

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555912	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/17/2020
NAME OF PROVIDER OF SUPPLIER KERN RIVER TRANSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP 5151 KNUDSEN DRIVE BAKERSFIELD, CA 93308	
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	<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 implement infection control practices as evidenced by: 1. The reusable N95 masks (a personal protective equipment used to protect the wearer from airborne particles) were not properly stored. 2. The Certified Nursing Assistants (CNA 1 and CNA 2) did not perform hand hygiene on donning (put on) and doffing (take off) of isolation gown, mask, and gloves. 3. The doors of the rooms for Persons-Under-Investigation (PUI- those who were exposed to a COVID-19 positive and awaiting results, new admissions, readmissions, [MEDICAL TREATMENT]) were wide open. 4. The Infection Control Preventionist (IP) had no knowledge to properly conduct surveillance activities. These failures had the potential to spread infectious diseases among residents and staff. Findings: 1. During a concurrent observation and interview, on 7/31/20, at 11:30 AM, with the Administrator, in the lobby, there were several brown bags, stacked on top of each other, and scattered all over the long tables. The long tables were labeled AM, PM (referring to work shifts), Dietary, and Activities. The Administrator stated that's where the staff store their reusable N95 masks. The staff are provided three masks and they put them in individual brown bags with their names on the bags. The brown bags are labeled Day One, Day Two, and Day Three, and are used during their work week's rotation. During an observation and interview, on 7/31/20, at 12:37 PM, with Certified Nursing Assistant (CNA) 1, in the lobby, CNA 1 had difficulty locating her brown bags. Without performing hand hygiene, CNA 1 was observed touching one bag after another to find her brown bag. CNA 1 acknowledged the potential for cross-contamination. During a review of the Centers for Disease and Control Guidance titled, Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings, dated 3/27/20, the guidance indicated, Respirator Reuse Recommendations: If reuse of N95 respirators is permitted, respiratory protection program administrators should ensure adherence to administrative and engineering controls to limit potential N95 respirator surface contamination and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practice, and proper PPE donning and doffing technique. 2. During a concurrent observation and interview, on 7/31/20, at 12:40 PM, CNA 1 demonstrated taking her used N95 mask and switching to a new N95 mask from the brown bag. CNA 1 did not perform hand hygiene after removing her used mask and putting on a new mask. There was no hand sanitizer accessible to the staff where they can easily sanitize their hands after removing their used masks. CNA 1 acknowledged she did not sanitize her hands. During a concurrent observation and interview, on 7/31/20, at 1:15 PM, CNA 2 walked out of a room in the B Wing Hallway and entered another resident room. CNA 2 put on an isolation gown and gloves without performing hand hygiene. CNA 2 acknowledged she did not perform hand hygiene. During a review of the Centers for Disease Control and Prevention Guidance titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease (COVID-19) in Healthcare Settings, dated 6/19/20, the document indicated, Hand Hygiene: Health Care Personnel (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, undated, the P&P indicated, 7. use and alcohol-based hand rub containing at least 62% alcohol, or alternatively, soap (anti-microbial or non-microbial) and water for the following: n. Before and after entering isolation precaution settings.8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 3. During a concurrent observation and interview, on 7/31/20, at 1:25 PM, with the Infection Control Preventionist (IP), the doors in Rooms B01 to B04 were wide open. IP stated these rooms were designated PUI (persons-under-investigation, those who were exposed to a COVID-19 positive and awaiting results, new admissions, readmissions, [MEDICAL TREATMENT]). During an observation and interview, on 7/31/20, at 1:45 PM, with the Administrator, the doors in Rooms B26 and B27 were wide open. The Administrator acknowledged these rooms were PUI and verified the findings. During a review of the Centers for Disease Control (CDC) Guidance on Coronavirus Disease 2019 (COVID-19) titled, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease (COVID-19) in HealthCare Setting, dated 5/18/20, the guidance indicated, 3. Patient Placement.place a patient with known or suspected COVID-19 in a single person room with the door closed. 4. During a concurrent interview and record review, on 7/31/20, at 3 PM, with IP and the Director of Nursing (DON), IP stated she checks the COVID-19 residents daily and anybody with urinary tract infections, checks for masks usage, and handwashing for her surveillance activities. IP had no data collected of any infection control surveillance, and she was unable to provide evidence of surveillance reports. IP stated, I just visually do it. I have no records to present to you. The DON acknowledged the findings. During a review of the facility's policy and procedure (P&P) titled, CoronaVirus Disease (COVID-19) Prevention and Control, dated 3/20, the P&P indicated, 12. The Infection Preventionist is responsible for establishing and overseeing the active surveillance and monitoring efforts, including: a Daily monitoring of developing infection in residents.c. Recording all surveillance findings. During a review of the Centers for Disease Control Guidance titled, Preparing for COVID-19 in Nursing Homes, dated 6/25/20, the guidance indicated, Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities.including developing IPC policies and procedures, performing infection surveillance, providing competency-based training of HCP, and auditing adherence to recommended IPC practices.</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.