

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER HIGH VALLEY LODGE		STREET ADDRESS, CITY, STATE, ZIP 7912 TOPLEY LANE SUNLAND, CA 91040	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow protocols to prevent the spread of Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] infection that affects the respiratory system and easily transmitted from person to person) by not screening staff upon entering the facility. Social Worker (SW) entered the building using a non-designated door. to enter the facility. 2) Two staff members were not properly screened before entering the facility. This deficient practice increases the risks of spreading Covid-19 (a highly infectious [MEDICAL CONDITION] disease causing difficulty breathing), potentially affecting residents and staff members. Findings On 7/1/2020 at 1:20 p.m., SW was observed entering the building through the front door, an entrance not designated as entrance for screening of employees or visitors for COVID-19. The door had a sign indicating, Do not use this entrance, use entrance through back/parking lot only! On 7/1/2020 at 1:50 p.m., during an interview, SW acknowledged the dedicated back entrance should be used in order to screen anybody entering the building. A review of the facility's log titled, Prevent COVID-19, Start of shift Employee Screening Log, dated 7/1/2020, indicated two people entered the facility without being fully screened. On 7/1/2020 at 3:10 p.m., during an interview, the Activity Assistant (AA) stated the facility screened people entering by taking temperature and asking for symptoms such as coughing, sneezing, and sore throat. A review of an undated facility policy titled Policy & Procedure for HCP (Health Care Provider) Screening & Testing states, At the beginning of their shift, all HCP are screened for fever and symptoms consistent with Covid-19 by taking their temperature and documenting the absence of symptoms consistent with COVID-19.		

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.