

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2023
NAME OF PROVIDER OR SUPPLIER Bakersfield Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 Tudor Way Bakersfield, CA 93306	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37697</p> <p>Based on observation, interview, and record review, the facility failed to implement its policy and procedure on hand hygiene (cleaning one's hands that substantially reduces potential pathogens [harmful microorganisms] on the hands. Hand hygiene is considered a primary measure for reducing the risk of transmitting infection among residents and health care personnel) for three of three sampled residents (Resident 1, Resident 2, Resident 3). This failure had the potential to spread infection amongst the residents and staff and result in negative consequences up to and including death.</p> <p>Findings:</p> <p>During an observation on 8/16/23 at 11:28 a.m. in the facility 200 hall, Certified Nursing Assistant (CNA) 1 was observed exiting resident room [ROOM NUMBER] and doffing her PPE (PPE - personal protective equipment - protective clothing, goggles, and other garments or equipment designed to protect the wearer's body from injury or infection). CNA 1 completed removing her PPE and did not perform hand hygiene. CNA 1 was observed crossing the hallway to room [ROOM NUMBER] and rummaged through the isolation cart (a cart that holds PPE for staff use) drawers.</p> <p>During an interview on 8/16/23 at 11:31 a.m. with CNA 1, CNA 1 stated she was in room [ROOM NUMBER] assisting Resident 1 back to bed. CNA 1 stated she went over to room [ROOM NUMBER] (Resident 2's room) and went into the isolation cart to look for a plastic trash bag. CNA 1 was aware she did not perform hand hygiene.</p> <p>During an interview on 8/16/23 at 11:39 a.m. with Infection Control Nurse (ICN), ICN stated Resident 1 and Resident 2 were currently positive with Covid infection (a highly contagious respiratory illness with various effects on the body).</p> <p>During an observation on 8/16/23 at 12:02 p.m. in the facility 200 hall, Therapy Assistant (TA) was observed entering Resident 3's room to assist her back into the bed. TA exited Resident 3's room at 12:04 p.m. TA re-entered Resident 3's room at 12:05 p.m. and did not perform hand hygiene. TA exited Resident 3's room at 12:07 p.m. TA re-entered Resident 3's room at 12:09 p.m. and did not perform hand hygiene.</p> <p>During an observation on 8/16/23 at 12:10 p.m. in facility 200 hall, Housekeeper (HSK) was observed exiting Resident 3's room after cleaning the room with gloves on. HSK walked to the middle of the hallway and removed her soiled gloves but did not perform hand hygiene. HSK spoke with an unidentified staff member then proceeded to place a new pair of gloves on without performing hand hygiene.</p> <p>(continued on next page)</p>

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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 8/16/23 at 12:39 p.m. with ICN, ICN stated her expectation for staff regarding performing hand hygiene was, before and after [entering] resident rooms, if using gloves before and after removing gloves, if using gloves remove prior to leaving room and sanitize [perform hand hygiene]. ICN stated currently the facility had identified four residents positive with Covid infection and 12 staff positive with Covid infection in the facility.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated 8/2019, the P&P indicated, The facility considers hand hygiene the primary means to prevent the spread of infections. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . before and after direct contact with residents . After contact with objects . in the immediate vicinity of the resident . after removing gloves . Before and after entering isolation precaution settings .</p>		