

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER PLEASANT HILL POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 1625 OAK PARK BOULEVARD PLEASANT HILL, CA 94523	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed to handle, store, process and transport linens to prevent the spread of infection. Failure to store linens appropriately could potentially contribute to illness or disease for all residents. Failure to wash residents' personal clothing with the appropriate amounts of detergent for the home sized washers used by the facility could potentially contribute to skin problems for the residents who have fragile skin. Findings include: On 08/05/2020 near 10:00AM concurrent observations and interviews of the laundry service occurred. Staff 5, the Housekeeping/Laundry Manager, was present for the concurrent observations and interviews. Staff 14, who was working in the laundry, explained the receipt and processing of dirty laundry and resident clothing. Staff 5 and Staff 14 validated essentially all linens were processed by an outside laundry contract service; NO linens were processed at the facility laundry. In the presence of Staff 5, Staff 14 explained how she processed resident clothing. She described how she used a sleeveless apron and other Personal Protective Equipment (PPE) during the separation process and while loading the home sized washers. She stated the amount of detergent used for a full load was approximately 1 full measuring cup of dry detergent. Additionally, she stated if she was washing less than a full load she would use less detergent. The plastic detergent measuring cup did not have measurements in ounces. Staff 5 acknowledged, based on the detergent's directions for use, the use of 8 ounces of detergent seemed excessive. Furthermore, she acknowledged there were NO measurements on the plastic measurement cup; the cup did not have a marking at 8 or 4 ounces. There were no specific postings within the laundry area for Staff 14 to follow when laundering the resident clothing. Inspection of the bucket that contained the detergent revealed the name of the product and directions for use: Boardwalk Huracan 40 Heavy Duty Laundry Powder The directions for use indicated -Light soil: Add 8 ounces per 100 lbs (pounds) of fabric washed -Medium soil: Add 1lb. per 100 lbs of fabric washed -Heavy soil: Add 2lbs. per 100 lbs of fabric washed. Staff 5 acknowledged the facility's home sized washing machines could not hold 100 pounds of laundry. She also validated 8 ounces of detergent for the facility washer would possibly be too much detergent. On 8/05/2020, requested Staff 5 provide the detergent's directions for use. The facility failed to provide the directions for use as of the survey exit date. While walking to the laundry service area, observed six big blue industrial laundry bins containing linens on the pavement. The bins were outside the building, without climate controls and exposed to environmental elements. Inspection revealed three of the bins had linens wrapped in plastic wraps and three of the bins had linens that were in non-sealed, open, plastic wraps. The bins were not completely full and the contents of the bins consisted of patient/resident gowns, sheets, bedspreads, blankets, towels, washcloths and fabric bluish pads. Staff 5 stated she had ordered extra linens and some of the linens had arrived on Friday (July 31, 2020) and some of the linens had arrived on Monday (August 3, 2020). She further acknowledged the linens had remained outside of the building since their arrival date. Staff 5 was unable to provide an answer as to when the bundles of linens had been opened or how long they had been exposed to the environmental elements. Staff 5 also acknowledged two of the open packages of linens had leaves or leaf particles within the package. The Administrator made the same observation and was questioned regarding the acceptable storage of linens outside the building. The Infection Control Nurse (IC Nurse) and the Director of Nurses (DON) observed the clean linens stored outside the building. They observed linen bundles open to the environmental elements, unprotected from possible rain and acknowledged the infection control concern. The facility returned three of the big blue linen bins/carts, with open packages of what was supposed to be clean linens, back to the laundry contractor for reprocessing. On 08/06/2020 reviewed the facility provided MED PASS policy titled Laundry and Bedding, Soiled. The policy states, Clean linens are protected from dust and soiling during transport and storage to ensure cleanliness. On 08/06/2020, called the facility contract linen Customer Service Relations Manager and left a voice message. On the same date near 7PM, the facility linen Customer Relations Manager returned the call and acknowledged clean linens should be stored inside the building, not in the open environment outside the building.</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.