

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555861	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER TWIN OAKS REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 897 NORTH M STREET TULARE, CA 93274	
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 - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection control practices when two of two employees did not perform hand hygiene (to wash hands or use an alcohol based hand sanitizer (ABHR)) after touching contaminated items. This failure had the potential to transmit infectious diseases. Findings: During an observation on 3/19/20, at 11 AM, in the designated area for employees to put on and take off their Personal Protective Equipment (PPE refers to protective clothing, and equipment), the Activities Assistant (AA) removed her used gown, rolled it, and put it inside one of the small brown paper bags, from a big brown bag. The big brown paper bag was assigned to AA to store her PPE. Without performing hand hygiene, AA removed the face mask from one of the small paper bags and put it on her face. During an interview on 3/19/20, at 11:10 AM, with AA, AA stated, I should have sanitized my hands before I picked up the mask. I normally wash my hands in the break room. I know I did not sanitize my hands. During an observation on 3/19/20, at 11:30 AM, in the 400 Wing hallway, Licensed Vocational Nurse (LVN) 1 was observed to come out from a resident's rooms with his gloves on. LVN 1 walked down the hall to a garbage bin, opened the garbage bin with his gloved hand and threw something he picked up from the floor. LVN 1 then walked towards the medication cart while he removed his used gloves. LVN 1 put on a clean pair of gloves without performing hand hygiene. During a concurrent observation and interview on 3/19/20, at 11:35 AM, with LVN 1, in the hallway, LVN 1 stated, I did not touch the garbage bin. I used the foot pedal to open it. LVN 1 verified neither of the garbage bins located in the 400 Wing hallway had foot pedals. LVN 1 acknowledged he had not performed hand hygiene before putting on a clean pair of gloves. During a review of the facility's policy and procedure (P&P) titled, Hand Hygiene Program, undated, the P&P indicated..Indications for performing hand hygiene: Before and after contact with resident on their environment, before and after glove use, after touching items that are likely to be contaminated.		
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.