

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER HACIENDA POST ACUTE, INC		STREET ADDRESS, CITY, STATE, ZIP 361 E. GRANGEVILLE BLVD HANFORD, CA 93230	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>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 infection control procedures for the prevention of [MEDICAL CONDITION] (a contagious respiratory infection known as COVID -19) transmission when: 1. The facility employee COVID-19 screening procedures were not performed in accordance to the Centers for Disease Control-(CDC) recommendations for four of seven sampled staff members (Certified Nurse Assistant -CNA 1, Licensed Nurse-LN 3, CNA 2 and LVN 2) on 6/10/2020 and on 6/11/2020. The failure to perform appropriate employee screening, and gaps in the screening procedures potentially placed the residents and staff at risk for the spread and transmission of COVID-19. 2. A dusty oscillating fan oscillated in one of three nursing stations. 3. CDC recommendations for person under investigation (PUI) were not followed by LN 8 and CNA 5 when a bedroom door for a PUI (Resident 1) was left opened. These practices potentially placed the residents and staff at risk for the spread and transmission of COVID-19. Findings: 1. During an interview on 6/11/2020, at 9:07 a.m., with CNA 1, CNA 1 stated she arrived for work on 6/11/2020 at 5:30 a.m. CNA 1 stated, I did my own temperature, completed the form and walked to station 1. CNA 1 stated, when she arrived at work at 5:30 a.m., there was no staff member to perform the employee screening before she entered the facility. During an interview on 6/11/2020, at 9:36 a.m., with Licensed Nurse (LN) 3, LVN 3 stated she arrived to work on 6/11/2020 at 6:00 a.m., LVN 3 stated there was no one present to perform the screening on the employees entering the facility. LN 3 stated she took her own temperature and completed the questionnaire and proceeded to start the shift. During an interview on 6/11/2020, at 11:55 a.m., with CNA 1, CNA 1 stated, she worked on 6/10/2020 and on 6/11/2020. CNA 1 stated on 6/10/2020 and 6/11/2020 she experienced a sore throat and documented the sore throat on the employee screening questionnaire. CNA 1 stated on 6/10/2020 the Activities Assistant conducted the employee screening on her that morning and asked if seasonal allergies was the cause of her sore throat. CNA 1 stated she did not have seasonal allergies and her sore throat was from the use of her mask. CNA 1 stated she did not receive guidance or an evaluation from the Director of Nursing or any of the licensed nurses on duty on 6/10/2020 or on 6/11/2020. CNA 1 stated she worked with a sore throat on 6/10/20 and on 6/11/2020. During a review of the COVID-19 Employee Screening dated 5/11/20, the COVID-19 Employee Screening indicated, To ensure the safety of our residents and staff; all employees will be screened for Fever and Acute Respiratory Illness prior to clocking in for their shift: . Name: (CNA 1) Date: 6/10/2020 . 2. Are there any signs of symptoms of . Sore Throat Yes . During a review of the COVID-19 Employee Screening dated 5/11/20, the COVID-19 Employee Screening indicated, To ensure the safety of our residents and staff; all employees will be screened for Fever and Acute Respiratory Illness prior to clocking in for their shift: . Name: (CNA 1) Date: 6/11/2020 . 2. Are there any signs of symptoms of . Sore Throat Yes . During an interview on 6/11/2020, at 1:05 p.m., with CNA 2, CNA 2 stated she checked her own temperature and completed the questionnaire on 6/10/20 and on 6/11/2020. CNA 2 stated she worked on 6/10/2020 while feeling tired and after experiencing a loss of taste. CNA 2 stated she documented her symptom on the employee COVID-19 symptom questionnaire and did not receive follow up from a licensed nurse to review the symptoms she experienced. During a review of the COVID-19 Employee Screening dated 5/11/20, the COVID-19 Employee Screening indicated, To ensure the safety of our residents and staff; all employees will be screened for Fever and Acute Respiratory Illness prior to clocking in for their shift: . Name: (CNA 2) Date: 6/10/2020 . 4. have you been in contact with anyone who has a fever, presumptive or positive for COVID 19 or anyone who has traveled out of the county in the past 14 day . If Yes describe: lost some taste bud . During a review of the COVID-19 Employee Screening dated 5/11/20, the COVID-19 Employee Screening indicated, To ensure the safety of our residents and staff; all employees will be screened for Fever and Acute Respiratory Illness prior to clocking in for their shift: . Name: (CNA 2) Date: 6/11/2020 . 