

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>07/27/2020</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 - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review, and facility policy and procedure review, the facility failed to provide infection prevention and control measures to prevent the possible spread of COVID-19 when: 1. Isolation precautions (used to help stop the spread of germs from one person to another) were not used and residents were not placed in designated areas; 2. Screening and monitoring of staff for symptoms of COVID-19 was not consistently followed; and 3. Personal Protective Equipment (PPE) (gowns, gloves, face shields, goggles, and/or facemasks used to protect the health care worker or any other person from the spread of infection) were not disposed of properly. This failure put residents at risk of contracting COVID-19, with the potential of causing illness or death. Findings: 1a. During an interview on 7/6/20, at 10:30 a.m., the Regional Vice President (RVP) indicated staff used a gown, gloves, facemask, and facemask for the residents that had possible exposure and/or symptoms of COVID-19 or were a new admission. The RVP stated the patients with a negative COVID-19 test prior to admission required staff to wear a face shield and facemask only, regardless of the patients' 14 day status. During an interview on 7/6/20, at 10:54 a.m., with Licensed Nurse (LN) 1, LN 1 indicated staff wore masks and face shields during the care of all residents in the facility. LN 1 indicated if a resident was confirmed to have COVID-19, staff would wear all PPE. LN 1 indicated residents exposed or suspected to have COVID-19 were not cared for with any additional precautions beyond a face mask and face shield. During an observation on 7/6/20, at 11:15 a.m., a staff member placed isolation signs for contact and droplet precautions at the doorways of room [ROOM NUMBER] and room [ROOM NUMBER].</p> <p>The signs indicated the type of PPE to be used by anyone going into the room, in order to prevent spread of infection. Gloves and gowns are used to prevent spread by contact either with the resident or items in the resident's environment. Masks and eye protection prevent spread by droplets which may be transmitted during coughing, talking or sneezing. If PPE such as a gown, is worn in the care of multiple residents, infection may be spread between them. During a telephone interview on 7/6/20, at 2:58 p.m., with the IP, the IP stated, "Not on strict isolation. It's less stringent." The IP indicated if a resident was not tested prior to coming to the facility, precautions were strict. This indicated the IP was not aware of current guidelines. Review of the facility document, NEW ADMISSION GUIDANCE dated 7/6/20, indicated, "Staff .Masks .face shields &amp; gowns at all times .Droplet/contact precautions x 14 days . b. During a concurrent review of the facility map and interview on 7/6/20, at 11:21 a.m., the licensed nurse consultant (LNC) indicated residents with unknown COVID-19 status who required 14-day observation were placed in the area of the South Station, next to the planned COVID-19 unit. The location was referred to as the yellow zone. The residents were then permitted to move into rooms with other residents, in other parts of the facility if symptoms of COVID-19 did not appear at the end of 14 days. Review of the clinical record indicated Resident 1 was admitted to the facility less than 14 days prior and Resident 2 was admitted to the facility three days prior. Resident 1 was in room [ROOM NUMBER]B and shared the room with another resident. room [ROOM NUMBER]B and room [ROOM NUMBER] was not in the facility's designated Yellow zone. Review of the facility record, Admission/Discharge To/From Report, dated 7/6/20, indicated eight residents were admitted to the facility during the previous 14 days. Review of the facility daily census report for 7/6/20, indicated three residents were in the yellow area of the building, in private rooms. Five residents were in other locations of the building and four shared a room with another resident who was not admitted within 14 days. During a telephone interview on 7/6/20, at 2:58 p.m., with the IP, the IP indicated a resident who was tested for COVID-19 prior to admission to the facility was monitored 14 days for symptoms of COVID-19 in the yellow area. Review of the Centers for Disease Control and Prevention (CDC) guidelines for nursing homes, indicated, "Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE." (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) 2. During an interview on 7/6/20, at 8:07 a.m., the Business Office Associate (BOA), screening staff and visitors at entry, stated when two symptoms are answered yes on the screening tool and/or a staff has a temperature of 100 degrees or higher, the administration is notified before staff are allowed to enter. During