

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/27/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF BAKERSFIELD		STREET ADDRESS, CITY, STATE, ZIP 2211 MOUNT VERNON AVENUE BAKERSFIELD, CA 93306	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow CDC (Centers for Disease and Control Prevention) recommended practices (Preparing for COVID-19 (a mild to severe illness that is caused by a coronavirus, is transmitted chiefly by contact with infectious material (such as respiratory droplet) and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and [MEDICAL CONDITION]) in Nursing Homes. Cloth face coverings (cloth mask) are not considered PPE and should only be worn by HCP for source control, not when PPE is indicated) in the use of PPE when: a. One Occupational Therapist Assistant (OTA- works with residents to improve their self care skills) was wearing a cloth mask (textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing or coughing) inside the facility's Occupational Therapy room with residents' present. b. One Certified Nursing Assistant (CNA) 1 wore a cloth mask while performing resident care. c. Restorative Nursing Assistant (RNA) 1 wore a cloth mask while performing resident care. d. One Registered Dietitian (RD) was wearing a cloth mask at the nurse's station. e. One Admission Coordinator (AC) was not wearing a mask in the facility hallway. f. One Quality Assurance (QA) staff member was wearing a cloth mask while talking with residents' in facility hallway. g. One Social Services Worker (SS) 1 was wearing a cloth mask in the facility hallway. h. One Vocational Nurse Supervisor (LVNS) was wearing a cloth mask in the facility hallway. i. RNA 2 wore a cloth mask while performing resident care. These failures have the potential to result in continued spread of COVID-19 infection to 111 residents, staff, and visitors. Findings: a. During a concurrent observation and interview on 6/25/20, at 11:20 AM, with OTA, in the OT room with residents' present. OTA was observed wearing a cloth mask. OTA stated he worked directly with residents today wearing the cloth mask. b. During a concurrent observation and interview on 6/25/20, at 11:27 AM, with CNA 1, in the facility hallway. CNA 1 was observed wearing a white mask. CNA 1 stated the facility provided the cloth masks and she was unaware cloth masks were not to be worn at work. CNA 1 stated she helped residents' get dressed and changed their briefs wearing the cloth mask. c. During a concurrent observation and interview on 6/25/20, at 11:30 AM, with RNA 1, in the facility hallway. RNA 1 was observed wearing a white cloth mask. RNA 1 stated she was not told to wear a surgical mask. RNA 1 stated she wore the cloth mask while getting residents' up into the wheelchair. d. During a concurrent observation and interview on 6/25/20, at 11:35 AM, with RD, at the nurse's station. RD was observed wearing a cloth mask. RD stated they could wear either cloth or surgical masks. RD stated she wore a cloth mask, while talking with the residents' in their room regarding their diets. During an interview on 6/25/20, at 11:55 AM, with the Infection Preventionist (IP), IP stated CNA 2 was tested for COVID-19 and received a positive test result on 6/4/20. IP stated Resident 1, was admitted to the hospital on [DATE]. Resident 1 was tested for COVID-19 on 6/24/20, and received a positive COVID-19 test result on 6/25/20. IP stated the HCP should not wear cloth masks in the facility. IP stated HCP should be wearing surgical masks only. During a review of the Microbiology Immunology report, dated 6/25/20, the Microbiology (Study of simple organisms including viruses) Immunology (Study of immune system), the Microbiology Immunology report indicated Resident 1's COVID-19 nasopharyngeal test (sample was taken from back nose throat) was obtained on 6/24/20. Resident 1's COVID-19 test result on 6/25/20, indicated COVID-19 was detected (positive). e. During a concurrent observation and interview on 6/25/20, at 3:29 PM, AC was observed exiting the Administrative Coordinator's office without a mask. AC stated she should wear a mask while in the facility.</p> <p>f. During a concurrent observation and interview on 6/25/20, at 11:15 AM, in the facility hallway, QA was observed wearing a white cloth mask while talking to two residents' in wheelchairs. QA stated the facility provided the cloth mask. g. During a concurrent observation and interview on 6/25/20, at 11:25 AM, with SS 1, in the facility hallway. SS 1 was observed wearing a white cloth mask. SS 1 stated, They (cloth facial covering) are given by the facility. SS 1 stated he wears a cloth mask, while talking and interacting with the residents' in their room. h. During a concurrent observation and interview on 6/25/20, at 11:35 AM, with LVNS, in the facility hallway. LVNS was observed wearing a white cloth mask. LVNS stated, They gave each staff about five cloth masks. LVNS stated she wears a cloth mask while she performs medication administration and other direct patient care with the residents'. i. During a concurrent observation and interview on 6/25/20, at 11:45 AM, with RNA 2, in the facility hallway. RNA 2 was observed wearing a cloth mask. RNA 2 states she wears a cloth mask when she is assisting the residents' with changing their clothes or changing their briefs. During a review of the facility's policy and procedure titled, Cleaning Cloth Face Coverings (Masks) dated 6/2/20, indicated 1. Cloth face coverings (masks) may be worn by facility staff in non-direct care roles. During a review of CDC guidelines titled [MEDICAL CONDITION] 2019 (COVID-19) Interim Infection Prevention and Control Recommendations for Health Care Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 6/19/20, indicated HCP should wear a facemask at all times while they are in healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemasks if more than source control is needed. During a review of the Centers For Medicare & Medicaid Services (CMS) guidelines titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated on 6/19/20, indicated, HCP (Healthcare Personnel) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.</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.