

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER KERN VALLEY HEALTHCARE DISTRICT DP SNF		STREET ADDRESS, CITY, STATE, ZIP 6412 LAUREL AVE LAKE ISABELLA, CA 93240	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for COVID-19 (a mild to severe illness that is caused by a Coronavirus, is transmitted chiefly by contact with infectious material (such as respiratory droplet), is characterized by fever, cough, and shortness of breath, and may progress to pneumonia and [MEDICAL CONDITION]) by allowing staff to wear cloth face masks. This failure had the potential to spread COVID-19 infection to residents and staff. Findings: During a concurrent observation and interview on 9/15/20, at 10:30 AM, with Housekeeper (HKPR) 1, in the patient care unit, HKPR 1 was observed going into patient rooms wearing a black cloth face mask. HKPR 1 stated she was told she could wear cloth face masks. During a concurrent observation and interview on 9/15/20, at 10:40 AM, with Nutritional Services Tech (NST) 1, in the hallway outside of the patient care area, NST 1 was observed wearing a cloth face mask. NST 1 stated the facility allowed staff to wear cloth face masks outside of patient care areas. NST 1 stated his duties included putting together food and snack carts for residents. During an interview on 9/15/20, at 10:45 AM, with HKPR 2, HKPR 2 stated an email was sent to staff by administration indicating cloth face masks were allowed outside of patient care areas. During an interview on 9/15/20, at 12:35 PM, with the Director of Nursing (DON), the DON stated, We are fixing it right now regarding staff wearing cloth face masks. During a review of the Facility's COVID-19 Mitigation Plan (Plan), dated 6/23/20, the Plan indicated, All staff wear surgical masks while on duty at all times. All Employees shall wear a surgical mask while in the facility. During a review of the Facility's Policy and Procedure (P & P) titled Coronavirus Disease (COVID-19) Infection Prevention and Control Measures, dated 6/9/20, the P & P indicated, Cloth face coverings for source control are NOT considered (personal protective equipment) PPE (protective clothing, helmets, goggles, or other garments or equipment worn to protect from illness or injury). Staff should wear a facemask at all times when in the Facility. If someone arriving at the Facility (including staff) without a face covering, a facemask will be provided.</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.