

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY OAKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 215 W PEARL ST POMONA, CA 91768	
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 - Some	<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 interview and record review, the facility failed to implement the Coronavirus (COVID-19, a serious respiratory illness caused by [MEDICAL CONDITION] that can spread from one person to person) Mitigation Plan and the COVID 19 Infection Control policy and procedure. The facility failed to have a full-time, dedicated Infection Preventionist (IP). This deficient practice had the potential for the IP not to spend adequate time in the building and focus primarily on activities dedicated to infection control, and the spread of COVID 19 and infections amongst residents and staff. Findings: On 8/24/20 at 10:50 am., a survey visit was conducted to ensure the facility implemented Coronavirus Disease 2019 (COVID-19) MP. On 8/24/2020 at 1:40 pm, during an interview, the Administrator stated the IP was out on family emergency, and that there was no one with IP certification to cover the IP role. On 8/25/2020 at 11:40 am., a telephone contact was made to interview facility's IP. The Administrator answered the phone call and stated that, the IP called off and the facility do not have anyone trained for the IP role. On 9/24/2020 at 13:03 p.m., during telephone interview, the Director of Nursing (DON) stated the Director of Staff Development (DSD) worked for 40 hours a week and doubled as a DSD and an IP. A review of the Coronavirus Disease 2019 (COVID-19) SNF (skilled nursing facility) Mitigation Plan Glossary, attachment from All Facilities Letter 20-52, indicated that the definition of a full-time infection preventionist was: One or more individuals who are responsible for the facility's infection prevention and infection control program. The IP must: work 40 hours per week at the facility for the duration of the declare emergency (COVID 19) and have completed specialized training on infection prevention and control. More than one staff member can share this role; however, only direct care hours can be counted towards direct care service hours per patient day staffing requirements. An IP may be considered a direct caregiver only when providing nursing services beyond the hours required to carry out the duties of the IP role, if these additional nursing hours are separately documented. Review of the facility's undated Coronavirus Disease 2019 (COVID-19) Mitigation Plan under infection and prevention control category, indicated the facility shall have a full time, dedicated Infection Preventionist (s). The IP/s shall spend adequate time in the building and shall focus primarily on activities dedicated to infection control. A review of the facility's policy and procedure titled Role of the Infection Preventionist in Long-term Care Facility, indicated that one qualified person should be assigned the task of overseeing the infection control program.</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.