

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056136	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER VILLA MESA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 867 E. 11TH STREET UPLAND, CA 91786	
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 their infection control program when there were nine instances where staff did not complete a screening assessment for COVID 19 (illness caused by [MEDICAL CONDITION]) prior to entering the facility between May 16, 2020 and May 20, 2020. This failure had the potential to place all 85 residents in the facility at increased risk for exposure to COVID 19 by not ensuring direct care staff were assessed for symptoms of COVID 19 prior to entering the facility. Findings: During an observation on May 20, 2020, at 10:55 AM, the main entrance to the facilities COVID 19 isolation unit (an isolated unit or wing of the facility designated for residents who have COVID 19) was observed with the Infection Preventionist Nurse (IPN) and Director of Nursing (DON). The IPN reviewed the log and confirmed there were multiple instances from May 16, 2020 through the current date (May 20, 2020) where staff signed in but did not complete the questions for symptom assessment for COVID 19. The IPN stated all staff are expected to complete the questions but stated staff may have forgotten. During a concurrent interview and record review, on May 20, 2020, at 10:56 AM, with the DON, the (Facility Name) screening logs dated May 16, 2020, through May 20, 2020, were reviewed. The DON confirmed the logs had nine of 102 instances where staff signed in but did not complete the screening questions. During a review of the facility screening log, the log indicated as follows: - On May 16, 2020, Licensed Vocational Nurse 1 (LVN 1) and Certified Nursing Assistant 1 (CNA 1) did not complete a COVID 19 symptom screening assessment when entering the facility. Both staff did not answer Y (yes) or N (no) for the questions Cough; sore throat; SOB (shortness of breath) . - On May 17, 2020, CNA 1 and CNA 2 did not complete a COVID 19 symptom screening assessment when entering the facility. Both staff did not answer Y (yes) or N (no) for the questions Cough; sore throat; SOB . - On May 18, 2020, CNA 1 and CNA 3 did not complete a COVID 19 symptom screening assessment when entering the facility. Both staff did not answer Y (yes) or N (no) for the questions Cough; sore throat; SOB . - On May 19, 2020, CNA 3 did not complete a COVID 19 symptom screening assessment when entering the facility. CNA 3 did not answer Y (yes) or N (no) for the questions Cough; sore throat; SOB . - On May 20, 2020, LVN 2 and CNA 4 did not complete a COVID 19 symptom screening assessment when entering the facility. LVN 2 did not answer Y (yes) or N (no) for the question .SOB and CNA 4 did not answer Y (yes) or N (no) for the questions Cough; sore throat; SOB . During an interview on May 20, 2020, at 11:10 AM, with LVN 2, LVN 2 stated she forgot to complete the COVID 19 symptoms screening assessment on May 20, 2020, because someone came up to her while she was signing in and got distracted. During an interview on May 20, 2020, at 11:11 AM, with CNA 4, CNA 4 stated he forgot to complete the COVID 19 symptoms screening assessment when he signed in on May 20, 2020. During an interview on May 20, 2020, at 11:13 AM, with the DON, the DON stated she expects staff to sign in, take their temperature and answer the COVID 19 symptom screening questions when entering the facility. During an interview on May 20, 2020, at 1:21 PM, with the IPN, the IPN stated he was not aware the COVID 19 symptom screening logs were not being completed consistently and that the RN supervisor or charge nurse was supposed to review the logs each shift to ensure it is complete. During a review of the facility's policy and procedure titled, Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers, undated, indicated Goal. To protect our residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in our care center .m. Screen all non-staff and staff who enter facility: -Must sign entrance with date, time and purpose. -Must take temporal reading for temperature below 100.4 Free of shortness of breath -Free of persistent cough. 7</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.