

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055481</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VIENNA NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>800 SO. HAM LANE LODI, CA 95242</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 - Some</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 review, the facility failed to maintain an infection prevention and control program to prevent the transmission of illness when COVID-19 positive residents were identified and not isolated from COVID-19 negative residents for a census of 126. This failure put COVID-19 negative residents and staff at risk of contracting COVID-19, with the potential to cause illness and death. During an interview with the administrator (ADM) on 7/15/20, at 8:15 a.m., the ADM stated two COVID-19 positive residents were identified through testing on 6/24/20, and transferred to the facility's designated COVID-19 ward (the Main Dining Room). One resident who tested positive resided on Hall 3 (an area of the facility where residents reside), the other on Hall 7. The ADM went on to say while the two COVID-19 positive residents were in the COVID-19 ward, six more COVID-19 positive residents were identified through testing in Hall 3. The ADM stated because more residents in Hall 3 had tested positive, Hall 3 would now be the facility's designated COVID-19 ward. When asked why the six newly identified COVID-19 positive residents were not transferred to the designated COVID-19 ward in the dining room, the ADM stated all residents in Hall 3 had been exposed to [MEDICAL CONDITION] and were all presumably positive for COVID-19. During a concurrent observation and interview with the ADM on 7/15/20, at 9:20 a.m., the ADM stated there were 25 resident beds on Hall 3, all in semi-private rooms (two beds per room), with only one empty bed. The ADM went on to say of the 24 residents on Hall 3, six were positive for COVID-19, and nine had signs and symptoms of COVID-19. Hall 3 was observed from the video feed in the ADM's office. Hall 3's doors were closed at each end, and staff were observed wearing COVID-19 personal protective equipment (PPE, a system used to prevent the spread of infection by creating a barrier). The ADM stated designated staff members had been assigned to take care of Hall 3 residents only. During a review of the facility's COVID-19 line listing (a system used to track illness), not dated, the list indicated six residents tested positive for COVID-19 on Hall 3 on 7/2/20, 10 more residents on Hall 3 tested positive on 7/14/20, an additional four residents on Hall 3 tested positive on 7/17/20, and two more residents on Hall 3 tested positive on 7/18/20, none of which were moved to the COVID-19 ward (Main Dining Room). During a review of a list of COVID-19 related deaths obtained from the facility, dated 8/4/20, the list indicated eight residents had passed away previously diagnosed with [REDACTED]. During a review of the facility's policy and procedure titled, COVID 19 MITIGATION PLAN, revised 5/26/20, the policy indicated, Residents testing positive will be placed in our designated COVID ward-Main Dining Room. According to the Centers for Disease Control (CDC), updated 4/30/20, Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents. If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. <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></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.