

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA950000040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  08/24/2020
NAME OF PROVIDER OR SUPPLIER  COUNTRY OAKS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 215 W PEARL ST POMONA, CA 91768		
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C 000	Initial Comments  The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY.  A COVID-19 Mitigation Plan Implementation and Infection Control Surveys was conducted by the California Department of Public Health on 8/24/20  The facility was found not to be in compliance with Title 22 California Code of Regulations section 72523(c) patient care policies and procedure regulations, and has not implemented their Skilled Nursing Facility Mitigation Plan for COVID-19.  Representing the California Department of Public Health:  Health Facilities Evaluator Nurse: 36290  Total Residents: 78	C 000	Country Oaks Care Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action of proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.	
C4190	T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures  (c) Each facility shall establish and implement policies and procedures, including but not limited to:  (3) Infection control policies and procedures.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to implement the Coronavirus (COVID-19, a serious respiratory illness caused by a virus that can spread from one person to person) Mitigation Plan and the COVID 19 Infection Control policy	C4190	C4190  a) The facility has ensured that there are 40 hours of coverage of infection prevention each week.  b) Other residents have the potential to be affected by this deficient practice and facility will maintain 40 hours of IP coverage weekly.	

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5499

TCUW11

TITLE

Administrator

(X6) DATE

10/7/20

If continuation sheet 1 of 3

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C4180	<p>Continued From page 1</p> <p>and procedure. The facility failed to have a full-time, dedicated Infection Preventionist (IP).</p> <p>This deficient practice had the potential to result in the IP duties and responsibilities not being fulfilled and could have resulted in the spread of COVID 19 amongst residents and staff.</p> <p>Findings:</p> <p>On 8/24/20 at 10:50 am., a survey visit was conducted to ensure the facility was implementing the Coronavirus Disease 2019 (COVID-19) Mitigation Plan.</p> <p>On 9/24/2020 at 13:03 pm, during telephone interview, the Director of Nursing (DON) stated the Director of Staff Development (DSD) has a combine role of DSD and IP, for a total of 40 hours per week.</p> <p>On 8/24/2020 at 1:40 pm, during an interview, the Administrator stated the IP was out due to family emergency, and there was no one with an IP certificate to cover this IP role.</p> <p>On 8/25/2020 at 11:40 am, attempted to conduct a telephone interview with facility's IP, but the Administrator stated the IP called off and the facility do not have anyone who had the training certificate to cover the IP role.</p> <p>A review of the Coronavirus Disease 2019 (COVID-19) SNF (skilled nursing facility) Mitigation Plan Glossary, attachment from All Facilities Letter 20-52, indicated that the definition of a full-time infection preventionist was: One or more individuals who are responsible for the facility's infection prevention and infection control program. The IP must work 40 hours per</p>	C4180	<p>c) On September 21, 2020, the facility hired an Infection Prevention Nurse dedicated solely to infection prevention. One other nurse in the facility completed the IP course through the CDC on October 6, 2020 to serve as a backup IP nurse. Also, the DSD is currently taking the course online in order for the facility to have 2 backup IP nurses.</p> <p>d) Infection prevention is a topic at our monthly QAPI meeting. The IP nurse will be present to evaluate infection prevention practices of the facility and report on best practices and areas of opportunity for the facility to ensure the facility is doing its best to safeguard the residents and staff.</p> <p>e) The deficient practice has been corrected and facility is in compliance.</p>	

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C4180	<p>Continued From page 2</p> <p>week at the facility for the duration of the declare emergency (COVID 19) and have completed specialized training on infection prevention and control. More than one staff member can share this role; however, only direct care hours can be counted towards direct care service hours per patient day staffing requirements. An IP may be considered a direct caregiver only when providing nursing services beyond the hours required to carry out the duties of the IP role, if these additional nursing hours are separately documented.</p> <p>Review of the facility's Coronavirus Disease 2019 (COVID-19) Mitigation Plan (undated) indicated, under the infection and prevention control category the facility shall have a full time, dedicated Infection Preventionist (s). The IP/s shall spend adequate time in the building and shall focus primarily on activities dedicated to infection control.</p> <p>A review of the facility's policy and procedure titled "Role of the Infection Preventionist in Long-term Care Facility", indicated that one qualified person should be assigned the task of overseeing the infection control program.</p>	C4180			

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**OMB NO. 0938-0391**

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

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 1 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. Personnel must handle, store, process, and</p>	F 880	<p>c) On September 21, 2020, the facility hired an Infection Prevention Nurse dedicated solely to infection prevention. One other nurse in the facility completed the IP course through the CDC on October 6, 2020 to serve as a backup IP nurse. Also, the DSD is currently taking the course online in order for the facility to have 2 backup IP nurses.</p> <p>d) Infection prevention is a topic at our monthly QAPI meeting. The IP nurse will be present to evaluate infection prevention practices of the facility and report on best practices and areas of opportunity for the facility to ensure the facility is doing its best to safeguard the residents and staff.</p> <p>e) The deficient practice has been corrected and facility is in compliance.</p>		

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F 880	<p>Continued From page 2</p> <p>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 interview and record review, the facility failed to implement the Coronavirus (COVID-19, a serious respiratory illness caused by a virus that can spread from one person to person) Mitigation Plan and the COVID 19 Infection Control policy and procedure. The facility failed to have a full-time, dedicated Infection Preventionist (IP).</p> <p>This deficient practice had the potential to result in the IP duties and responsibilities not being fulfilled and could have resulted in the spread of COVID 19 amongst residents and staff.</p> <p>Findings:</p> <p>On 8/24/20 at 10:50 am., a survey visit was conducted to ensure the facility was implementing the Coronavirus Disease 2019 (COVID-19) Mitigation Plan.</p> <p>On 9/24/2020 at 13:03 pm, during telephone interview, the Director of Nursing (DON) stated the Director of Staff Development (DSD) has a combine role of DSD and IP, for a total of 40 hours per week.</p> <p>On 8/24/2020 at 1:40 pm, during an interview, the Administrator stated the IP was out due to family emergency, and there was no one with an IP certificate to cover this IP role.</p>	F 880			



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