

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 05A427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER CRESTWOOD MANOR - FREMONT		STREET ADDRESS, CITY, STATE, ZIP 4303 STEVENSON BOULEVARD FREMONT, CA 94538	
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 follow their infection control policies and procedures and following accepted national standards (Centers for Disease Control - CDC) to prevent spread of infection in the facility during a Coronavirus Disease (COVID-19, a mild to severe respiratory (lung) illness) outbreak (an occurrence of disease greater than expected at a particular time and place) when the following practices were observed: 1. Facility staff did not follow social distancing in shared public areas. 2. There was no documentation for two of 11 sampled staff (Administrator ADM; Dietary Services Supervisor DSS) were not screened for COVID-19 infection before entering the facility. These deficient practices had the potential to result in the spread of COVID-19 infection. Findings: 1. During a concurrent observation and interview on 7/16/20, at 10:57 a.m., with the Infection Control Preventionist 1 (ICP 1), in an area used to screen staff before entry to the facility, and also used to microwave food and beverages, ICP 1 confirmed the area was used as both a breakroom and a COVID-19 screening area. Ten staff members stood in the area, less than six feet apart, while they waited to be screened, or use the microwave. During an observation on 7/16/20 at 11:15 a.m., in the hallway of the green zone, two facility staff members stood next to each other, less than one foot apart, and talked. During a review of facility's policy and procedure (PNP) titled, Coronavirus (COVID-19) Prevention and Management, dated 5/21/2020, the PNP indicated, in the Administrative Procedures, Encourage staff to maintain social distancing whenever possible, (maintain 6 ft. (feet) apart, no shaking hands, etc.) . 2. During a concurrent interview and record review of the facility log, Initial Staff Screening for Communicable Condition, on 7/16/20, at 11:47 a.m., with ICP 1, and Infection Control Preventionist 2 (ICP 2), ICP 2 confirmed there were no screening assessments documented for Admin, or DSS on 7/16/2020. During an interview on 7/16/20 at 1:20 p.m., with Administrator (Admin), Admin stated she had not completed the screening process in the facility, because she checked her temperature at home. During a review of facility's policy and procedure (PNP) titled, Coronavirus (COVID-19) Prevention and Management, dated 5/21/20, the PNP indicated, Staff will complete employee screening at the beginning of each shift, after punching in. During a review of facility's policy and procedure (PNP) titled, Coronavirus (COVID-19) Prevention and Management, dated 5/21/2020, the PNP indicated the facility would adhere to CDC guidelines for transmission-based precautions (infection control precautions based on how the infecting organism is transferred between people), along with early detection and prompt reporting of COVID-19 symptoms to local and State health authorities. During a review of the Center for Disease Control article, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 7/15/2020, the article indicated, Screen everyone (patients, HCP (health care personnel), visitors) entering the healthcare facility for symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19. Fever is either measured as temperature greater than 100.0F or subjective fever. Ask them if they have been advised to self-quarantine because of exposure to someone with [DIAGNOSES REDACTED]-CoV-2 infection.</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.