2. Are there any signs of symptoms of . Loss of taste or smell . 4. have you been in https://www.CDC/coronavirus/2019-ncov/hcp/long-term-care.html anyone who has traveled out of the county in the past 14 day . If Yes describe: tired . During an interview on 6/11/2020, at 2:05 p.m., with the ADM, the ADM stated staff were not supposed to conduct their own temperature check or a self COVID-19 symptom questionnaire. The ADM stated the facility did not have a specific policy and procedure for screening and monitoring of staff and visitors. During an interview on 6/11/2020, at 3:10 p.m., with LN 2, in station 3, LN 2 stated, she performed her own screening for COVID-19 when she came to work at 7 a.m., on 6/10/2020. During a concurrent interview and record review on 6/11/20, at 4:30 p.m., with the ADM, the ADM reviewed the In-service Attendance Record, dated 3/11/20. The ADM stated the in-service Attendance Record indicated staff members were given training on COVID 19. The ADM stated the lesson plan included employee and visitor screening. The ADM stated the lesson plan was not specific and did not address which symptoms the staff needed to report to a nurse during screening. The ADM stated, the lesson plan did not specify the staff needed to be screened by another staff member. The ADM stated there was no policy and procedure regarding the screening process. During a review of a professional reference retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html titled, Preparing for COVID-19 in Nursing Homes date 6/25/2020 indicated, the Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Fever is either measured temperature >100.F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of individuals in such situations. 2. During an observation on 6/15/2020, at 4 p.m., in the nursing station 1, an oscillating fan was in the on position and on top of the counter of the nursing station. The fan was visibly soiled with dust on the fan blades and on the base of the fan while it oscillated in the nursing station. During an interview on 6/15/2020, at 4:15 p.m., with LN 8, LN 8 stated she did not know whether or not facility staff could to use oscillating fans. LN 8 stated the fan was dusty. 3. During an observation outside of Resident 1, a cart equipped with personal protective equipment (PPE) was outside of her room. Resident 1's bedroom door remained open with the privacy curtain pulled around her bed. CNA 5 assigned to care for Resident 1 applied the disposable PPE gown each time they entered the room and kept the bedroom door open. During an interview on 6/15/2020, at 4:30 p.m., with CNA 5, CNA 5 stated Resident 1 was considered a person under investigation (PUI) for COVID-19. CNA 5 stated she was not certain if the doors needed to remain shut. During an interview on 6/15/2020, at 4: 35 p.m., with LN 8, LN 8 stated Resident 1 was a PUI for COVID-19 and she was not sure whether or not the door needed to remain open or shut. During a concurrent interview and record review on 6/15/2020, at 4:45 p.m., LN 8 stated she verified the procedures to follow for PUI's with the ADM. LN 8 stated she needed to have the door shut and not open. LN 8 verified Resident 1's progress notes dated 6/14/2020 and stated Resident 1's COVID 19 test results were pending. LN 8 stated Resident 1's progress note indicated Resident 1 experienced an emesis (vomiting) episode on 6/14/2020 and did not say anything else. LN 8 stated the report given to her on 6/15/2020 regarding an episode of cough experienced by Resident 1 was not documented. During an interview on 6/15/20/20 with the ADM, the ADM stated she verified the procedures with LN 8. The ADM stated the door needed to remain shut for all PUI cases. During a review of a professional reference retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html titled, Recommended infection prevention</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>and control (IPC) practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection dated 5/22/2020, indicated, Establish Reporting within and between Healthcare Facilities and to Public Health Authorities Implement mechanisms and policies that promote situational awareness for facility staff including infection control .Patient Placement. For patients with COVID-19 or other respiratory infections .If admitted , place a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection .with the door closed .</p>		