

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 07/14/2020
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement and maintain an Infection Prevention program designed to provide a safe environment to prevent the development and transmission of communicable disease and infections when: 1. Five of 16 sampled residents (Residents 4, 5, 6, 7, and 8), newly admitted or readmitted from an acute care setting were not placed in a designated quarantine (separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick) area of the facility. 2. Ten of 16 sampled residents did not have facemasks while out of their rooms. (Residents 4, 5, 6, 7, 8, 9, 11, 13, 14, and 15). 3. Five of 10 Resident room doors were open in the yellow zone (quarantined area for suspected or exposed residents to Coronavirus 19 (COVID-19) infection. (Rooms 10, 15, 19, 27, and 29). 4. There was no six foot distancing implemented in room [ROOM NUMBER] between beds A and B. These failures placed residents and staff at risk for infection with COVID-19. Findings: 1. During a concurrent observation and interview on 7/14/20, between 2 p.m. and 2:20 p.m., with the director of staff development (DSD), Residents 4, 5, 6, 7, and 8, newly admitted or readmitted residents to the facility, were not in a quarantine, designated area of the facility. The DSD stated the new admission and readmission residents required placement in a designated area to quarantine them for 14 days. During an interview on 7/14/20 at 4:15 p.m., with the director of nursing (DON), the DON stated staff did not follow the COVID-19 Mitigation Plan to cohort newly admitted and readmitted residents together. These residents required a 14 day quarantine to ensure they did not have a COVID-19 infection to transmit to other residents and staff. During a review of the facility's Mitigation Plan, dated 6/20, the plan indicated under Designation of Space. The SNF (Skilled nursing facility) has policies in place for designate spaces within the facility to ensure separation of infected patients and for eliminating movement of HCP (Health care personnel) among those spaces to minimize transmission risk. Upon admission, new and readmitted residents with unknown COVID-19 status are placed in single-occupancy rooms or a separate observation unit, wing, or building. 2. During a concurrent observation and interview on 7/14/20, between 2 p.m. and 2:20 p.m., with the DSD, Residents 4, 5, 6, 7, 8, 9, 11, 13, 14, and 15 were not wearing facemasks. The DSD stated residents should be wearing facemasks at all times to prevent risk of transmission of infection. 3. During a concurrent observation and interview on 7/14/20 between 2 p.m. and 2:20 p.m., with the DSD, there were newly or readmitted residents located in Rooms 10, 15, 19, 27, and 29. The residents in these rooms were potentially possible or suspected for COVID-19 infection. The doors to these rooms were open. The DSD stated the doors should remain closed at all times to prevent transmission of infections for all residents on 14-day quarantine. During a review of the Guidance for Occupational Safety and Health Administration relating to COVID-19, the document indicated under Engineering Controls. If an AIIR (airborne infection isolation room) is .Not available. Keep the room door closed. 4. During a concurrent observation and interview on 7/14/20 at 2:05 p.m., with the DSD, the DSD observed and validated Beds A and B in room [ROOM NUMBER], were not six feet apart. The DSD stated the space between the beds needed to be a minimum of six feet apart to maintain social distancing because Resident 5 was a possible or suspected COVID-19 resident. Resident 12 in the room was not a possible or suspected COVID-19 resident. During a review of a facility document titled, COVID 19 dated, 6/25/20, the COVID 19 document indicated, .Prevention .2) The Recommended measures to prevent COVID 19 outbreaks mimic the same interventions advised by the CDC to implement routinely for influenza and other similar respiratory based infections New Admission Referral .8) A new admission who is experiencing respiratory symptoms will be placed on contact and droplet precautions upon admission. The enhanced transmission-based precautions will continue for a period of fourteen (14) days following admission. During a review of Professional reference from https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html. Centers for Disease Control (CDC) titled, Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, indicated, .Considerations for new admissions or readmissions to the facility . separated if possible. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic (COVID-19) infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. . New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty .</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.