

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555912</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>KERN RIVER TRANSITIONAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5151 KNUDSEN DRIVE BAKERSFIELD, CA 93308</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	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview, and record review, the facility failed to implement infection control standards for preventing COVID-19 when: 1. Social distancing of at least six feet were not maintained between two sampled residents (Resident 1 and Resident 2) who were sitting next to each other in the hallway in front of the Building B Nurses' Station. 2. The disinfectant used to clean and disinfect the blood pressure cuff before and after use on multiple residents was not readily accessible for staff use. 3. Four residents (Resident 1, Resident 2, Resident 3, and Resident 4) and One Staff (Occupational Therapist (OT)) wore Personal Protective Equipment (PPE) improperly. These failures had the potential to spread infection to residents and staff in the facility. Findings: 1. During a concurrent observation and interview, on 9/15/20, at 11:03 AM, with Licensed Vocational Nurse (LVN) 1, in the hallway in front of the Building B Nurses' Station, Resident 1 was sitting in a chair next to Resident 2, who was sitting in her wheelchair. Resident 1 and Resident 2 were sitting next to each other and were not maintaining social distancing of at least six feet away from each other. LVN 1 verified the findings. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Coronavirus Disease 2019 (Covid -19), dated 6/25/20, the guidelines indicated, Implement Social Distancing Measures. Implement aggressive social distancing measures (remaining at least 6 feet apart from others). Remind residents to practice social distancing. 2. During a concurrent observation and interview, on 9/15/20, at 12:35 PM, with Certified Nursing Assistant (CNA) 1, in the hallway of Building B, CNA 1 stated he was using one blood pressure cuff on multiple residents. CNA 1 stated he would clean and disinfect the blood pressure cuff before and after each residents. CNA 1 was unable to find the disinfectant he would use to clean and disinfect the blood pressure cuff. CNA 1 verified the disinfectant was not easily accessible for use. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Coronavirus Disease 2019 (Covid -19), dated 6/25/20, the guidelines indicated, Environmental Cleaning and Disinfection: . Ensure EPA (Environmental Protection Agency) - registered, hospital-grade disinfectants are available for frequent cleaning of high-touch surfaces and shared resident care equipment. 3. During a concurrent observation and interview, on 9/15/20, at 11:03 AM, with LVN 1, in the hallway in front of the Building B Nurses' Station, Resident 1 and Resident 2 were sitting next to each other with their surgical masks on below their nose. LVN 1 stated the nose should be covered with their surgical masks. During a concurrent observation and interview, on 9/15/20, at 11:05 AM, with LVN 1, in the hallway in front of the Building B Nurses' Station, Resident 3 was sitting in his wheelchair with his surgical mask on below his nose. LVN 1 verified the findings.</p> <p>During a concurrent observation and interview on 9/15/20, at 10:04 AM, with OT, in therapy room [ROOM NUMBER], OT was observed sitting on a chair wearing a surgical mask with her nose exposed. Resident 4 was sitting in a wheelchair, doing arm exercises, with a surgical mask being worn below her nose. OT adjusted her mask and stated, It (her mask) keeps falling down. I need a mask that works. During a review of the facility's Record of In-Service (RIS) titled, N95 &amp; Surgical Mask: When to dispose &amp; How to Use?: Proper Use of PPE, dated 9/2/20, the RIS indicated, the OT signed in as receiving the in-service. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Coronavirus Disease 2019 (Covid-19), dated 6/25/20, the guidelines indicated, Implement Source Control Measures. Residents should wear a cloth face covering or facemask. whenever they leave their room. During a review of the Centers for Disease Control and Prevention (CDC) guidelines titled, Coronavirus Disease 2019 (Covid -19), dated 8/27/20, the guidelines indicated, Wear the mask over your nose and mouth.</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.