

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056178</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>919 FREEDOM BLVD WATSONVILLE, CA 95076</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and document review, the facility failed to implement infection control strategies when: 1. The facility conducted a group activity and did not offer face masks or face coverings to residents who were outside of their rooms; and 2. Dietary staff wore cloth face coverings instead of surgical face masks (masks intended to be worn by health professionals to catch the bacteria shed in liquid droplets and aerosols from the wearer's mouth and nose) in the kitchen. These failures had the potential to result in the spread of infection throughout the facility. Findings: 1. During an interview with the director of nursing (DON) on 5/26/2020 at 10:15 a.m., she explained that group activities were not being conducted due to coronavirus (virus that causes the respiratory illness known as COVID-19). Further, the DON explained the facility was to limit the number of residents in the activity room to a maximum of four at a time. During an observation on 5/26/2020 at 10:30 a.m., there were eight residents watching television in the activity room. None of these residents were wearing face masks or face coverings. During an observation on 5/26/2020 at 10:32 a.m., there were an additional eight residents sitting in their wheelchairs in the hallway. None of these residents were wearing face masks or face coverings. During an interview with the DON and administrator (ADM) on 5/26/2020 at 10:55 a.m., they stated they were unaware of any guidance that indicated residents should wear face masks or face coverings while outside of their rooms in the facility. The DON added the facility only offered face masks or face coverings to residents who were going outside of the facility. Review of the Centers for Disease Control and Prevention's (CDC's) guidance titled Preparing for COVID-19 in Nursing Homes, ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> ) updated 5/19/2020, indicated Cancel communal dining and group activities, such as internal and external activities. The guidance further indicated, Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. 2. During an observation on 5/26/2020 at 10:36 a.m., there were four dietary staff members in the food preparation area of the kitchen. Three out of the four dietary staff members were wearing cloth face coverings instead of surgical face masks. During a concurrent interview with the ADM, he confirmed the above observation and acknowledged the dietary staff members should have been wearing surgical face masks. Review of the CDC's guidance titled Preparing for COVID-19 in Nursing Homes, ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> ) updated 5/19/2020 indicated, HCP (health care personnel) should wear a facemask at all times while they are in the facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. According to the guidance, health care personnel includes dietary staff.		
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.