

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER ROSEWOOD HEALTH FACILITY		STREET ADDRESS, CITY, STATE, ZIP 1401 NEW STINE ROAD BAKERSFIELD, CA 93309	
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 - Many	<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: 1. Store trash and dirty laundry in covered containers in the COVID Supply Clean Room (CSCR, room used to store clean Personal Protective Equipment (PPE, gowns, gloves, face masks, face shields, shoe coverings), discard used PPE and scrubs, staff clean their hands and eat their meals). 2. Provide hand hygiene products or handwashing availability at the site where PPE were removed. 3. Ensure staff caring for Patient Under Investigation (PUI, patient waiting for lab test results to confirm COVID positive or negative diagnosis) did not provide care to patients confirmed to be COVID positive on the same shift. These failures had the potential to result in the spread of COVID-19 to other patients and staff. Findings: 1. During a concurrent observation and interview on 8/3/20, at 10:50 AM, with the Assistant Administrator (AA), in the CSCR, a trash can, too full for the lid to close, an empty, open cardboard box with trash in it next to the handwashing sink, was observed. AA verified a large plastic garbage can containing dirty facility scrubs, discarded by South Wing staff who care for COVID patients, had no lid covering. AA stated, Uncovered trash and uncovered dirty linen is not OK. During a review of the centers for Disease Control and Prevention (CDC) guidelines titled Environmental Infection Control Guidelines, dated 11/5/15, the guideline indicated, Contaminated textiles and fabrics are placed into bags or other appropriate containment in this location; these bags are then securely tied or otherwise closed. 2. During a concurrent observation and interview on 8/3/20, at 11:15 AM, with AA, leaving South Wing, a PPE discard station was observed. AA verified the staff did not have the ability to wash or sanitize their hands immediately after removing their PPE. AA estimated staff walked about 60 feet to the CSCR, depressed an automatic door opener, and walked inside approximately 6 feet to a handwashing sink to wash their hands after leaving South Wing and removing PPE. During an interview on 8/3/20, at 12:50 PM, the Administrator stated he was unaware there had to be hand hygiene immediately available after removing PPE. During a review of the CDC guideline titled Hand Hygiene Recommendations Guidance for Healthcare Providers about Hand Hygiene and COVID-19, dated 5/17/20, indicated, Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. During a review of the CDC document titled How to Safely Remove Personal Protective Equipment (PPE), undated, indicated, If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer. If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer. If your hands get contaminated during mask/respirator (high efficiency filter mask) removal, immediately wash your hands or use an alcohol-based hand sanitizer. Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE. During a review of the facility policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated 8/15, the P&P indicated, Hand hygiene is the final step after removing and disposing of personal protective equipment. 3. During a concurrent observation, interview and record review, on 8/3/20, at 4:55 PM, a resident, diagnosed as COVID positive, received assistance from Certified Nursing Attendant (CNA). Licensed Vocational Nurse (LVN) verified the observation. The facility document titled, Nursing Staffing Assignment and Sign in Sheet, dated 8/3/20, was reviewed with LVN. LVN verified the Nursing Staffing Assignment and Sign in Sheet indicated, CNA's assignment was the care of three PUIs. LVN stated, she often assigned the same CNA to care for PUIs and COVID positive patients on the same shift. AA verified no staff should provide care for a COVID positive patient and PUIs on the same shift. During a review of the facility's Mitigation Plan, approved 6/9/20, the Mitigation Plan indicated, Staff who care for residents that are positive for, and/or are sick with COVID-19, will be in a separate team from those caring for residents who are not sick or COVID-19 positive.</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.