

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 08/27/2020
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control measures when: 1. The facility had no process to ensure high touch surfaces in common areas were disinfected every two hours. 2. Process for cleaning resident rooms went from dirty to clean. 3. No documentation for environmental services staff (EVS) training. 4. Staff member incorrectly put on and took off personal protective equipment (PPE - supplies such as gowns, masks, gloves, and eye protection used to prevent the spread of infection and disease). 5. No written process or documentation of how resident clothing brought in from home was laundered before given to resident. These failures had the potential for infection to spread to residents, staff, and non-staff. Findings: 1. During an interview on 7/15/20, at 10:54 AM, with EVS 1, EVS 1 stated he disinfects the handrails in the hallways, of his assigned area, once at the end of his shift. During an interview on 7/15/20, at 11:58 AM, with EVS Supervisor (EVSS), EVSS stated the expectation was for high-touch surfaces in common areas to be cleaned every two hours. EVSS stated she did not have a cleaning schedule for high-touch surfaces in common areas and was unable to verify how often the cleaning was being done. The facility was unable to provide a policy and procedure (P&P) for cleaning common areas of the facility. 2. During an interview on 7/15/20, at 10:54 AM, with EVS 1, EVS 1 stated he cleans the toilet first when cleaning a resident room, then the shower bench, the bathroom sink, and then cleans high-touch surfaces in the resident's room. During an interview on 7/15/20, at 11:58 AM, with EVSS, EVSS stated she instructed EVS 1 to clean toilets first when cleaning resident rooms because, That's how I learned. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Healthcare-Associated Infections, dated 4/21/20 indicated, 4.1 General environmental cleaning techniques. For all environmental cleaning procedures, always use the following general strategies. Proceed From Cleaner To Dirtier: Proceed from cleaner to dirtier areas to avoid spreading dirt and microorganisms. Examples include. Clean patient areas (e.g., patient zones) before patient toilets. 3. During an interview on 7/15/20, at 10:54 AM, with EVS 1, EVS 1 stated he was cross-trained from dietary to housekeeping. During an interview on 7/15/20, at 10:55 AM, with Administrator, Administrator stated EVS 1 was cross-trained to housekeeping because of staffing issues. During an interview on 7/15/20, at 11:58 AM, with EVSS, EVSS stated she trained EVS 1 but did not keep any documentation of training or competencies. During a review of the facility's P&P, titled, Orientation Program for Newly Hired Employees, Transfers, Volunteers, undated, the P&P indicated, An orientation program shall be conducted for all newly hired employees, transfers from other departments, those providing services under contractual arrangements, and volunteers. Policy Interpretation and Implementation. 3. Our orientation program is an in-depth review of policies and procedures including, but not limited to: . c. An introduction to resident care procedures, which includes, but is not limited to: . (3) A review of the employee's job description; 4. In addition to our general orientation, each department orients the newly hired employee/transfer/ volunteer/contractor to his or her department's policies and procedures, as well as other data that will aid him/her in understanding the team concept, attitudes and approaches to resident care. 5. A written record is maintained of each participant's orientation program. Written competencies are maintained for clinical personnel/volunteers/transfers/contractors. 6. Orientation records include the date reviewed, participant's initials, subject matter reviewed, and other information deemed necessary or appropriate. 7. Records of orientation are filed in the personnel file upon completion of the orientation program. 8. Completed copies of Employee Orientation Checklists are filed in the employee's personnel file.</p> <p>4. During a concurrent observation and interview on 7/15/20, at 10:40 AM, with the Infection Preventionist (IP) in the C wing, IP removed her surgical mask and put on a N-95 mask without sanitizing her hands. IP stated normally I would wash my hands after donning (putting on) the new mask, not after removing the surgical mask. During a concurrent observation and interview on 7/15/20, at 10:48 AM, with Dietary Aide (DA) in the C wing, DA removed her surgical mask and donned an N-95 mask without sanitizing her hands. DA stated she normally sanitizes her hands before donning a new mask. During a review of the facility's P&P titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 3/30/20, the document indicated hand hygiene is to be performed prior to removing mask. 5. During an interview on 7/15/20, at 12:50 PM, with the IP, she stated the family of Resident 1 brought in clothing for Resident 1 after admission, and the clothing should have been laundered by the facility before giving the clothing to Resident 1. IP stated that no protocol or process is in place to ensure this happens. During a review of the facility's P&P titled, Laundry Charges/Pick up During COVID-19 Pandemic, (undated), the P&P indicated, Should the resident's representative deliver personal items upon admission, or at any other time, our facility will launder such articles before distributing them to the resident.</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.