

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555736</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVALON CARE CENTER - SONORA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19929 GREENLEY ROAD SONORA, CA 95370</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, clinical record review, and facility policy and procedure review, the facility did not maintain COVID-19 infection control practice for five of five sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) when: 1. Certified Nurses Assistant (CNA) 1 did not perform hand hygiene when entering and exiting residents rooms for Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5; 2. CNA 1 did not don (put on) the required personal protective equipment (PPE - refers to protective clothing, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness) when entering Resident 5's room, who was on contact precautions (Contact precautions-used for infections, diseases, or germs that are spread by touching the patient or items in the room. Healthcare workers should: Wear a gown and gloves while in the patient's room) and; 3. CNA 1 removed Resident 5's lunch tray, and did not put the tray in a bag and did not separate the tray from other trays on the cart. These failures placed residents in the facility at increased risk for infection due to cross contamination (the inadvertent transfer of bacteria or other contaminants from one surface, substance, etc., to another especially because of unsanitary handling procedures). Findings: 1. During an observation on 5/28/20, at 2:05 p.m., CNA 1 was observed entering Resident 1 and Resident 2's room and did not perform hand hygiene prior to entering Resident 1 and Resident 2's room. CNA 1 retrieved lunch trays and put them in the lunch cart. CNA 1 did not perform hand hygiene after placing trays in the lunch cart. CNA 1 entered Resident 3's room without performing hand hygiene, retrieved the lunch tray, and put the lunch tray in the lunch cart. CNA 1 did not perform hand hygiene after putting the lunch tray in the cart. CNA 1 was observed entering Resident 4 and Resident 5's room without performing hand hygiene. During an interview on 5/28/20, at 2:10 p.m., with CNA 1, CNA 1 stated, I don't remember, when asked if she performed hand hygiene at any time between entering and exiting Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 rooms. CNA 1 indicated she should have used hand sanitizer between rooms. During a concurrent observation and interview on 5/28/20, at 2:20 p.m., with CNA 2, CNA 2 was observed performing hand hygiene with an alcohol based hand rub (ABHR) before entering a residents room. CNA 2 stated, I wash every time when exiting. I use ABHR when entering. During an observation on 5/28/20, at 2:30 p.m., Licensed Nurse (LN) 2 was observed using ABHR before entering a residents room. During a concurrent observation and interview on 5/28/20, at 2:40 p.m., with CNA 3, CNA 3 was observed using ABHR before entering a resident's room. CNA 3 indicated she washes her hands every time when exiting a residents room and uses ABHR when entering. During an interview on 5/28/20, at 3:30 p.m., with LN Consultant, the LN Consultant indicated it is best practice to clean hands before entering and after exiting a resident room. During a review of the facility's policy and procedure (P &amp; P) titled, Infection Prevention and Control Program, dated 11/2017, indicated, Standard Precautions: .2. Staff will perform hand hygiene, even if gloves are used: .c . after contact with objects in the resident's room. 2. During an observation on 5/28/20, at 2:05 p.m., CNA 1 was observed entering Resident 4 and Resident 5's room without donning appropriate PPE, gown and gloves. CNA 1 pulled the curtain for Resident 5, retrieved Resident 5's lunch tray and then retrieved Resident 4's lunch tray and placed both trays on the cart. A sign on the wall before entering the room indicated, CONTACT PRECAUTIONS . EVERYONE MUST: Put on gloves before room entry . Put on gown before room entry . During an interview on 5/28/20, at 2:10 p.m., CNA 1 stated, I don't think so, unless I'm assisting a resident, referring to donning PPE when entering a room where residents are on contact isolation. During an interview on 5/28/20, at 2:20 p.m., with CNA 2, CNA 2 indicated, she would put on gown and gloves before entering a contact isolation room. During an interview on 5/28/20, at 2:25 p.m., with LN 1, LN 1 stated, Of course .definitely, regarding wearing gown and gloves when entering a room where a resident was on contact isolation. During an interview on 5/28/20, at 2:30 p.m., LN 2 indicated that she would wear PPE when entering a contact isolation room. During an interview on 5/28/20, at 2:40 p.m., with CNA 3, CNA 3 indicated, that if she were entering a residents room where a resident was on contact precautions she would don a gown and gloves before entering. During an interview on 5/28/20, at 2:45 p.m., with the Director of Staff Development (DSD), the DSD indicated staff should have on a gown and gloves when entering a room where a resident is on contact precautions. During a review of the facility's policy and procedure (P &amp; P) titled, Categories of Transmission-Based Precautions, dated 5/2020, the P &amp; P indicated, .5. Posted notifications will include the type of transmission-based precautions, personal protective equipment required and/or instructions to contact a nurse prior to entering .Contact Precautions 1. Contact precautions will be implemented for residents with suspected or known infections which may be transmitted through direct contact with the resident or contact with surfaces in/from the residents environment. 2. Before entering a room with contact precautions, staff, visitors and others will don gloves and a gown. 3. During an observation on 5/28/20, at 2:05 p.m., CNA 1 retrieved lunch trays from Resident 4 and Resident 5's room. A sign on the wall indicated a resident, Resident 5, was on contact precautions. CNA 1 did not bag Resident 5's lunch tray, and put the trays in the lunch cart. During an interview on 5/28/20, at 2:20 p.m., with CNA 2, CNA 2 indicated, if she retrieved a lunch tray from a room on contact isolation she would, Put it in a bag and then put it at the bottom of the lunch tray cart. During an interview on 5/28/20, at 2:30 p.m., LN 2 indicated that if she were removing a lunch tray from a room where a resident was on contact precautions she would don the appropriate PPE, bag the tray, and put it on a separate cart so that the whole cart wouldn't get contaminated. During an interview on 5/28/20, at 2:40 p.m., with CNA 3, CNA 3 indicated she would put the lunch tray in a red bag and put the tray at the bottom of the lunch cart. During an interview on 5/28/20, at 2:45 p.m., with the DSD, the DSD indicated, meal trays from residents on isolation precautions have to be identifiable, in order to avoid cross contamination. During an interview on 5/28/20, at 4:10 p.m., with the Dietary Manager, the Dietary Manager indicated a portion of the cart is for residents on isolation precautions. The Dietary Manager indicated if they have a separate cart available they use it. The Dietary Manager stated, They should be bagged no matter what, referring to trays from residents on contact precautions, in order to avoid cross contamination.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.