

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER ACACIA PARK NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1611 SCENIC DRIVE MODESTO, CA 95355	
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 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop a baseline resident-centered care plan within 48 hours of readmission for one of five sampled residents (Resident 1) when a care plan for isolation precautions (necessary steps taken to protect people from infections and prevent their spread) for [MEDICAL CONDITION] (A contagious respiratory infection- COVID -19) transmission was not developed for Resident 1 within 48 hours of readmission to the Skilled Nursing Facility from a General Acute Care Hospital (GACH). These failures had the potential for staff to not implement the necessary precautions for the prevention of COVID-19 transmission. Findings: During an interview on 5/28/2020, at 10:35 a.m., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated she was the charge nurse when Resident 1 came back from the emergency room (ER). LVN 1 stated Resident 1 was placed on contact isolation due to COVID-19 exposure risk. LVN 1 stated Resident 1 was monitored every shift by the nurses for signs and symptoms coughing, sore throat, fever, and body malaise. During a concurrent interview and record review on 5/28/2020, at 10:40 a.m., with LVN 1 reviewed Resident 1's clinical record in search for the care plan addressing the implemented isolation precautions. LVN 1 could not locate the care plan and stated the care plan for isolation precautions was not developed. During a concurrent interview and record review, on 5/28/2020, at 1:30 p.m., with the Director of Staff Development/ Infection Control Preventionist (DSD/ICP) the DSD/ICP reviewed Resident 1's care plan dated 5/22/2020 and stated Resident 1's care plan did not address the implementation of isolation precautions. The DSD/ICP stated the care plan should have been completed within 48 hours from Resident 1's return from the hospital. During a review of Resident 1's nursing progress notes dated 5/22/2020, at 2:25 p.m., the notes indicated, The resident came back to the facility from the ER, she will be temporarily be in a different room (related to) guidelines for CVOID-19 she will be on isolation for 14 days . During a review of the facility's policy and procedure titled, Care Plans- Baseline, dated December 2016, indicated, A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of the resident's admission .		
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.