

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055833	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2020
NAME OF PROVIDER OF SUPPLIER FULTON GARDENS POST ACUTE, LLC		STREET ADDRESS, CITY, STATE, ZIP 537 E. FULTON STREET STOCKTON, CA 95204	
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 - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to assure staff following CDC guidance for infection control practices to prevent the spread of the [DIAGNOSES REDACTED]-CoV-2 virus ([MEDICAL CONDITION] that causes COVID 19 illness). This deficient practice had the potential to spread contagious pathogens to other staff or residents when staff working in the COVID 19 positive unit did not wear eye shields/goggles while working in the unit. In addition the facility failed to keep resident room doors closed in the Quarantine units. Findings include: 1. During a tour of the facility accompanied by the infection preventionist (IP) beginning on 8/6/2020 at 1:30 PM, the COVID 19 Unit (dedicated unit where only [DIAGNOSES REDACTED]-CoV-2 positive residents were housed) staff wore only a mask on the unit. They donned additional PPE including face shield or goggles, gown and gloves when caring for residents except for Staff 37. Staff 37 was observed in the nurse's station wearing a N95 mask with an exhaust valve (this mask allows the wearer's breathe to escape the mask unfiltered into the environment) and her normal glasses. When asked where her eye shield or goggles were, Staff 37 stated she had already had the COVID 19 and still had some difficulty breathing. She stated the goggles and face shield fogged up and made it difficult to see. She stated she would not wear a regular N95 mask and her glasses were sufficient. When asked if she had let her supervisor know of these difficulties, Staff 37 stated, No. The IP stated Staff 37 should wear the face shield or goggles over her glasses. The IP stated she was not aware that the N95 with exhaust valve allowed the staff's breathe to escape unfiltered. When asked if all staff on the unit had tested positive for [MEDICAL CONDITION] the IP stated no. Although this was the COVID 19 dedicated unit and all residents on this unit were ill with COVID 19 or had tested positive with [MEDICAL CONDITION], Staff 37 put herself and colleagues at risk of contracting [MEDICAL CONDITION] or re-infecting themselves or others by wearing a N95 with exhalation valve and by not wearing eye protection. Review of the Infection Prevention and Control Program revealed the following pertinent part: Program and Procedures; II. Infection Control Committee, D. Risk and Exposure Categories; i. These SOPs include mandatory work practices and protective equipment for identified tasks . c. Monitoring the effectiveness of work practices and protective equipment. This includes . i. Surveillance of the workplace to ensure that required work practices are observed and that protective clothing and equipment are provided and properly used . In addition: .IV. Infection Control Policies and Procedures . F. The Administrator, through the ICC, adopts the infection control policies and practices to reflect the Facility's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA, OSHA, and CDC guidelines and recommendations . Review of the CDC/NIOS guidelines for use of N95 mask with exhalation valve read in pertinent part as follows: <https://www.cdc.gov/niosh/npptl/topics/respirators/factsheets/resp[DIAGNOSES REDACTED].html> .Can I use a respirator with an exhalation valve? . Usually, yes. An exhalation valve reduces excessive dampness and warmth in the mask from exhaled breath. The valve opens to release exhaled breath and closes during inhalation so that inhaled air comes through the filter. Health care workers may wear respirators with exhalation valves unless the patient has a medical condition (such as an open wound) for which a health care worker would normally wear a surgical mask to protect the patient. Similarly, respirators with exhalation valves should not be placed on a patient to contain droplets and prevent spread of infectious particles; surgical masks are adequate for this purpose These N95 masks with an exhalation valve do not contain droplets and prevent the spread of infectious particles and therefore are not appropriate for use during the COVID 19 pandemic. The following is an excerpt from the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>. Responding to [MEDICAL CONDITION] in Nursing Homes. Resident Cohorting; Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19 . Place signage at the entrance to the COVID-19 care unit that instructs HCP (healthcare providers) they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms . 2. On 8/6/2020 beginning at approximately noon during the tour of the Quarantine Units (the Yellow Zone) that included the following rooms: 12 - 20 and 47 -58. All room doors were open. The IP stated they were open because most of these residents were at high risk for falls and the staff had to keep an eye on them. When asked for a list of residents who were at high risk for falls in the Quarantine Unit (Yellow Zone), the administrator provided a list of all residents on these units and indicated two residents who were at high risk for falls. None of the residents in rooms 12 - 20 were at high risk for falls. Unsamped residents R6 and R7 were located in the section that included rooms 47 -58. Review of the facility policy and procedure IC-63 titled; Infection Prevention Control for COVID 19 and PUI Read in pertinent part as follows: .i. In the event that you have a positive/confirmed case of COVID-19 or a PUI, the following are recommended: A. Minimize chance of exposure by doing the following: iii. Room door(s) should be kept closed except when entering or leaving the room .</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.