

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555891	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER VETERANS HOME OF CALIFORNIA - REDDING		STREET ADDRESS, CITY, STATE, ZIP 3400 KNIGHTON ROAD REDDING, CA 96002	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility failed implement its infection control program and policy:</p> <p>A) by not screening all residents for symptoms of COVID-19 and document the results in the clinical record at a minimum of two times a day. This put the facility at risk for exposing residents and staff to [MEDICAL CONDITION] by not identifying a potentially contagious resident as expeditiously as possible; B) by not posting signage outside the resident rooms indicating appropriate infection control, prevention, precautions; including required PPE in accordance with CDPH guidance. This had the potential to result in inappropriate PPE usage and cause potential cross contamination of [MEDICAL CONDITION] to other residents and staff. Findings: A. On 7/8/20, a facility policy was reviewed. During review of the policy titled, COVID-19 Infection Control Precautions, 7896 v.3, it indicated in Part VI, (C),(2) Routine Resident Screening: All residents will be screened for symptoms of COVID-19 and have their vital signs monitored and documented in the clinical record, including oxygen saturation and temperature checks at a minimum of two times per day. During an interview with CNA 1 (Certified Nursing Assistant) on 7/8/20 at 10:00 AM, the CNA was asked when the surveillance questions were asked of the residents and what questions were being asked when screening for symptoms of COVID-19. The CNA looked puzzled and said they were not asking specific questions about symptoms. She stated that maybe the nurses were asking residents these questions, but as far as she knew the CNA's were not. CNA 1 stated, We have not been requested to ask surveillance questions when taking vital signs. During an interview with RN 1, on 7/8/20 at 10:03 AM, RN 1 was asked the same questions, Are there questions asked of the residents to understand if they are symptomatic from COVID-19? She stated there had been no specific guidance to when these questions were to be asked or what specific questions to ask. RN 1 stated screening questions were not being asked. During an interview with the DON (Director of Nursing) at 10:10 AM on 7/8/20, the DON was asked if the CNA's were to be asking surveillance questions when they were taking vital signs. She stated the CNA's could not interpret data. She stated nurses needed to be asked about surveillance screening. When RN 1 was asked on 7/8/20 at 10:03 AM, she stated this was not being done. B. On 7/8/20 at 10:00 AM an observation of patient's signage on the doors for two residents, who were on the Trinity Unit being ruled out for COVID-19, was made. Both had signage for quarantine but neither of the signs specified what specific PPE was to be worn into the isolation rooms, as facility policy described. During an interview with the DON (Director of Nursing) on 7/8/2020 at 10:13 AM, I asked the about the requirements for Personal Protection Equipment (PPE) usage and its need to be placed on the door. The DON stated that Yes, there was signage on the door with the specific PPE requirement for entry. The patient's door lacked signage which specified all PPE required for entry into the room, although it did indicate an N-95 respirator mask was required prior to entry. During a review of the clinical policy, COVID-19 Infection Control Precautions 7896v.3, (Applicable for the facility). Section VI (B) (6), the policy indicated that Signs will be posted outside of resident rooms indicating appropriate infection control, prevention, precautions; including required PPE in accordance with CDPH guidance.</p>		

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