

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PASADENA GROVE HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1470 N FAIR OAKS AVE PASADENA, CA 91103</b>	
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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b>  Based on observation, and interview, the facility's Administration failed to take immediate action when the Office of Statewide Health Planning and Development Department (OSHDP, monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities), recommended safety guidance for one of two Units (South Station), regarding plastic barriers, installed to separate the units. The South Station Unit was the COVID-19 Unit (a Unit designated for residents with confirmed positive COVID infections and/or pending medical clearance after being actively infected). This could result in possible death/injury in the event of a fire, which would endanger 31 residents residing in South Station, staff and/or visitors. Findings: On 7/7/20, at 10 am, a tour of the facility's designated COVID -19 Unit was conducted with the Director of Staff Development/Infection Preventionist (DSD/IP 1). During an observation on 7/7/20 at 10:05 am, of the COVID-19 unit hallway, next to the South Station was a clear plastic barrier, hanging from the ceiling, secured to the floor, and sides, measuring approximately 30 feet long, placed to divide the COVID-19 Unit from the North Station. The plastic barrier was observed flowing by air. During an interview on 7/7/20, at 10:20 am, with the Administrator, he stated he asked for a guidance regarding plastic barrier from OSHPD. He stated he received an OSHPD guidance on 7/2/20 (5 days ago). Review of the OSHPD guidance dated 7/2/20, indicated the following: * The facility should post signs on he plastic barrier indicated to tear down in case of emergency such as fire, emergency exit, educate staff. * The plastic material should be flame retardant, and changed, and 4 from sprinklers. Until 7/7/20, at the time of the survey, the Administration had not acted upon the OSHPD guidance. The Administrator stated he was fixing it immediately. During on 7/8/20, at 9:30 am, with the Director of Nursing (DON), she stated there is a plan to install the correct plastic.		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, during a [MEDICAL CONDITION] Disease-19 (COVID-19, a deadly respiratory illness caused by the coronavirus that can spread from person to person) survey, the facility failed to ensure a policy was developed to guide staff how to reuse isolation gowns, based on manufacture's recommendation, and CDC (Centers for Disease Control and Prevention ), so that the gowns were safely laundered and disinfected accordingly. This affected for 31 of 42 sampled residents located in the dedicated COVID-19 Unit. These deficient practice had the potential to spread COVID -19 amongst residents and staff. Findings: An unannounced visited to the facility was conducted on 7/7/20, at 9:20 am, for COVID-19 Infection Control practices. 1. On 7/7/20, at 10 am, a tour of the facility's designated COVID -19 Unit (unit designated for residents with confirmed positive COVID infections and/or pending medical clearance after being actively infected) was conducted with the Director of Staff Development/Infection Preventionist (DSD/IP 1). Reusable blue isolation gowns were observed hanging on hangers, outside the patio, in front of the laundry and the COVID-19 unit. There was no clean, reusable gown available. A staff member picked up a gown from the hanger outside, and gave to the Surveyor. The gown was featured full-length, with cuffed sleeves, made of heavy thick plastic/Vinyl like material. The cuffs were observed to be moist/wet. The DSD/IP 1 stated she was not sure why the gowns were still wet. She stated they use a special laundry detergent, and separate the COVID Unit laundry from the non COVID residents laundry. On 7/7/20, at 10:15 am, all the staff working inside the COVID -19 unit were observed wearing the same reusable type of gown. During an interview on 7/7/20, at 10:30 am, with the Administrator, he stated the reusable gowns were bought by the corporation, he was not involved. He stated laundry services for the gowns were provided in-house. He stated they did not have a policy, or manufacturer's recommendation on how to wash, sanitize, wash, dry, water temperature etc. for the reusable gowns. The Administrator stated he was calling the vendor to submit them cleaning recommendations. During an interview with the Director of Nursing (DON) on 7/8/20, at 9 am, she stated when there is a resident positive for COVID 19, staff wears a disposable gown on top of the reusable gown prior entering the resident's room. During a review of CDC guidelines titled, Guidelines for Environmental Infection Control in Health-Care Facilities (2003), The section 4. Parameters of the Laundry Process indicated fabrics, textiles, and clothing used in health-care settings are disinfected during laundering and generally rendered free of vegetative pathogens (i.e., hygienically clean). Laundering cycles consist of flush, main wash, [MEDICATION NAME], rinsing, and souring. Cleaned wet textiles, fabrics, and clothing are then dried, pressed as needed, and prepared (e.g., folded and packaged) for distribution back to the facility. Review of the facility policy and procedure (P&P) titled Personal Protective Equipment, revised on 11/1/17, indicated personal protective equipment appropriate to specific task requirements is available at all times. Under section A. Gowns, the policy indicated, gowns (disposable, cloth, and/or plastic), the staff wear a gown whenever performing a task where likely soil the staff's clothing. When gowns are used, they are used only once, and discarded into appropriate receptacles located in the room, in which the procedure was performed.		
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.