

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555877	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2020
NAME OF PROVIDER OF SUPPLIER RIDGECREST REGIONAL TRANSITIONAL CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1081 NORTH CHINA LAKE BOULEVARD RIDGECREST, CA 93555	
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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, and interview, the facility failed to provide a safe and sanitary environment when the sit-to-stand lift (used to assist patients from sitting to standing position) was not cleaned after each use. This failure had the potential to result in the transmission of infectious disease to patients requiring the use of the mechanical lift. Findings: During an observation on 5/18/20, at 10:30 AM, in the hallway, a fleece covered, cloth patient safety belt on a sit-to-stand lift was noted. The fleece was approximately three feet long and 8 inches wide, and had hairs and dark pilling on its surface. During an interview on 5/18/20, at 11 AM, Certified Nurse's Assistant (CNA) 1 stated, she just used the lift with a resident. CNA 1 confirmed, no one walking by the lift would know it was just used. CNA 1 stated, the fleece probably should be washed between residents, but that wasn't really feasible. During an interview on 5/18/20, at 11:15 AM, the Director of Staff Development (DSD) stated, the fleece should be disinfected with a purple wipe. DSD stated, Once a week (the fleece) gets washed, and if visibly soiled. During a review of the Centers for Disease Control and Prevention (CDC) guideline titled Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), dated 5/24/19, the guideline indicated, Medical equipment surfaces (e.g., blood pressure cuffs, stethoscopes, [MEDICAL TREATMENT] machines, and X-ray machines) can become contaminated with infectious agents and contribute to the spread of health-care-associated infections. During a review of the CDC guideline titled 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, dated July 2019, the guideline indicated, in Table 4. Recommendations for Application of Standard Precautions for the Care of All Patients in All Healthcare Settings, Soiled patient-care equipment: Handle in a manner that prevents transfer of microorganisms to others and to the environment. Environmental control: Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care 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.