STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055412	A. BUILDING _____ B. WING _____	**07/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ORCHARD POST ACUTE CARE	**101 S ORCHARD AVE VACAVILLE, CA 95688**

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	**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 maintain an infection control & prevention program designed to prevent the spread of COVID-19 when: 1) The facility failed to establish PPE (Personal Protective Equipment) / isolation carts in the Yellow Zone, PUIs (Patient Under Investigations) areas; 2) The facility failed to put isolation signs outside each resident's door in the Yellow Zone areas to indicate the type of isolation precautions required as related to PPE; 3) The facility failed to ensure all nursing staff donned (put on) PPE gowns before entering the resident's room and doffed (removed) PPE gowns before exiting the resident's room; and, 4) The facility failed to ensure all staff and visitors were screened for temperature and symptoms prior to proceeding to the work area and in between shifts. These failures potentially endangered the safety of residents, staff and visitors from the COVID-19 virus, by promoting infection from one person to another and, in some cases, leading to unnecessary death. FINDINGS: 1) The facility had four residents with Covid-19 infection at the time of this onsite visit. The residents were cohorted in the Covid-19 Unit. All residents were without symptoms of cough, sore throat, chills, muscle ache, shortness of breath, fever, diarrhea, loss of taste and smell. Resident 10 was positive for Covid-19 on 7/12/20, Resident 11 & Resident 12 were positive for Covid-19 on 7/19/20. All three residents were roommates. On 7/27/20, Resident 13 was positive for Covid-19 and in a private room. Resident 10 was released back to her room on 7/14/20 after 14 days isolation. As of 7/28/20, all staff were negative for Covid-19. During an observation of the facility and concurrent interview on 7/28/20 at 12 p.m., the ADM (Administrator) and DSD (Director of Staff Development) stated, Hallways A, B, C, and D were considered a Yellow Zone. Residents were on PUI (Patients Under Investigation for Covid-19). There were no PPE carts and no PPE supplies outside residents' rooms in each hallways. Only one PPE/isolation cart was placed outside the residents' door who was on a contact isolation precaution due to [MEDICAL CONDITION] (A bacterial infection). When asked, Where are the PPE/isolation carts for all the Yellow Zone area for residents who were under investigation for Covid-19? The ADM stated, I will place them in the hallways today. The ADM stated, We have plenty of PPE. I did the burn rate calculation. I don't have shortage of PPE supplies. A review of the facility Policy & Procedure titled, Personal Protective Equipment, revised June 2005, revealed under Objectives: 1) To protect employees from splashes spattering, spraying, or droplet of blood, body fluids or other potentially infectious materials. 2) To protect the employees eyes, nose, and mouth from potentially infectious materials. A review of the facility P&P titled, Isolation- Initiating Transmission-Based Precautions, revised January 2012, Page 1, #5, indicated: When Transmission-Based Precautions are implemented, the Infection Control Preventionist (or designee) shall: a) Ensure Personal Protective Equipment (PPE) i.e. gloves, gowns, mask, etc) is maintained near the resident's room so that everyone entering the room can access what they need; b) Post the appropriate notice on the room entrance door and on the front of the resident's chart so that all personnel will be aware of precautions, or be aware that they must first see a nurse to obtain additional information about the situation before entering the room; c) Ensure that an appropriate linen barrel/hamper and waste container, with appropriate liner, are placed in or near the resident's room: 2) During a concurrent observation and interview on 7/28/20 at 12 p.m., the DON and DSD stated all hallways were considered Yellow Zones, meaning (PUI - residents under investigation for Covid -19). Resident doors did not have signage posted right outside the door to indicate appropriate infection control and prevention precautions and required PPE to use by staff and visitors. When asked, Where's the color code and the signage outside the resident's door to indicate the resident is on isolation precaution? The DSD stated, I will put the signage on each door to indicate the type of isolation required. A review of the facility Policy & Procedure (P&P) titled, Isolation-Notices of Transmission Based Precautions, revised on May 2010, Page 1, indicated, Policy Interpretation and Implementation, #1, revealed, When Transmission-Based Precautions are implemented an appropriate sign (example: color coded) will be placed at the entrance/door\way of the resident's room. Signs will be used to alert staff of the implementation of Transmission-Based Precautions and to alert visitors to report to the nurse's station before entering the room. 3) During a concurrent observation and interview on 7/28/20 at 12:15 p.m., Licensed Staff J, Licensed Staff K and Licensed Staff L wore the same isolation gown while walking back and forth in each hallway, passing medications, going in and out of residents' rooms and then sitting in the nursing station. The nurses wore the isolation gown as part of their uniform outfit while in the facility. When asked, Are all nurses wearing isolation gowns while on duty at all times and in and out of the residents' rooms? Did you provide training on the usage of Isolation gowns and when to don and doff PPE? The DSD stated, I gave the training and I will tell them not to wear the isolation gown outside the residents' rooms. 4) During a concurrent observation, interview and record review on 7/28/20 at 10:40 a.m., upon arrival to the facility, Licensed Staff J opened the door wearing isolation gown. Licensed Staff J made a hand gesture to indicate this Surveyor come forward to the nursing station. The ADM and Unlicensed Staff B arrived to the reception area and began the screening process (taking temperature and symptom review). The log record for visitors and staff, dated 7/28/20, revealed multiple staff did not get temperatures checked between shifts. On 7/27/20, the Logbook indicated one staff did not get a temperature checked. A review of the Facility Policy & Procedure titled, Infection Prevention and Control Covid-19 on admission, revealed, Covid-19 is widespread in the community. It is the goal of our facility to protect our residents, staff and families from serious illness, complications and death from [MEDICAL CONDITION]. On Page 1, Goal and Implementation, indicated: 1) Keep Covid-19 from entering our facility; 2) Identify early signs of infection (Staff or Health Care Personnel, residents, vendors, visitors) by proper screening and take immediate action to prevent spread; 3) Assess supply or protective equipment (PPE) every Monday and Friday make sure facility has enough for one day or more; and, 4) Appropriate usage of PPE, donning and doffing of PPE a. Educate staff on PPE usage b. N-95 fit testing to all staff.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE