

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056258</b>	(X1) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR REDDING CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2490 Court St Redding, CA 96001</b>
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F000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during a COVID-19 FOCUSED SURVEY FOR INFECTION CONTROL and two complaints.</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the California Department of Public Health on behalf of the Centers for Medicare &amp; Medicaid Services (CMS) on 9/22/20 through 9/25/20.</p> <p>Complaint Numbers: 705761, and 705923</p> <p>Total Residents: 78</p> <p>An Immediate Jeopardy (IJ) was declared on 9/25/20 at 11:30 am, related to the facility's failure to implement an effective infection control program, an immediate corrective action plan to address a punitive sick leave policy which was resulting in staff reporting into work sick was provided by the facility's administration on 9/25/20 at 5 pm, this plan was approved at 5:30 pm. The IJ was abated on 9/29/20, at 4:10 pm, after onsite verification of correction was put into place.</p> <p>Representing the California Department of Public Health:</p> <p>40425, Health Facilities Evaluator Nurse 40484, HFEN 40921, HFEN</p> <p>The facility was not in substantial compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to</p>	F000		

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.

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F835 SS=I	<p>prepare for COVID-19.</p> <p>Deficiencies were written at F-880, F-835, and F-837.</p> <p>No deficiencies were issued for Complaint Numbers 705761, and 705923.</p> <p>483.70 Administration</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This Statute is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide consistent administrative oversight to ensure the residents' received the care and services to meet their needs when:</p> <ol style="list-style-type: none"> <li>1. Staff leave policies did not conform to current state labor regulations. Refer to F 880, Findings 1.</li> <li>2. Routine staff education was not done. Refer to F 880, Findings 5.</li> </ol> <p>These failures resulted in a significant amount of residents, and staff contracting and spreading illness throughout the building which placed everyone at significant risk, and also contributed to an Immediate Jeopardy related</p>	F835		10/05/2020

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	<p>to the facility not implementing and infective infection control program. Refer to F 837.</p> <p>Findings:</p> <p>1. A review of an undated facility document titled "COVID Sick Pay Compensation" indicated that the company program was intended to serve as a supplement to the existing employee sick leave. The policy additionally stated that the benefit is only available for employees who have had exposure to COVID-19 at work. The policy further stated, "While out on a COVID-19 related leave, employees must utilize their available sick bank first." The policy also stated that employees are not entitled to this benefit if they have no symptoms and there is work available with COVID-19 positive residents.</p> <p>A review of the facility COVID-19 Mitigation Plan, revised 8/12/20, indicated that asymptomatic COVID-positive staff should not come to work unless they are needed, due to critical staffing shortage, to work only with COVID-positive residents and staff. The Plan further stated that the sick leave policy should be non-punitive and consistent with public health policies.</p> <p>During a telephonic interview on 9/24/20 at 3:40 P.M., with Staffing Coordinator (SC), SC stated that staff who are out with COVID-19 are to use sick and vacation time first before they are entitled to receive special COVID-19 sick pay. SC stated she was unaware of State regulations regarding special COVID-19 sick pay.</p> <p>During an interview on 9/25/20 at 9:50 A.M.,</p>			

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	<p>with Payroll Coordinator (PC), PC stated that staff must use up all sick time and vacation time before being able to receive the special COVID-19 pay the company provides for staff who are ill with COVID-19, per company policy.</p> <p>During an interview on 9/25/20 at 10:15 A.M., with the Director of Nursing (DON), DON stated that staff had to use regular sick time before being eligible for COVID-19 sick time. DON confirmed that the company policy did not conform to current state labor regulations for COVID-19 sick pay.</p> <p>2. A review of the facility COVID-19 Mitigation Plan indicated that a facility objective was to communicate with staff daily. The Plan further stated that the Infection Preventionist (IP) would attend daily stand up meetings and provide updates to staff regarding Personal Protective Equipment (PPE), as well as changes in policies, or mitigation measures.</p> <p>During an interview, on 9/23/20 at 2:20 pm, with CNA F, CNA F stated there had been only one in-service at the facility regarding proper use of PPE.</p> <p>During an interview on 9/24/20 at 11:25 am, with CNA H, CNA H stated that instruction had been provided on PPE and COVID-19 precautions in July 2020. She was unable to recall any other in-services since then. CNA H stated she was instructed to use a respirator until dirty or damp, and they should be stored for reuse in a Ziploc bag. She had also been instructed to reuse gowns during a shift. The change in procedure to not reuse gowns had been provided to her this morning by another CNA.</p> <p>During an interview, on 9/24/20 at 11:50 am,</p>			

