

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE ROWLAND</b>		STREET ADDRESS, CITY, STATE, ZIP <b>330 W. ROWLAND STREET COVINA, CA 91723</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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><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 the facility failed to provide a safe, sanitary environment to help prevent the spread of infections during the Coronavirus-19 (COVID-19, a respiratory illness that can spread from person to person) by failing to: - Ensure personal protective equipment (PPE includes, gown, gloves, mask, and face shield worn to minimize exposure to COVID and other infection) supplies were available right before entering isolation room including the rooms in the yellow zone (is designated for residents under observation, new admit within 14 days, suspected of exposure to a COVID 19 positive individual, and those tested negative but exhibiting symptoms of COVID 19) and red zone (designated for residents with confirmed COVID 19 positive) for immediate use. - Ensure the blue disposable gowns were properly disposed after each use for each resident's care. - Ensure the oxygen plastic tubing was kept off the floor in the red zone (an area/unit for resident confirm positive COVID 19). - Provide PPE donning (put on) and doffing (remove) areas and posters in the yellow and red zones. Findings: During an observation and interview on 8/24/20, at 6:20 PM, with the DON regarding several rooms (rooms 317, 319, 227, 225, 109, 106, 104) in the yellow zone did not have personal protective equipment supplies before entering the resident's room. The DON stated the staff get their PPE in the nursing station before going to the resident room. The DON stated several rooms in the yellow zone had no Alcohol Based Hand Rub (ABHR) easily accessible for immediate use in the hallway. The DON stated the facility had ordered more PPE cart supplies and will be placed appropriately as soon as the supplies are available. During an observation and an interview on 8/24/20, at 6:30 PM, the DON stated she did not know the reason blue disposable gowns were hanged on the door of rooms [ROOM NUMBER]. The DON stated, the blue gown was single use only and should have been disposed due to potential for cross contamination. During an observation and interview on 8/24/20 at 6:45 PM, there were six residents in the red zone occupying two rooms. The red zone hallway has one empty bed where some linen, resident gowns, and bed sheet, one oxygen concentrator were placed. There was no PPE cart for supplies, no donning and doffing poster, and had no isolation poster. The Infection Preventionist (IP - responsible for establishing and overseeing the active surveillance and monitoring of infection) stated the empty bed was used to temporary place clean linen, bed sheet, and resident clean gowns. The IP stated they were still in the process of placing posters and PPE cart for supplies. The IP stated the designated staff in the red zone would need to get their own PPE supplies from the screening area before going to the red zone. During concurrent observation and an interview, room [ROOM NUMBER] A resident's oxygen plastic tubing was observed touching the floor. The IP stated the oxygen tubing should kept off the floor due to cross contamination. During observation and concurrent interview on 8/24/20 at 7:25 PM, the IP stated there was no designated donning area in the red zone and no PPE donning and doffing poster to guide the staff on proper procedure to don and doff PPE. The IP stated the facility was in the process of placing PPE donning and doffing posters and isolation posters across the red zone. IP stated she would discuss with the administrator about providing an area for PPE donning and doffing. A review of the facility's policy and procedure titled Policies and Practices - Infection Control dated 7/2014 indicated, that the facility intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. A review of the facility's Mitigation Plan dated 6/19/2020 indicated, that the signs are posted immediately inside of resident rooms indicating appropriate infection control and preventions and required PPE in accordance with the CDPH guidance. Necessary PPE is immediately available outside of the resident rooms in the yellow zone and in the red zone. According to the Center for Disease Control and Prevention (CDC) guidance in preparing nursing homes for COVID 19 updated 6/25/2020 indicated, provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Hand Hygiene Supplies: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations. Make necessary PPE available in areas where resident care is provided.</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.