

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELANO POSTACUTE CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>729 BROWNING ROAD</b> <b>DELANO, CA 93215</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  Complaint Number: 631422.  Representing the Department:  37697, HFEN  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint number 631422.	F 000			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		6/1/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/30/2019

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.

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F 880	<p>Continued From page 1</p> <p>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their policy and procedure for Preventing and Managing Bed Bugs (an insect that feeds on human blood) for one of three residents (Resident 1) rooms. This had the potential for an infestation of bed bugs to occur.</p> <p>Findings:</p> <p>During an observation on 4/3/19, at 10:14 AM, Resident 1's room was noted to be under isolation.</p> <p>During an interview with Licensed Vocational Nurse (LVN) 1, on 4/3/19, at 10:41 AM, she stated Resident 1's room was on isolation because on 4/2/19 a bed bug was found and staff were told the room would be cleaned for seven days straight.</p> <p>During an interview with Maintenance Supervisor (MS), on 4/3/19, at 11:07 AM, he stated on 4/2/19 the Director of Nursing (DON) told him there was a bed bug found in Resident 1's room. MS stated he did not contact the pest control company. MS stated he received instructions on what to do for bed bugs from the Director of Environmental Services (DES).</p>	F 880	<p>1) How corrective action has been or will be accomplished for the facility-centered deficient practice: The facility performed the following upon discovery</p> <p>" Resident one was examined and found to have no skin eruption, papules, vesicles or evidence of being bitten.</p> <p>" Pest Control visited the site on 4/2/19 and positively identified the specimen as a Bed Bug. The identified room was inspected for any other evidence of an infestation and was not able to find any evidence.</p> <p>" The facility placed the room on a daily deep cleaning schedule following facility procedure for Bed Bug treatment beginning on 4/2/19.</p> <p>" Recommendations made on 4/2/19 from Pest Control professional were followed.</p> <p>" The housekeeping supervisor/designee conducted final room inspections for each deep clean.</p> <p>" Bed Bug Traps were placed on the floor and at the head and foot of the beds (3) in the identified room.</p> <p>" No other rooms were identified. No other residents were affected.</p> <p>" Staff placed on alert to report any new Bed Bug related skin issues to the charge</p>		

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F 880	<p>Continued From page 3</p> <p>During an interview with DON, on 4/3/19, at 11:24 AM, she stated she had asked MS to call pest control, but she had not received a response.</p> <p>During an interview with DES, on 4/3/19, at 11:56 AM, he stated he was told by MS that a bed bug had been found in the facility on 4/2/19. DES stated he had no experience with bed bugs and was not aware of a facility policy and procedure regarding bed bugs.</p> <p>During an interview with DON, on 4/3/19, at 12 PM, she stated the facility policy and procedure for bed bugs was not followed.</p> <p>The facility policy and procedure titled "Bed Bugs, Preventing and Managing Infestations of" dated 8/15, indicated "Purpose: Staff will employ infection control strategies to prevent and manage infestation of bed bugs. Preparation: Staff should be trained to recognize bed bugs and bed bug infestation, and know what their specific roles will be should an infestation occur. Identification: 2. If evidence of bedbugs is found, collect specimens and contact a pest management company or service that can identify the specimens. Positive identification of bed bugs by a pest control professional should be made before treatment of the infestation begins."</p>	F 880	<p>nurse or DON.</p> <p>2). What measures have been or will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>" Housekeeping and Laundry departments and Maintenance Director received and in service on 5/28/19 by the Director of Nursing on the Bed Bug Policy and Procedure, Bed Bug Identification, Bed Bug treatment.</p> <p>" The responsible party of Resident 1 was provided one on one education on 4/02/19 on how to identify a bed bug and encouraged to have their home inspected. They were educated to not bring personal belonging in to the room, and how to don and doff PPE when visiting.</p> <p>" A skin sweep of all residents was conducted on 04/02/19 and 04/03/19 and no other residents were identified to have any evidence of papules, vesicles or any evidence of being bitten by a bed bug.</p> <p>3). How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.</p> <p>" Staff will follow the Bed Bug Policy, secure a specimen and will contact the Maintenance Director who will immediately contact the Pest Control Professional for identification. The DON/DSD/Infection preventionist will initiate monitoring and tracking to prevent infestation.</p>		

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F 880	Continued From page 4	F 880	<p>" The DSD began in service of nursing, dietary and other staff on the Bed Bug Policy and Procedure, Bed Bug Identification, and Bed Bug treatment on 5/28/19 to be completed by 06/01/2019.</p> <p>" An inservice for the Director of Environmental Services will be completed by 06/01/2019.</p> <p>4). Monitoring for ongoing compliance</p> <p>" The Maintenance Director will report to the QAPI each month on compliance when there is an identified Bed Bug issue and will report to QA the results of all audits and corrective actions to maintain compliance. The Maintenance Director will report the results of the Pest Control inspection and recommendations for any Bed Bug Inspection to the QAPI.</p> <p>" The DON/DSD/Infection Preventionist will report to the QAPI each month on compliance when there is an identified Bed Bug issue and will report to QA the results of all audits and breach in infection control and actions for compliance.</p> <p>Person Responsible for compliance: Maintenance Director or Designee Compliance Date: 6/1/2019</p>		