an observation on 7/6/20, at 8:15 a.m., a staff member entered the building and the BOA screened the staff member by asking the symptoms of COVID-19 and then checked the staff members' temperature. The BOA did not ask the staff member to wash their hands and hand hygiene was not observed to be completed at entrance of the facility. During an interview on 7/6/20, at 9:25 a.m., with the director of nursing (DON), the DON indicated it is an expectation for the screening staff to contact administration if one positive symptom is marked yes on the screening tool at check-in. The DON confirmed that the screening staff at the front door is responsible for filling out the screening tool, checking the temperature, and notifying administration staff if one positive symptom is marked. During a concurrent interview and record review, on 7/6/20, at 3:00 p.m., with the infection preventionist (IP) STAFF INFLUENZA-LIKE ILLNESS TRACKING SHEET, dated 6/27/20, was reviewed. The STAFF INFLUENZA-LIKE ILLNESS TRACKING SHEET did not list four staff members whom marked one or more positive symptoms on the COVID 19 SCREENING TOOL. The IP stated updates to the tracking sheet are completed daily and she was not notified of the four staff who marked yes to COVID symptoms on the screening tool. The IP stated the screening staff first notifies the DON or administration of a positive symptom and then she is notified. During a telephone interview on 7/7/20, at 3:12 p.m., with Certified Nursing Assistant (CNA) 1, CNA 1 stated that on 7/5/20 and 7/6/20 a cough was indicated (checked yes) on the screening tool. CNA 1 confirmed that she had a cough on both days and stated, "No one talked to me about my cough or called me and I was allowed to work my shift on both dates. CNA 1 indicated being pressured through the line because everyone is arriving at the same time and we are just going through the motions, but nothing is being done when a positive symptom is identified. During a review of the facility document, COVID 19 SCREENING TOOL, dated 4/29/2020, the screening tool indicated in three different areas when to notify the Nursing Home Administrator (NHA), DON, and/or designee, with conflicting directions. The statements are as follows: A YES ANSWER: Exclude from entry &amp; Communicate To NHA/DON/Designee. Check all that apply, if 2 or more, communicate with NHA/DON/designee. If YES to any of these questions, NOTIFY the NHA/DON/designee. The first yes or no question on the screening tool asked if the person entering the facility had performed Hand Hygiene upon arrival for screening. A review of all the screening tools used from 7/4/20 to 7/5/20, eight screening tools were incomplete, and five screening tools had at least one or more symptom marked as yes, but no documentation that administration was notified. During a review of the facility's policy and procedure (P&amp;P) titled, INFECTION PREVENTION &amp; CONTROL Process for Screening Employees During the COVID-19 Pandemic, dated 3/20 and 5/20, the P&amp;P indicated the purpose is To provide guideline on employee restrictions to prevent the potential spread of COVID-19</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.

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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p>(continued... from page 1)</p> <p>Coronavirus and Employees who are asymptomatic or who do not have risk factors for COVID-19 are allowed to work. 3. During a observation on 7/6/20, at 1:40 p.m., CNA 2 removed the PPE at the doorway of a residents room on isolation precautions. CNA 2 grabbed a trash bag from her pants pocket and placed the used PPE in the trash bag. CNA 2 then placed the bag on the floor and stated, garbage should not be placed on the floor, but the facility hasn't given us anything (biohazard trash can) yet for the room. No garbage can was present near the doorway of the resident's room. CNA 2 explained the garbage will be placed in the biohazard barrel after meal trays are done being passed. During an interview on 7/7/20, at 11:00 a.m., with the IP, the IP stated it is a standard of practice for any room on isolation precautions to have a garbage can with a red biohazard (a biological agent or condition that is a hazard to humans or the environment) bag in it at the doorway. If there is no biohazard bag at the doorway, staff is expected to place the used PPE in a garbage can in the room and tie the trash can liner. Staff would then be expected to place the trash can liner with the used PPE in a red biohazard bag. The IP stated that staff should never place garbage on the floor. Review of the CDC, dated 6/25/20, Preparing for COVID-19 in Nursing Homes, indicated for a facility to Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices by Position(ing) a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room . (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>)</p>		