STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555307	A. BUILDING _____ B. WING _____	**07/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CLEARWATER HEALTHCARE CENTER	**1517 EAST KNICKERBOCKER DRIVE STOCKTON, CA 95210**

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 -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy and procedure review, the facility failed to provide infection prevention and control measures to prevent the possible spread of COVID-19 when: 1. Appropriate isolation precaution (create barriers between people to prevent the spread of germs) signs were not placed at the doorway of Resident (RES) 1, RES 2, RES 3, RES 4, and RES 5, who were on isolation; 2. RES 5, a new admission, was placed with known negative COVID-19 residents; 3. Every person entering the facility was not screened for symptoms of COVID-19 and documented; 4. Staff did not adhere to source control measures (wearing a facemask to prevent the spread of infection); and 5. Staff did not perform hand hygiene (act of cleaning one's hands to remove harmful and unwanted substances) between residents. This failure put residents at risk of contracting COVID-19, with the potential of causing illness or death. Findings: 1. During a concurrent observation and interview, on 7/8/20 at 9:58 a.m., with Licensed Nurse (LN) 1, LN 1 stated RES 1 and RES 2, located in room [ROOM NUMBER], tested negative at the hospital before being admitted to the facility. LN 1 stated new admissions only required staff to wear gloves and facemask to enter the resident's room. RES 1 and RES 2 had no isolation precaution signs posted outside of the doorway. During a concurrent observation and interview, on 7/8/20, at 10:06 a.m., LN 2 was observed entering room [ROOM NUMBER] wearing only a facemask. LN 2 stated the residents in room [ROOM NUMBER] were not on isolation precautions. LN 2 confirmed if a resident was on isolation precautions a sign would be posted at the door. During an observation, on 7/8/20, at 10:16 a.m., RES 3 in room [ROOM NUMBER], and RES 4 in room [ROOM NUMBER], had only an airborne precaution sign (used for residents known or suspected to be infected with germs transmitted through the air, that remain in the air for a long time) posted at the door. The airborne precautions sign indicated staff was to wear a N95 mask (protective device designed to achieve a very close facial fit and very efficient filtration of germs in the air) before entering the room. During an observation, on 7/8/20, at 11:45 a.m., RES 5's room, 117, had no isolation precaution sign, or personal protective equipment (PPE -special equipment that helps prevent the spread of germs) located outside of the doorway. During an interview, on 7/8/20, at 12:06 p.m., with the Director of Nursing (DON), the DON stated, residents that had a known exposure (to COVID-19) or are at 'higher risk' are placed on droplet precautions (used for residents known or suspected to be infected with germs transmitted through the air, but quickly settle out of the air). During an interview, on 7/8/20, at 2:40 p.m., with the assistant director of nursing (ADON), interim infection preventionist (IP), the ADON/IP stated airborne precautions are used when a resident had a roommate whom tested positive for COVID-19 or if the resident has symptoms of COVID-19. The ADON confirmed RES 3 and RES 4 were currently on airborne precautions because their roommates tested positive for COVID-19. During a facility document review titled, (facility name) Resident List Report, dated 7/8/20, indicated that RES 1, RES 2, and RES 5 were all admitted to the facility on [DATE]. During a review of a facility document titled, (facility name) COVID 19 MITIGATION PLAN, (not dated), the cohorting (grouping of individuals with the same condition in the same location) site map indicated that rooms [ROOM NUMBER] are located in the yellow zone which is for residents whom are New Admit/Negative Quarantine for 14 days. The facility cohorting site map confirmed RES 1, RES 2, RES 3, and RES 4 all resided in the facility's yellow zone. The facility document, within the section titled, COHORTING NEW ADMITS WITH NEGATIVE OR UNKNOWN RESULTS/QUARANTINE (YELLOW) indicated, Facility will cohort all negative COVID 19 or unknown asymptomatic and untested residents in the yellow zone .Resident admitted for m (sic) the hospital should be tested prior to admission and if they test negative, should be quarantined for 14 days and then retested . Residents in yellow zone will be treated with contact and droplet precautions until a negative test result can be achieved . 2. During a concurrent interview and facility document review, on 7/8/20 at 11:26 a.m., with the director of nursing (DON), in the conference room, (facility name) Resident List Report, dated 7/8/20, was reviewed. The (facility name) Resident List Report indicated, RES 5 was admitted to the facility on [DATE] and placed in room [ROOM NUMBER]. The DON confirmed that this resident was a new admission and placed in the green zone because a room was not available in the yellow zone. During a review of a facility document titled, (facility name) COVID 19 MITIGATION PLAN, (not dated), the facility cohorting (grouping of individuals with the same condition in the same location) site map indicated that room [ROOM NUMBER] was located in the green zone. The facility document, within the section titled, COHORTING NEW ADMITS WITH NEGATIVE OR UNKNOWN RESULTS/QUARANTINE (YELLOW) indicated, Resident admitted for m (sic) the hospital should be tested prior to admission and if they test negative, should be quarantined for 14 days and then retested . Facility will cohort all negative COVID 19 or unknown asymptomatic and untested residents in the yellow zone . 