

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER COMM. HOSP. OF SAN BERNARDINO DP SNF		STREET ADDRESS, CITY, STATE, ZIP 1805 MEDICAL CTR DR. SAN BERNARDINO, CA 92411	
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 0886 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, and record review, the facility failed to implement their infection control program to prevent the spread of COVID 19 (Illness caused by [MEDICAL CONDITION]) when employees were tested monthly instead of weekly to detect COVID 19 from September 12, 2020, to October 12, 2020. This failure had the potential to transmit the disease from person to person and unwanted exposure to the disease of the vulnerable 86 residents. Findings: During an interview with the Clinical Nurse Manager (CNM) on October 12, 2020, at 11:05 AM, the CNM stated the facility's residents are tested weekly and the staffs are tested monthly. During an interview with a Certified Nurse Assistant (CNA 1) on October 12, 2020, at 11:40 AM, CNA 1 stated she was tested for COVID 19 monthly. During an interview with Licensed Vocational Nurse (LVN 1), on October 12, 2020, at 11:46 AM, LVN 1 stated, staffs are scheduled to test every two weeks. During an interview with the Director of Nursing (DON) on October 12, 2020, at 12:20 PM, the DON stated, the facility had 135 Health Care Employees (HCP). The DON stated out of 135 HCPs, 25% of the HCPs tested weekly. The DON stated the facility had a positive HCP on September 2020. A review of the facility's employees COVID test indicated, only 29 employees were tested out of 135 employees from October 1, 2020, to October 10, 2020. A review of the California Department of Public Health (CDPH), All Facilities Letter (AFL) 20-53.3, issued on September 12, 2020, indicated, Screening Testing of SNF (Skilled Nursing Facility) HCP In facilities without any positive COVID-19 cases; implement a minimum weekly screening testing of all HCPs. In facilities with a positive COVID-19 case, implement response-driven testing as described, below. Response-driven Testing : As soon as possible after one (or more) COVID-19 positive individuals (resident or HCP) is identified in a facility, serial retesting of all residents and HCP who test negative upon the prior round of testing should be performed every seven days until no new cases are identified among residents in two sequential rounds of testing; the facility may then resume their regular screening testing schedule for HCP. During a follow up concurrent interview and record review with the DON on October 12, 2020, at 12:25 PM, the DON reviewed AFL 20-53.3 and acknowledged, the facility did not follow the AFL requirements for employee testing. The facility did not provide the employees COVID test results for the month of September 2020. The facility was unable to provide a policy and procedure for employees testing plan.</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.