

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555323</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AVIARA HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>944 REGAL ROAD ENCINITAS, CA 92024</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview and record review, the facility failed to have one staff member mask while on duty in the facility and while in the clean laundry area. As a result, residents were at risk for the transmission of infectious agents. Findings: On 6/10/20 at 9 A.M. an unannounced Covid 19 survey was conducted. An initial tour was conducted which included the laundry. On 6/10/20 at 9:20 A.M., Laundry Aide (LA) 1, was observed as she folded clean washcloths. LA 1 did not wear a mask on her face, and no mask was seen around her neck or nearby at the table where she folded freshly laundered clean items. LA 1 stated she did not like to wear a mask, it was hot in the fold area. LA 1 further stated she had training about the use of a mask, the importance of a mask, and understood she should have worn a mask to prevent infections. LA 1 also stated she was folding clean washcloths which were used for and by the residents. On 6/10/20 at 9:22 A.M., the Food Service Manager walked into the laundry from the connected hallway. The Food Service Manager said all staff were to wear face masks while in the facility. On 6/10/20 at 9:28 A.M., the Director of Maintenance (DM) arrived to the laundry. The DM stated he was responsible for the housekeeping and laundry staff which included LA 1. The DM also stated, all staff are required to wear face masks while in the facility. The DM also stated he reminded his staff to wear face masks which covered their nose and mouth while they worked. On 6/10/20 at 12:15 P.M., the Director of Staff Development (DSD), and the Director of Nursing (DON), stated the LA should have worn a mask according to the facility guidelines. Per the facility policy, Infection Prevention and Control Program, revised 10/18, .11. Prevention of Infection .(2) instituting measures to avoid complication of dissemination: (3) educating staff and ensuring that they adhere to proper techniques and procedures; (7) implementing appropriate isolation precautions when necessary; and (8) following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC). Per the facility form, Covid-19 Pandemic Toolkit, dated 5/14/20, .In facilities that have not experienced a Covid 19 outbreak, we recommend all staff wear a surgical mask, if possible, considering PPE supply requirements and burn rates, and if not, a cloth face mask, when in the facility but outside the isolation areas.		
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.