

|  |  |  |   |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555838</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>04/01/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>CAMDEN POSTACUTE CARE, INC</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1331 CAMDEN AVENUE<br/>CAMPBELL, CA 95008</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Many</b>             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure all staff were trained on the proper use of PPE (Personal Protection Equipment) and failed to monitor the effectiveness of infection prevention, specifically the surveillance of hand hygiene. These failures place residents and staff at risk for being susceptible to acquiring infectious diseases. Findings include: 1. Improper use of PPE Review of policy titled, Coronavirus (COVID-19) Policy dated 3.11.2020, subheading 3. titled Outbreak Emergency Team, read in pertinent, Infection Preventionist and the Director of Staff Development, - is responsible for monitoring emergency conditions to communicate and implement emergency plans to maintain the safety and security of residents, staff, and premises during emergency conditions. An observation on 4-1-20 at 9:20 AM revealed Staff HK1 was folding laundry in the clean area of the laundry room. Staff HK 1 had a Respirator N95 mask on, worn such that it was partially covering the oral and nasal region. Interview with Staff HK 1 on 4-1-20 at 9:25 AM, When asked what the purpose of wearing the N95 in the clean area" is, Staff HK1 replied, we have to wear a mask. When asked has he had training on how to don and doff PPE like the N95 he is wearing, Staff HK1 replied, yes. When pointed out to Staff HK1, the N95 was not secured (with the bottom strap not secured at the nape of the neck and hanging freely), Staff HK1 grabbed mask with a gloved hand and improperly removed the mask. Interview with DSD (Director of Staff Development) on 4-1-20 at 12:35 PM. When asked who is trained in the donning and doffing of PPE, Staff DSD replied, Everyone is trained on donning and removing PPE. When shared observation of Staff HK 1 improperly wearing N95 and asked did she instruct Staff HK 1 on donning and doffing of N95, Staff DSD replied, when they get fit tested, the place that fittest goes over the donning and removing of the N95. When asked Staff DSD was HK 1 fit tested for N95, Staff DSD replied, He is on the list they do six people at a time. When asked for documentation, the donning and doffing instructions and education given to staff, DSD submits document of the training, and staff HK 1 is not listed. Staff DSD acknowledges no training for staff HK/MN completed for donning and doffing PPE or N95 Mask. 2. Hand Hygiene Surveillance Review of policy titled, Infection Control Guidelines for All Nursing Procedures release date [DATE]- RMG 001-00. Under the subtitle, General Guidelines, Number one reads, Standard Precautions will be used in the care of all residents in all situations regardless of suspected or confirmed the presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes. Interview with DSD on 4-1-20, who is also the IPC (Infection Prevention Control) nurse, when asked about hand surveillance, the DSD/IPC replied, we are doing good. I evaluate annually and with meetings. When asked for documentation of surveillance, the DSD replied, I don't record. The DSD begins to show the surveyor the infections per facility and equate this with adequate hand hygiene. The DSD When asked how can you improve on hygiene if you don't measure, the DSD acknowledged understanding. When asked for the Hand Hygiene policy, no policy given during the survey for Hand Hygiene. In an interview with the ADM (Administrator) on 4-1-20 at 2:40 PM, the ADM was asked about the lack of monitoring for hand hygiene, of reports of the training upon hiring, and of in-services. When the ADM was asked how you can improve on hand hygiene if you do not measure? The ADM acknowledged understanding.</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.