

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER HY-LOND HEALTH CARE CENTER - MODESTO		STREET ADDRESS, CITY, STATE, ZIP 1900 COFFEE ROAD MODESTO, CA 95355	
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 to follow infection prevention and control guidelines to prevent the spread of contagious pathogens when staff did not assure resident room doors were closed in isolation rooms/units resulting in the potential to infect 15 unexposed COVID 19 negative residents. Findings Included: During a tour of the facility beginning on 8/21/2020 at approximately 10 AM, the facility had two halls; the North Hall and the South Hall. Three areas were designated as follows: Green Zone - included 15 resident six rooms with non-exposed COVID 19 negative residents. The green zone included rooms 27 - 33 and room [ROOM NUMBER]. Yellow Zone - included with 35 residents in 27 rooms who were exposed COVID negative residents or residents with symptoms of COVID 19 pending results of testing and new admissions or readmissions. The Yellow Zone rooms were located in two hallways including rooms 1-10 in the North Hall with 18 residents and rooms 34 - 41 and 43 - 52 in the South Hall with 17 residents. To reach rooms 27 - 33 in the Green Zone one had to walk through the Yellow Zone. All except three resident room doors (rooms 43, 45 and 48) were left open in the Yellow Zone. Red Zone - included 16 residents in 14 rooms from 11- 12 and 14-24 and room [ROOM NUMBER]. All of the resident room doors were left open in the Red zone. The Red zone had a separate entrance and was separated from the rest of the facility by portable plastic walls. During an interview on 8/21/2020 at 10:15 AM, when asked why the resident doors were open since the residents in the Yellow Zone were on transmission based precautions (Isolation - droplet and/or contact precautions), Staff 46 stated some of the residents were a high risk for falls; however not all residents in rooms with doors open were at risk for falls. He stated those residents who were not at risk for falls, the doors should be closed. At 10:25 AM, while continuing to walk through the South Hall Yellow Zone, accompanied by the administrator, room [ROOM NUMBER] had two residents in the room. The privacy curtain was open. The administrator stated the privacy curtain was supposed to be closed between residents sharing rooms during the COVID 19 pandemic. Although the resident beds were separated by about six feet. keeping the privacy curtains drawn at least at the head of the head would add additional protection between residents. On 8/21/2020 at 10:30 AM, during a tour of the therapy gym (this room was not being used by residents) when asked if they used shared equipment in resident rooms, Staff 22 stated they did share some equipment between residents. When asked how this equipment was sanitized, Staff 22 stated they used (MicroKill Bleach germicidal wipes). When asked how long they kept the equipment wet to fully sanitize the equipment, Staff 22 stated they wiped the equipment and then let it dry for five minutes. On 8/21/2020 at 10:58 AM, during the tour in the Yellow Zone at the Nurses Station across from room [ROOM NUMBER] was a line of approximately six staff waiting to wash their hands at the sink. One of the six staff (Staff 17) washed hands with soap and water for less than 15 seconds. When asked about this, Staff 17 stated hand washing should take 20 seconds. When ask how to turn off the water after washing hands Staff 17 stated after drying hands with a paper towel and then turn off the faucet with the same towel. When asked about how activities staff sanitized shared activity equipment, Staff 17 stated they use (MicroKill Bleach germicidal wipes). When asked how long the staff kept the equipment wet (dwell time) Staff 17 stated they wiped the equipment and let it dry, once dry they could re-use the equipment. During an interview on 8/21/2020 at 11:15 AM, when asked how staff should sanitize reusable/shared equipment and hard surfaces, the IP stated the facility used MicroKill Bleach germicidal wipes. When asked what the dwell time was, IP stated they wiped the surface and then let it dry for five minutes. The label of the MicroKill Bleach germicidal wipes read in pertinent part as follows: Dwell time. Bacteria [MEDICAL CONDITION] ' 30 seconds; (Fungus such as) [MEDICAL CONDITION]. and Tricophyton . 1 minute and [MEDICAL CONDITION] (a highly contagious and deadly intestinal bacteria) 3 minutes to keep the surface continually wet (for the dwell time) use additional wipes . (Emphasis the writer's) Discussed the observation of the doors open on all three zones including the Yellow and Red Zones, the IP stated the doors on all transmission based precaution rooms including those in the Yellow and Red Zones should always be kept closed unless staff or residents are entering or exiting. Staff should frequently check on residents who are a high risk for falls. On 8/24/2020 review of the following policies and procedures read in pertinent part as follows: Handwashing/Hand Hygiene revised August 2015 . 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors . Washing Hands: 1. Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) under a moderate stream of running water . 3. Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel . 8/25/2020 review of the CDC recommended infection prevention and control (IPC) practices found at the following website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#dhere <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>, read in pertinent part as follows: 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection . Patient Placement .place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection in a single-person room with the door closed. The patient should have a dedicated bathroom . (Emphasis is the writer ' s not original text)</p>		

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.