

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055988	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER HY-LOND HEALTH CARE CENTER-MERCED		STREET ADDRESS, CITY, STATE, ZIP 3170 M STREET MERCED, CA 95340	
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 observation, interview, and record review, the facility failed to implement and maintain a safe environment with an effective infection prevention and control program for the prevention of Coronavirus (COVID-19- a contagious serious respiratory infection transmitted from person to person) transmission when: 1. Two Certified Nursing Assistants (CNAs) did not wear an isolation gown (a protective article used by medical personnel to avoid exposure to blood, body fluids, and other infectious (likely to spread infection) materials, or to protect patients from infection) when they entered two of four residents' rooms (Resident 1 and 2) that were on isolation precautions (measures, practices, and procedures used in the care of patients with contagious or infectious diseases); 2. A Physical Therapist Assistant (PTA - an assistant of a professional that helps individuals develop, maintain and restore maximum body movement and physical function) wore an isolation gown while in the hallway; 3. A CNA (CNA 2) did not perform hand hygiene (act of cleaning one's hands either with soap and water or with the use of an alcohol-based hand rub) before she entered Resident 2's room; and 4. Two of 24 resident rooms had signs on their door that indicated Droplet Precautions (precautions used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs) and Contact Precautions (contact precautions are a series of procedures designed to minimize the transmission of infectious organisms (bacteria [MEDICAL CONDITION]) by direct or indirect contact with an infected patient or his environment) and their doors were open. These practices potentially placed the residents and staff at risk for the spread and transmission of COVID-19. Findings: 1. During a concurrent observation and interview on 8/26/20, at 10 a.m., of Resident 1's room, Resident 1's room had signs outside the door that indicated Resident 1 was on droplet and contact isolation and staff must don (put on) an isolation gown when they entered the room. CNA 1 was at Resident 1's bedside with no gown on. CNA 1 emptied a trash bag from Resident 1's room. CNA 1 stated staff were to have a gown on when they entered a resident's room that was on isolation precautions. CNA 1 stated she should have worn a gown when she entered Resident 1's room. CNA 1 stated it was important to wear a gown when she entered a resident's room that was on isolation precautions to prevent cross contamination (process by which microorganisms are unintentionally transferred from one substance or object to another with harmful effect) and avoid getting other residents or staff ill. During an observation on 8/26/20, at 11 a.m., near Resident 2's room, Resident 2's room had signs outside the door that indicated Resident 2 was on droplet and contact isolation and staff must don an isolation gown when they entered the room. CNA 2 walked into Resident 2's room, she did not have an isolation gown on. CNA 2 walked out of Resident 2's room with a water bottle, walked into the unit's utility room, did not put on an isolation gown, and walked back into Resident 2's room, and placed the water bottle on the bedside table near Resident 2. CNA 2 walked out of Resident 2's room, grabbed salt and pepper packets, did not put on a gown, and walked into 2's room and placed the salt and pepper packets on Resident 2's bedside table. During an interview on 8/26/20, at 11:06 a.m., with CNA 2. CNA 2 stated she was supposed to put on a gown when she entered Resident 2's room since he was on isolation precautions. CNA 2 stated she did not wear a gown because she was in a rush to get water and salt and pepper for Resident 2. CNA 2 stated it was important to wear a gown when she entered Resident 2's room to prevent cross contamination between residents and staff. During an interview on 8/26/20, at 2:30 p.m., with the Director of Nursing (DON) and Infection Preventionist (IP - an individual who specializes in preventing infections and helping stop people from getting sick), the DON stated CNAs should always wear an isolation gown when entering residents' rooms with isolation precautions to avoid cross contamination. During a professional reference review, retrieved on 9/2/2020, from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, titled, Preparing for COVID-19 in Nursing Homes dated 6/25/20, indicated, .Given their congregate (to gather together into a large group) nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens (germs [MEDICAL CONDITION]). Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices .Facilities should have supplies of facemasks .gowns .Evaluate and Manage Residents with Symptoms of COVID-19 .Residents with known or suspected COVID-19 should be cared for using all recommended PPE (personal protective equipment-used by healthcare personnel to protect themselves, patients, and others when providing care), which includes .gloves, and gown . During a professional reference review, retrieved on 8/27/2020, from https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf, titled Preventing Transmission of Infectious Agents in Healthcare Settings dated 07/19 indicated, .When Contact Precautions are used (i.e., to prevent transmission of an infectious agent that is not interrupted by Standard Precautions alone and that is associated with environmental contamination), donning of both gown and gloves upon room entry is indicated to address unintentional contact with contaminated environmental surfaces 2. During an observation on 8/26/20, at 11:05 a.m., in the hallway of North Station, the PTA walked in the hallway with a walker in his hand, and wore an isolation gown. During an interview on 8/26/20, at 11:35 a.m., with the PTA, the PTA stated he wore an isolation gown in the hallway because he had forgotten to retrieve a walker from the Therapy Room to bring to a resident in room [ROOM NUMBER]. The PTA stated wearing a gown outside a resident's room was not appropriate due to cross contamination. During an interview on 8/26/20, at 2:30 p.m., with the DON, the DON stated staff should not wear isolation gowns in the hallway and isolation gowns should only be worn in residents' rooms with isolation precautions. The DON stated it would not be appropriate to wear an isolation gown outside of a resident's room. The DON stated the importance of not wearing an isolation gown when not in residents' room was important to avoid contamination of another area in the facility. During a professional reference review, retrieved on 8/27/2020, from https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf, titled Preventing Transmission of Infectious Agents in Healthcare Settings dated 07/19 indicated, .Isolation gowns should be removed before leaving the patient care area to prevent possible contamination of the environment outside the patient's room . 3. During an observation on 8/26/20, at 11 a.m., near Resident 2's room, CNA 2 walked into Resident 2's room, she did not perform hand hygiene prior to entering Resident 2's room. CNA 2 walked out of Resident 2's room with a water bottle, did not perform hand hygiene, walked into the unit's utility room, did not perform hand hygiene, walked into Resident 2's room, placed the water bottle on the bedside table near Resident 2, and walked out of Resident's room and did not perform hand hygiene. CNA 2 grabbed salt and pepper packets, did not perform hand hygiene, walked into Resident 2's room and placed the salt and pepper packets on Resident 2's bedside table, and walked out of Resident's room and did not perform hand hygiene. During an interview on 8/26/20, at 11:06 a.m., with CNA 2. CNA 2 stated she needed to perform hand hygiene using the hand sanitizer (liquid gel or foam used to decrease germs on the hands) dispenser outside of Resident 2's room before she entered and after she exited the room to avoid cross contamination. During an interview on 8/26/20, at 2:30 p.m., with the DON, the DON stated it was important to perform hand hygiene when staff entered and exited residents' rooms to prevent the spread of infection. During a review of the facility's policy and procedure (P&P) titled, Infection Prevention and Control Program, dated 11/17, indicated, .Standard Precautions .2. Staff will perform hand hygiene .a. Before and after contact with the resident . 4. During an observation on 8/26/20, at 10 a.m., in the South Station hallway, near Resident 1's room</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>(room [ROOM NUMBER]), there were two signs outside the room that indicated the residents were on Droplet Precautions and Contact Precautions. Resident 1's door was opened with Resident 1 and her roommate visible from the hallway. During an observation on 8/26/20, at 10:54 a.m., in the North Station hallway, room [ROOM NUMBER] had signs outside the room that indicated the residents in the room were on Droplet Precautions and Contact Precautions. room [ROOM NUMBER]'s door was opened with both residents visible from the hallway. During an observation on 8/26/20, at 3:42 p.m., in the South Station hallway, near Resident 1's room (room [ROOM NUMBER]), the door was opened. During an interview on 8/26/20, at 3:45 p.m., with the IP, the IP stated it was best practice to close the doors of resident rooms under isolation precautions (droplet and contact isolation) to avoid contaminating other residents or staff. During review of Resident 1's Order Summary Report dated 8/11/20, the Order Summary Report indicated Resident 1 was to be placed on isolation precautions for COVID-19 recovery observation (additional 14 days isolation after first 14 day time frame in which the resident was positive for COVID 19) for 14 days. During a professional reference review, retrieved on 8/27/2020, from https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf, titled Preventing Transmission of Infectious Agents in Healthcare Settings dated 07/19 indicated, ".Keep the AIIR (airborne infection (disease transmission through small particles that can be transmitted through the air) isolation room) door closed when not required for entry and exit .</p>		