage on the entrance/exit door in Unit 1. DSDC provided no comment as to why she entered Unit 1 without wearing full PPE. During an interview on 8/12/20, at 5:21 PM, with DON, DON stated, Unit 1 had a confirmed positive COVID-19 resident (Resident 1) on 8/4/20. DON confirmed all staff working in Unit 1 should continue to wear full PPE. During an interview on 8/12/20, at 5:47 PM, with the Administrator, Administrator confirmed all staff working in Unit 1 were currently only wearing a surgical mask. During a review of the CDC guidelines titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated on 7/15/20, the guideline indicated, Resident with new-onset suspected of confirmed COVID-19: Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible. HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this include symptomatic and asymptomatic residents. The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: N95 respirator, eye protection (i.e. goggles or a face shield that covers the front and sides of the face), gloves, gowns.</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.