STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055199	A. Building B. Wing	10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Health & Subacute Center	3034 E Herndon Fresno, CA 93720

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44708 Based on observation, interview, and record review the facility failed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections when two boxes containing 48 [brand name] Covid-19 (an infectious disease caused by the SARS-CoV-2 virus) self-test kits were expired on [DATE] in the clean utility supply room (a space for storing, preparing, and distributing clean and sterile supplies for patient care). This failure had the potential to produce inaccurate Covid-19 test results. Findings: During a concurrent observation and interview on [DATE] at 12:10 p.m. with Infection Preventionist (IP; a healthcare professional designated to prevent the spread of infections in healthcare facilities) in the clean utility room supply room, two boxes of [brand name] Covid-19 self-test kits were on the shelf. Each box contained 12 kits with four individual tests inside. The label on the boxes indicated the expiration date was [DATE]. IP stated according to the Food and Drug Administration (FDA; a federal agency responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices) the expiration date was extended 15 to 22 months. When the lot number (a unique identifier for a specific batch of products that is used to track and trace them throughout the supply chain) was entered into the manufacturer ' s extended expiration website (a collection of files and related resources accessible through the internet), the extended expiration date was [DATE]. During an interview on [DATE] at 12:30 p.m. with IP, IP stated Central Supply (an area of the facility involved in receiving, storing, and distributing medical supplies and equipment) staff was required to check the expiration date of the [brand name] Covid-19 self-test kits before storing them in the clean utility room for use. IP stated self-test kits used outside the expiration date can give a false reading. During an interview on [DATE] at 12:35 p.m. with Director of Nursing (DON), DON stated IP was responsible to ensure [brand name] Covid-19 self-test kits were not expired to ensure accurate results. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055199	A. Building B. Wing	10/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Health & Subacute Center	3034 E Herndon Fresno, CA 93720

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 - Few	During a review of the facility ' s job description (JD), titled, Infection Preventionist, dated ,d+[DATE], the JD indicated, The Infection Preventionist is responsible for coordinating the implementation of the infection and control program . 2. The Infection Preventionist remains current with infection prevention and control issues and is aware of national organizations ' guidelines as well as those from national/state/local public health authorities . During a review of the facility ' s policy and procedure (P&P) titled, Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures, dated ,d+[DATE], the P&P indicated, .This facility follows infection prevention and control (IPC) practices recommended by the Centers for Disease Control and Prevention to prevent the transmission of COVID-19 within the facility. Policy Interpretation and Implementation 1. The infection prevention and control measures that are implemented to address the SARS-CoV-2 pandemic are incorporated into the facility infection prevention and control plan. These measures include: .j. performing testing as recommended by current guidelines . During a professional reference review retrieved from https://www.cdc. gov/flu/hcp/testing-methods/nursinghomes.html?CDC_AAref_Val=https://www.cdc. gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htmtitled, Testing and Management Considerations for Nursing Home Residents, dated [DATE], the professional reference indicated, Guidance: .2. Test any resident with symptoms of COVID-19 or influenza (an infectious disease caused by influenza viruses) for both SARS-CoV-2 and influenza viruses as soon as possible. Symptomatic residents should be tested for SARS-CoV-2 and influenza to distinguish between COVID-19 and influenza and other respiratory viral diseases and to guide decisions about treatment and infection prevention and control measures . A) Obtain respiratory specimens for influenza and SARS-CoV-2 testing. Check the manufacturer's package insert for approved respiratory specimens . During a professional reference review retrieved from https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#manufacturer titled, Expiration Dating Extension, dated [DATE], the professional reference indicated, .A medical product is typically labeled by the manufacturer with an expiration date. This reflects the time period during which the product is expected to remain stable, or retain its identity, strength, quality, and purity, when it is properly stored according to its labeled storage conditions . During a review of the [brand name] Covid-19 self-test kit manufacturer ' s guideline titled, [NAME] Diagnostics [NAME], Inc.: [brand name] COVID-19 Ag Self -Test 15-month to 22-month shelf-life extension granted by the FDA [DATE], dated [DATE], the manufacturer ' s extended expiration date for [brand name] Covid-19 self-test kit [lot number] was [DATE].