

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055989	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE MANOR		STREET ADDRESS, CITY, STATE, ZIP 610 NORTH GARFIELD AVENUE MONTEREY PARK, CA 91754	
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	<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 to provide a safe, sanitary environment to help prevent the spread of infections during the Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis for 4/4 residents in the quarantine zone (yellow zone - this area was for the following residents; those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests) as evidenced by: a. Certified Nurse Assistant 1 (CNA 1) was not wearing eye protection while providing resident care in the yellow zone. The same facility staff walked out of a residents' room wearing the soiled gown and doff (removed) the isolation gown in the hallway. b. CNA 2 was observed not following appropriate isolation precautions while passing the water pitcher to the resident's room in the yellow zone. These deficient practices have the potential to result in the spread of COVID-19 that causes respiratory illness. Findings: a. A review of Resident 1's Admission Record indicated the readmitted was 12/30/19, with [DIAGNOSES REDACTED]. A review of Resident 1's physician's orders [REDACTED]. On 9/4/20, at 2:15 PM, during a concurrent observation and interview, CNA 1 entered Resident 1 and Resident 2's room. CNA 1 walked out of Resident 1's room and doff the isolation gown outside the resident rooms and placed the soiled isolation gown in a container located in the hallway, outside the resident's room. CNA 1 was not wearing eye protection. CNA 1 stated, she had to remove the gown while in the resident's room before coming out of the room and deposit in the reusable linen container in the hallway but he did not do this. CNA 1 stated, he was not wearing eye protection while providing care and that he was supposed to wear eye protection. On 9/4/20, at 2:26 PM, during an interview with the Director of Nursing (DON) stated the staff has to wear the required (personal protective equipment- PPE) prior to entering the residents' rooms in the yellow zone, including the use of gloves when in contact with the resident's items. According to the DON, the staff is required to wear eye protection in the facility, especially when providing care to the residents in the yellow zone. The DON said the facility will work in finding the way to keep the linen container inside the resident's room so the staff will remove the gown prior to exiting the resident's room. A review of the Facility's Mitigation Plan, approved 6/29/20, indicated trash disposal bins shall be positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room. b. A review of Resident 2's Admission Record indicated Resident 2 was readmitted on [DATE], [DIAGNOSES REDACTED]. A review of Resident 2's physician's orders [REDACTED]. A review of Resident 3's Admission Record indicated Resident 3 was readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 3's Physicians Orders, dated 9/2/20, indicated to place the resident on contact and droplet isolation precautions for another 14 days. A review of Resident 4's Admission Record indicated Resident 4 was readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 3's Physicians Orders, dated 9/2/20, indicated to place increase the resident contact and droplet isolation precautions for another 14 days. On 9/4/20, at 3:20 PM, during an observation in the yellow zone, CNA 2 was observed delivering water pitchers to Resident 2, 3, and 4 rooms that were located in the yellow zone. CNA 2 was observed not wearing an isolation gown or gloves. CNA 2 was observed clearing the bed side table and moving the resident's items without wearing gloves. A review of the undated Facility Infection Control Manual- Coronavirus (COVID-19), indicated that If Covid-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. PPE includes gloves, isolation gowns, and facemask and respiratory protection. A review of the Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities, updated 8/21/20, indicated that in the Quarantine area (Yellow zone), this area was for the following residents; those who have been in close contact with known cases of COVID-19; newly admitted or readmitted residents; those who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible and change gowns and gloves and perform hand hygiene between each patient contact in this area. http://publichealth.lacounty.gov/acd/nCorona2019/B73COVID/SNF/index.htm</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.