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	<p>with CNA D, CNA D stated there had been no in-services in the last six months, aside from one meeting about complaints. CNA D stated there had been no COVID-19 training aside from a written notice regarding COVID-19 precautions left at the nursing station in August. CNA D stated no one has asked for a return demonstration of correct PPE procedures.</p> <p>During an interview, on 9/24/20 at 11:55 am, with CNA E, CNA E stated there had been only two in-services in the last four months, including one on PPE use. CNA E stated the licensed nurses sometimes provide updates, and she learns other precautions and procedures regarding COVID-19 from other CNAs.</p> <p>During an interview, on 9/24/20 at 12:20 pm, with Director of Staff Development (DSD), DSD stated that she has provided two COVID-19 in-services since June 2020, when she began her employment at the facility. Copies of two in-service sign-in sheets dated 7/24/20, and 8/5/20, were provided. DSD also stated she walks through the halls and updates staff as needed. She stated she has often been assigned to work administering medications due to staffing issues, and has not been able to provide staff training full-time. She stated the IP has provided most of the COVID-19 training.</p> <p>During a telephone interview, on 9/24/20 at 2:40 pm, with IP, IP stated he has not provided staff education regarding COVID-19.</p> <p>During an interview, on 9/25/20 at 10:15 am, with DON, DON stated that the DSD is expected to provide staff education and updates, including two in-services a month, as well as informal updates at shift change. DON also stated that the DSD, and IP should talk to staff and provide education daily. She stated</p>			

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F837 SS=I	<p>she was unaware that daily updates had not been provided, as specified in the facility Mitigation Plan.</p> <p>During an interview on 9/25/20 at 11:20 am, with DSD, DSD confirmed she has been unable to provide daily education or updates due to staffing concerns, and being assigned to administer medications.</p> <p>483.70(d)(1)(2) Governing Body</p> <p>§483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and</p> <p>§483.70(d)(2) The governing body appoints the administrator who is-</p> <ul style="list-style-type: none"> <li>(i) Licensed by the State, where licensing is required;</li> <li>(ii) Responsible for management of the facility; and</li> <li>(iii) Reports to and is accountable to the governing body.</li> </ul> <p>This Statute is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to have an effective governing body (GB) legally responsible for establishing and implementing management and operational policies to ensure effective administration of the facility and safe working environments for the staff.</p> <p>This failure resulted in punitive sick leave policy that potentially lead to staff working instead of</p>	F837		10/05/2020

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	<p>calling off, which placed the residents at risk for being exposed to possible COVID-19, and also contributed to an Immediate Jeopardy related to the facility not implementing and infective infection control program. Refer to F-880, and F-835.</p> <p>Findings:</p> <p>A review of an undated facility document titled "COVID Sick Pay Compensation" indicated that the company program was intended to serve as a supplement to the existing employee sick leave. The policy additionally stated that the benefit is only available for employees who have had exposure to COVID-19 at work. The policy further stated, "While out on a COVID-19 related leave, employees must utilize their available sick bank first." The policy also stated that employees are not entitled to this benefit if they have no symptoms and there is work available with COVID-19 positive residents.</p> <p>A review of the facility COVID-19 Mitigation Plan, revised 8/12/20, indicated that asymptomatic COVID-positive staff should not come to work unless they are needed, due to critical staffing shortage, to work only with COVID-positive residents and staff. The Plan further stated that the sick leave policy should be non-punitive, consistent with public health policies, and current state labor laws.</p> <p>During an interview, on 9/23/20 at 1:30 PM, with Certified Nursing Assistant (CNA) E, CNA E stated that on 9/4/20, she began to have body aches, chills, sweats, and respiratory symptoms, but had no fever. She was tested for COVID-19 but was asked to return to work even though she had symptoms. She worked</p>			

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	<p>on 9/6-8, She received a positive test result on 9/9/20, and did not work again until 9/23/20.</p> <p>During a telephone interview, on 9/24/20 at 2:45 PM, with Infection Preventionist (IP), IP stated that he always tells staff to go home if they feel ill, and that his recommendation to keep ill staff at home was met with some resistance from administration.</p> <p>During a telephoe interview, on 9/24/20 at 3:40 PM, with Staffing Coordinator (SC), SC stated that staff who are out with COVID-19 are to use sick and vacation time first before they are entitled to receive special COVID-19 sick pay. SC stated she was unaware of new state regulations regarding special COVID-19 sick pay.</p> <p>During an interview, on 9/25/20 at 9:50 AM, with Payroll Coordinator (PC), PC stated that staff must use up all sick time and vacation time before being able to receive the special COVID-19 pay the company provides for staff who are ill with COVID-19, per company policy.</p> <p>During an interview, on 9/25/20 at 10:15 AM, with the Director of Nursing (DON), DON stated that staff had to use regular sick time before being eligible for COVID-19 sick time. DON confirmed that the company policy did not conform to current state labor regulations for COVID-19 sick pay.</p> <p>During a telephone interview on 09/27/20 at 10:00 am, with CNA H, CNA H stated, she started feeling sick 9/12/20, and called in to work on 9/13, and 9/14, for symptoms of COVID-19, i.e. loss of taste, lethargy, and cough. CNA H said she told the DON her symptoms and asked if she had to work. CNA H said the DON said yes. CNA H also stated,</p>			



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F880 SS=L	<p>she was surprised the IP did not tell her to stay home. CNA H was also told she had to use her sick, and vacation time. CNA H was unaware of the new law. CNA H said she tested positive for COVID over that weekend.</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention &amp; Control</p> <p>§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.</p> <p>§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:</p> <p>§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 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: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of</p>	F880		10/05/2020

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	<p>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: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (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 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 Statute is not met as evidenced by:</p> <p>An Immediate Jeopardy (IJ) was declared on 9/25/20 at 11:30 am, related to the facility's failure to implement an effective infection control program, an immediate corrective action plan to address a punitive sick leave policy which was resulting in staff reporting into work sick was provided by the facility's</p>			

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	<p>administration on 9/25/20 at 5 pm, this plan was approved at 5:30 pm. The IJ was abated on 9/29/20, at 4:10 pm, after onsite verification of correction was put into place.</p> <p>Based on observations, interviews and record review, the facility failed to properly prevent and/or manage a significant COVID-19 outbreak within the facility. The facility also failed to:</p> <ol style="list-style-type: none"> <li>1. Develop and implement staff leave policies that were non-punitive, and that conformed to current state requirements, which resulted in staff potentially working while they were sick.</li> <li>2. The appropriate amount of Personal Protective Equipment (PPE) was not available, accessible, or being properly used by the staff.</li> <li>3. The facility's weekly COVID-19 testing not being done per current guidelines.</li> <li>4. The facility's line listing was not being maintained per current standards.</li> <li>5. Staff education and updates were not being provided daily, as described in the facility's Mitigation Plan.</li> </ol> <p>These failures resulted in a significant amount of residents, and staff contracting and spreading this illness throughout the building which placed everyone at significant risk. Refer to F-835, and F-837.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. A review of an undated facility document titled "COVID Sick Pay Compensation," indicated that the company program was intended to serve as a supplement to the existing employee sick leave. The policy additionally stated that the benefit is only available for employees who have had exposure to COVID-19 at work. The policy further stated, "While out on a COVID-19</li> </ol>			

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	<p>related leave, employees must utilize their available sick bank first." The policy also stated that employees are not entitled to this benefit if they have no symptoms, and there is work available with COVID-19 positive residents.</p> <p>A review of the facility COVID-19 Mitigation Plan, revised 8/12/20, indicated that asymptomatic COVID-positive staff should not come to work unless they are needed, due to critical staffing shortage, to work only with COVID-positive residents and staff. The Plan further indicated that the sick leave policy should be non-punitive, and consistent with public health policies, and state labor laws.</p> <p>During an interview, on 9/23/20 at 1:30 PM, with Certified Nursing Assistant (CNA) E, CNA E stated that on 9/4/20, she began to have body aches, chills, sweats, and respiratory symptoms, but had no fever. She was tested for COVID-19, but was asked to return to work even though she had symptoms. She worked on September 6, 7, and 8. CNA E received a positive test result on 9/9/20, and did not work again until 9/23/20. CNA E stated that, sometime in August, she had worked at the facility with a registry CNA who had been positive for COVID-19, and neither of them had worn masks while providing care to the residents.</p> <p>During a telephone interview, on 9/24/20 at 2:45 PM, with the Infection Preventionist (IP), IP stated that he always tells the staff to go home if they feel ill, and that his recommendation to keep ill staff at home was met with some resistance from administration.</p> <p>During a telephone interview, on 9/24/20 at 3:40 PM, with Staffing Coordinator (SC), SC stated that staff who are out with COVID-19 are</p>			

