

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER LONG BEACH HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3401 CEDAR AVENUE LONG BEACH, CA 90807	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to 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 such as COVID-19 (highly contagious respiratory infection) by: Ensuring the housekeeping staff understood how to properly use the disinfectant (chemical agents designed to inactivate or destroy microorganisms on inert surfaces) to clean the high touch surfaces Ensuring staff performed hand hygiene (applying an alcohol-based handrub to the surface of hands or washing hands with the use of a water) after pair of gloves was removed Ensuring the staff was properly storing and discarding the used personal protective equipment (PPE) protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) These deficient practices had the potential to result on wide-spread infection of COVID-19 in the facility and the community. Findings: a. During an interview with housekeeping (HK 1), on 7/21/20 at 1:20 p.m., in the quarantine (separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick) zone stated he did not know what contact time was (time a disinfectant is in direct contact with the surface or item to be disinfected). During interview HK 1 did not know the contact time for the cleaning product used to disinfect the quarantine zone. HK 1 acknowledged it was important to know how to the disinfect to prevent the spread of germs. During an interview with maintenance on 7/21/20 at 3:28 p.m., stated as a housekeeper in order to disinfected the area, he would spray, wipe, and repeat the process one more time. The maintenance stated the housekeeping supervisor directed him to clean for two minutes. During an interview with certified nurse assistant (CNA 3) on 7/21/20 at 3:37 p.m., stated the facility did not train him about the contact time when using disinfecting wipes. During interview CNA 3 state he used the wipes for about a minute. During an interview with the Supervisor of Housekeeping (SHK) on 7/21/20 at 3:39 p.m., stated the housekeeping staff was in-serviced in infection control practices. During interview SHK stated the disinfectant product used in the facility had a contact time of five to 10 minutes. The SHK stated the process for disinfecting was to spray, wait for it to dry, and then repeat the process. SHK stated if the housekeeping did not know how to use the disinfectant then it would not contain the spread of infections. HKS stated [MEDICAL CONDITION] could be spread in the facility if the staff did not know how to clean properly. During a record review the Proper Cleaning and Disinfecting In-service dated 7/21/20 at 3 p.m., indicated the housekeeping was trained on how to disinfect the high surface areas. A review of the facility's policy titled Cleaning and Disinfecting of Environmental Surfaces revised in 2009, indicated non-critical surfaces (areas that come in contact with intact skin), would be disinfected with an EPA-registered hospital disinfectant according to the label's safety precaution and use directions. The policy indicated most EPA registered hospital disinfectants have a label contact time of 10 minutes. b. During observation on 7/21/20 at 2:10 p.m., Certified Nurse Assistant (CNA 1) came out of a resident's room wearing gloves. When CNA 1 saw surveyor returned to the room, CNA 1 removed the pair of gloves and threw it in the trash can. CNA 1 then pushed the wheelchair with the resident and touched the tablet to document his notes. During an interview on 7/21/20 at 2:20 p.m., CNA 1 stated After removing the gloves, I should have performed hand hygiene using a hand sanitizer. During a concurrent interview, Licensed Vocational Nurse (LVN 1) stated If hand hygiene was not performed after removing the used pair of gloves, it could [MEDICAL CONDITION] or bacteria to others. During an interview on 7/21/20 at 3:55 p.m. CNA 2 stated After removing any personal protective equipment (PPE) are protective equipment that includes face shields, gloves, goggles and glasses, gowns, head covers, masks, respirators, and shoe covers to protect against the transmission of germs through contact and droplet routes), we should wash or sanitize the hands to make sure it is clean. It is never acceptable not remove a dirty or used pair of gloves right away. The risk is that you can contract an infection or infect others. A review of the facility's policy titled Infection Control Guidelines for all Nursing Procedures, revised August 2012, indicated the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: After removing gloves. c. During an observation of the employee break room located in the quarantine zone on 7/21/20 at 4 p.m., a disposable gown was hanging behind the door. There was an area called personal protective equipment (PPE), on a table there was two disposable respirator masks (used to protect against [MEDICAL CONDITION]) without a visible label to indicate which staff member it belonged to. There was an open unlabeled brown bag that contained a disposable respirator mask. During an observation and concurrent interview on 7/21/20 at 4 p.m., CNA 2 exited the bathroom located in the employee break room. CNA 2 donned (put on) a disposable gown that was hanging behind the door. CNA 2 stated he doffed the disposable gown and hung it behind the door to go to the bathroom. CNA 2 stated he reused the same gown after going to the bathroom. CNA 2 stated he could not identify who the respirators masks on the table belonged to. CNA 2 opened a closet door in the break room, which contained a blue disposable gown hanging inside the closet. The closet contained some cleaning products. During interview CNA 2 stated he could not tell if the gown was used or not. During an interview on 7/21/20 at 4:10 p.m., in the quarantine zone LVN 2 stated the masks should not be on the table, used gown should not be in the closet, and a used gown should not be hanging behind the door in the break room because that could cause the spread of germs. LVN 2 stated a disposable gown hanging in a clean closet was considered dirty and could contaminate the clean room. During an interview with the director of nursing (DON) and the Infection preventionist (IP) on 7/21/20 at 2:50 p.m., stated the re-usable masks were disposed of in a box by the exit door. The DON stated the staff could put the re-used respirator mask on the PPE table that was placed in the break room when they were having lunch. During interview the IP stated the respirator masks could not be left in the breakroom. The IP stated the staff had to disposed of the used gown before going to the bathroom. IP stated when the staff doffed the gown, the staff should throw the gown in the trash. IP stated the facility could not have disposable gowns hanging inside a closet without a label to identify which staff it belonged to. During interview the IP stated disposable gowns hanging in the closet were considered contaminated. A review of the facility's policy titled Infection Prevention Nurse Guidance on Use of PPE dated 5/14/20, indicated N95 and other filtering respirators should be removed and discarded before activities such as meals and restrooms breaks. The used respirator should hang in a designated storage area or kept in a clean, breathable container such as paper bags in between use. Respirators should be stored to not touch each other and labeled the bag to clearly identify the person using the respirator.</p>		

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.