

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 2211 MOUNT VERNON AVENUE BAKERSFIELD, CA 93306	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain a clean and sanitary environment when: 1. Personal Protective Equipment (PPE - gown, surgical mask, N95 mask, and face shield) was not stored in a sanitary manner. 2. A bag of cherries was stored with PPE. 3. Several items of soiled linen were not sent to the laundry in a timely manner. These failures had the potential to result in the spread of disease to resident and staff. Findings: 1a. During an observation on 7/15/20, at 11:58 AM, in a PPE donning (putting on) and doffing (removing) room, three paper bags were noted. The first paper bag contained one N95 mask (tight-fitting, filter mask) and three blue surgical masks. The second paper bag contained three N95 masks. The third paper bag contained three N95 masks. In the donning and doffing room, in the facility's COVID positive unit, a paper bag contained one N95 mask, one surgical mask, and one face shield. During an interview on 7/15/20, at 11:50 AM, with Social Service Designee (SSD), SSD stated, only the N95 mask should be stored in the paper bag. During an interview on 7/15/20, at 11:56 AM, with Infection Preventionist (IP), IP stated, N95s are stored inside one bag, the face shield stored inside the second bag and surgical masks are not stored, they are disposed of at the end of the day. 1b. During a concurrent observation and interview on 7/15/20, at 12 PM, in the PPE donning and doffing room, multiple paper bags were attached to the wall with a tack. Several paper bags were placed directly above or below another paper bag. The paper bags touched the top or bottom of the bag above or below. Several bags were stored bunched together on a nightstand or a bedside table. During an interview on 7/15/20, at 11:55 AM, with Infection Preventionist (IP), IP verified the findings. 1c. During a concurrent observation and interview, on 5/17/20, at 12:56 PM, with IP and SSD, outside room [ROOM NUMBER], two blue isolation gowns hung together on a hook on the wall. The IP verified the isolation gowns were hung together from the same hook. The facility policy and procedure (P&P) on the proper storage of PPE was requested, but not provided. 2. During an observation on 7/15/20, at 12:23 PM, in the PPE donning and doffing room, five paper bags containing PPE and a bag of cherries was noted on a bedside table. During an interview on 7/15/20, at 12:25 PM, with IP, IP stated, Those (cherries) should not be stored here. 3. During a concurrent observation and interview, on 7/15/20, at 1:30 PM, with IP and SSD, in a shower room, on the facility's COVID positive unit, the following items were observed: a. One white towel with a brown substance on it, on the shower room floor. b. Three white towels, on top of the housekeeping cart with a bottle of disinfectant. c. A large plastic bag, which contained one yellow gown, one blue gown, a blue sheet rolled in a bundle, and a white towel, on the floor. d. One white washcloth draped on the shower room wall.		
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.