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	<p>to use all sick and vacation time first before they are entitled to receive the special COVID-19 sick pay. SC stated she was unaware of the state regulations regarding special COVID-19 sick pay.</p> <p>During an interview, on 9/25/20 at 9:50 AM, with Payroll Coordinator (PC), PC stated that staff must use up all sick time and vacation time before being able to receive the special COVID-19 pay the company provides for staff who are ill with COVID-19, per company policy.</p> <p>During an interview, on 9/25/20 at 10:15 AM, with the Director of Nursing (DON), DON stated that staff had to use regular sick time before being eligible for COVID-19 sick time. DON confirmed that the company policy did not conform to current state labor regulations for COVID-19 sick pay.</p> <p>During a telephone interview on 9/27/20 at 10:00 am, with CNA H, CNA H stated, she started feeling sick 9/12/20, and called in to work on 9/13 and 9/14, for symptoms of COVID-19, i.e. loss of taste, lethargy, and cough. CNA H said she told the DON her symptoms, and asked if she had to work. CNA H said the DON said yes. CNA H also stated, she was surprised the IP did not tell her to stay home. CNA H was also told she had to use her sick and vacation time. CNA H was unaware of the new labor law. CNA H said she tested positive for COVID over that weekend.</p> <p>2. During an observation on 9/24/20, at 7:25 am, on wing 1 and 2, the staff were not changing their PPE (gowns) between residents when providing care.</p> <p>During an interview, on 9/23/20, at 12:30 pm, with CNA B, CNA B said, I am wearing the</p>			

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	<p>same gown for each room of residents in the yellow hallways. CNA B confirmed the CNA's are not wearing different gowns for each resident in the room. CNA B stated the respirator she is wearing today is not new. The management team gives them out, and they were not in yet when she started her shift at 6 am, this morning. CNA B stated the PPE they are supposed to be wearing is not readily available.</p> <p>During an interview, on 09/23/20, at 1:00 pm, with CNA C, CNA C stated, that they are not changing gowns between residents in the same room. CNA C also stated another staff member don his gown that had been hung for his reuse in the residents' room. CNA C said PPE is kept locked up in Director of Staff Development (DSD) office and is not always available to staff.</p> <p>During a concurrent observation, and interview, on 9/24/2020 at 3:15 pm, in the wing 2 hallway, Licensed Nurse (LN I) was observed sitting at the nurse's station wearing a face shield. LN I was wearing an N-95 mask below her chin, leaving her nose and mouth uncovered behind the shield. When asked if staff were to wear their N-95 mask over the nose and mouth at the nurse's desk, LN I replied, "I don't know."</p> <p>During an interview, on 9/24/2020 at 3:18 pm,, with IP, IP stated that staff are to wear a face shield and a N-95 mask covering the nose and mouth when at the nurse's desk and acknowledged that the facility was not following their PPE protocols.</p> <p>During an interview, on 09/25/20, at 1:15 pm, with CNA D, CNA D stated, they were told by the IP, to reuse gowns and wear one gown per day per resident room. CNA D confirmed the facility has had issues with gowns being</p>			

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	<p>available and they were told by leadership to wear surgical facemasks at start of outbreak.</p> <p>During an interview, on 09/25/20, at 1:40 pm, with CNA E, CNA E stated, she was wearing a surgical mask for the first hour or so of her shift because the PPE was locked up in the office, and not available prior to starting her shift.</p> <p>During an interview, on 09/25/20, at 2:00 pm, with DON, DON acknowledged that if staff are wearing one gown per resident room per day that the facility is not following their policy.</p> <p>During an interview, on 09/25/20, at 2:30 pm, with CNA F, CNA F stated that respirators are not available at start of 6 am, shift until the management team arrives. CNA F also stated staff are provided one gown per resident room and they are to reuse the same gown all day during their shift for all the residents in the same room.</p> <p>3. During an interview, on 9/24/2020 at 11:30 am, with Administrator (ADM), ADM stated that staff and residents were being tested weekly for COVID-19 due to there being positive COVID-19 cases within the facility, but that she had not received results for her COVID-19 test for the week of 9/18/2020. ADM further stated that another staff member usually obtained her COVID-19 testing sample, but that on 9/18/2020, she had obtained her own COVID-19 test sample and placed this sample in a box to be sent to the lab for testing. ADM was unsure of what happened to the test sample, after leaving the test kit in the box, or why she had not received the test results. ADM confirmed that she had worked in the building despite not receiving testing results for that week, and acknowledged the facility had not followed testing policy.</p>			