3. During a concurrent observation and interview on 7/8/20, at 8:16 a.m., the director of first impressions (DFI) (person located at the front lobby entrance and responsible for screening visitors and staff), checked a staff member's temperature upon entrance to the building, but no screening occurred regarding symptoms of COVID-19. The DFI explained when staff enter the building their temperature was checked and staff self-report symptoms because They already know all the symptoms, so they just let me know. The DFI stated visitors checked in at the kiosk located on the desk at the front entrance. The DFI stated visitors are screened for cough, shortness of breath (SOB), fever, and if they traveled outside of the United States in the last 30 days. A sign on the desk where the screener sat, indicated symptoms of COVID-19 included cough, SOB, and fever. No other symptoms of COVID-19 were listed. During a concurrent interview and facility document review, on 7/8/20, at 8:20 a.m., with the DFI, at the front entrance of the facility, (facility name) Employee Surveillance Log for S/S (signs and symptoms) of Respiratory Illness (LINKS), (not dated), was reviewed. The (facility name) Employee Surveillance Log for S/S of Respiratory Illness (LINKS) included the following symptoms: temperature elevation, cough, SOB, sore throat, and new onset cold symptoms/not allergy related. The DFI stated the document was used to record the temperature and symptoms of staff for the screening process. During an interview on 7/8/20, at 9:10 a.m., with Certified Nurse Assistant (CNA) 1, CNA 1 stated on this day she did not enter the facility through the front door. CNA 1 stated she entered the facility through a side door, went to the breakroom to put her lunch in the fridge, grabbed a barrel for her hall, and then went to the entrance lobby to be screened. At the entrance lobby, CNA 1 stated her temperature was taken, she was given a mask, and she went to her assigned work area. CNA 1 confirmed this was her routine every day prior to work. During an interview on 7/8/20, at 10:55 a.m., with the director of nursing (DON), the DON stated that all nursing staff entered through the front lobby to be screened, but laundry and kitchen staff entered through the side entrance and self-monitored for symptoms of COVID-19. During a review of a facility document titled, Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities (SNF), (not dated), indicated, The SNF screens and documents every individual entering the facility (including staff) for COVID-19 symptoms. Review of the Centers for Disease Control and Prevention (CDC), , Preparing for COVID-19 in Nursing Homes, dated 6/25/20, indicated, visitors to be screened .for fever ., symptoms consistent with COVID-19, or known exposure to someone with COVID-19 and Screen all . (Healthcare Personnel) .at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of symptoms consistent with COVID-19. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) Review of the CDC, Symptoms of Coronavirus, dated 5/13/20, indicated, People with these symptoms may have COVID-19: Fever or chills, Cough, Shortness of breath or difficulty

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.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, (and) Diarrhea. (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) 4. During a concurrent observation and interview on 7/8/20, at 9:54 a.m., a housekeeper's (HSK) facemask was located below the nose, only covering the mouth. The HSK stated a facemask should cover the nose and mouth and the facemask was hard to keep in place. During a concurrent observation and interview on 7/8/20, at 10:34 a.m., at the doorway of the Physical Therapy Department, Social Services (SS) and rehab director (RD) were observed standing less than six feet apart speaking to each other. The RD had no facemask on, and the SS facemask covered only the mouth. The SS stated that proper facemask usage should cover the nose and mouth and should have had it (nose and mouth) covered, but I just got busy. During an interview, on 7/8/20, at 10:41 a.m., with the RD, the RD stated a facemask should be on anytime you are in the facility, especially when speaking with someone less than six feet away. The RD explained, . had my mask in my hand, but just got off a phone call so didn't get a chance to put it (facemask) back on. The RD stated the only time it was acceptable to not wear a facemask was when in the office alone. During a review of a facility document titled, Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities (SNF), (not dated), indicated, All SNF personnel are wearing a facemask while in the facility. 5. During an observation on 7/8/20, at 10:19 a.m., an activity assistant (AA), with a pair of gloves on, was in room [ROOM NUMBER] assisting a resident with activity needs. She then left room [ROOM NUMBER] and entered room [ROOM NUMBER], wearing the same pair of gloves, without performing hand hygiene before and after resident care. During a subsequent interview with AA, she stated, she should have removed her gloves and performed hand hygiene immediately after leaving the resident's room. She also confirmed she wore the same pair of gloves when she entered another resident's room. During an interview with the DON on 7/8/20, at 3:45 p.m., the DON stated hand hygiene should be performed before and after resident care, and immediately after removing gloves. He also stated the same pair of gloves should not be worn from one resident to another. Review of the facility's policy and procedure titled, Handwashing/Hand Hygiene revised August 2015, indicated in pertinent parts, .This facility considers hand hygiene the primary means to prevent the spread of infections .2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections .b. Before and after direct contact with residents .m. after removing gloves . Review of the facility's policy and procedure titled, Influenza, Prevention and Control of Seasonal, revised August 2014, indicated in pertinent parts, .2. Hand Hygiene: a. Staff will perform hand hygiene frequently, including before and after resident contact .before putting on and upon removal of .gloves .3. Gloves .b. Gloves will be removed after contact, followed by hand hygiene. c. Staff will not wear the same pair of gloves for more than one resident .