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	<p>During review of an electronic communication received by ADM on 9/22/2020, it indicated that ADM had not received a test result for the week of 9/18/2020.</p> <p>During review of a facility policy titled, "(Facility) Covid-19 Mitigation Plan," dated 5/29/2020, (revised 8/12/2020), indicated that when a resident or staff member tested positive for COVID-19, staff and residents would be tested every seven days until no new cases of COVID-19 were identified for two rounds of testing. Further review indicated that all COVID-19 test results must be reported within 48-hours of giving a sample.</p> <p>4. During an interview, on 9/24/2020 at 11:30 am, with ADM, ADM stated that 31 residents had tested positive for COVID-19 in the facility as of 9/24/2020. ADM provided an untitled facility document, and stated that it was the most current facility line list (a document used to track if and when residents develop symptoms of a disease or test positive for a disease).</p> <p>During review of the facility line list, undated, indicated only eight residents' COVID-19 symptoms, and status were documented on the line list.</p> <p>During an interview, on 9/24/2020, at 3:00 pm, with IP, IP confirmed that the line list provided by the ADM was the most up to date list. The IP stated that he had been focused on COVID-19 testing activities, and had not been updating the line list. The IP acknowledged that the facility was not following policy on maintaining the line list.</p> <p>During review of a facility policy titled, "(Facility) Covid-19 Mitigation Plan", dated 5/29/2020, (revised 8/12/2020), indicated that the facility</p>			



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	<p>would maintain a line list of residents with symptoms of COVID-19, and all residents with positive COVID-19 laboratory tests.</p> <p>5. A review of the facility COVID-19 Mitigation Plan indicated that a facility objective was to communicate with staff daily. The Plan further stated that the Infection Preventionist (IP) would attend daily stand up meetings and provide updates to staff regarding Personal Protective Equipment (PPE), as well as changes in policies, or mitigation measures.</p> <p>During an interview, on 9/23/20 at 2:20 pm, with CNA F, CNA F stated there had been only one in-service at the facility regarding proper use of PPE.</p> <p>During an interview on 9/24/20 at 11:25 am, with CNA H, CNA H stated that instruction had been provided on PPE and COVID-19 precautions in July 2020. She was unable to recall any other in-services since then. CNA H stated she was instructed to use a respirator until dirty or damp, and they should be stored for reuse in a Ziploc bag. She had also been instructed to reuse gowns during a shift. The change in procedure to not reuse gowns had been provided to her this morning by another CNA.</p> <p>During an interview, on 9/24/20 at 11:50 am, with CNA D, CNA D stated there had been no in-services in the last six months, aside from one meeting about complaints. CNA D stated there had been no COVID-19 training aside from a written notice regarding COVID-19 precautions left at the nursing station in August. CNA D stated no one has asked for a return demonstration of correct PPE procedures.</p> <p>During an interview, on 9/24/20 at 11:55 am, with CNA E, CNA E stated there had been only</p>			

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	<p>two in-services in the last four months, including one on PPE use. CNA E stated the licensed nurses sometimes provide updates, and she learns other precautions and procedures regarding COVID-19 from other CNAs.</p> <p>During an interview, on 9/24/20 at 12:20 pm, with Director of Staff Development (DSD), DSD stated that she has provided two COVID-19 in-services since June 2020, when she began her employment at the facility. Copies of two in-service sign-in sheets dated 7/24/20, and 8/5/20, were provided. DSD also stated she walks through the halls and updates staff as needed. She stated she has often been assigned to work administering medications due to staffing issues, and has not been able to provide staff training full-time. She stated the IP has provided most of the COVID-19 training.</p> <p>During a telephone interview, on 9/24/20 at 2:40 pm, with IP, IP stated he has not provided staff education regarding COVID-19.</p> <p>During an interview, on 9/25/20 at 10:15 am, with DON, DON stated that the DSD is expected to provide staff education and updates, including two in-services a month, as well as informal updates at shift change. DON also stated that the DSD, and IP should talk to staff and provide education daily. She stated she was unaware that daily updates had not been provided, as specified in the facility Mitigation Plan.</p> <p>During an interview on 9/25/20 at 11:20 am, with DSD, DSD confirmed she has been unable to provide daily education or updates due to staffing concerns, and being assigned to administer medications.</p>			

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