

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER PREMIER CARE CENTER FOR PALM SPRINGS		STREET ADDRESS, CITY, STATE, ZIP 2990 EAST RAMON ROAD PALM SPRINGS, CA 92264	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement infection prevention and control practices to prevent the transmission of the [MEDICAL CONDITION] infection (Covid-19 - virus causing respiratory symptoms), when the facility did not follow current guidelines for optimizing the use of a N95 respirator (a mask used to filter particles). This failure had the potential to result in the spread of Covid-19 infection to residents and staff. Findings: On October 1, 2020, at 9:35 a.m., a focused survey was conducted to investigate facility compliance on appropriate infection control and prevention practice. On October 1, 2020, at 10:15 a.m., an interview was conducted with the Minimum Data Set (MDS-an assessment tool) Nurse. The MDS nurse stated staff were given five (5) N95 respirators a week to store and rotate for re-use. She stated the acting Director of Nurses (DON) gave an in-service yesterday, September 30, 2020, on the re-use of N95 respirators. She stated they were informed to store the five N95 respirators and rotate them daily throughout the month. She stated she was unaware of the OSHA (Occupational Safety and Health Administration) guidelines for N95 respirator extended use. On October 1, 2020, at 11:42 a.m., during an interview with the acting DON, he stated the staff assigned in the yellow zone (unit of the facility for the residents with unknown COVID-19 status) were given five N95 respirators every month. The Acting DON stated the staff in the yellow zone were instructed to use the N95 respirator for the entire eight (8) hours shift, and to store the respirator in a paper bag at the end of the shift. He stated the staff would rotate the use of five N95 respirators for a month. The acting DON stated the facility had enough N95 respirators available for the staff; and the staff should not be using the crisis capacity strategy (strategies that can be used when supplies cannot meet the facility's current anticipated PPE utilization) for optimizing the use of the N95 respirator. On October 1, 2020, at 2:31 p.m., an interview was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 stated he was given five N95 respirators. He stated the N95 respirators were stored in a paper bag and rotated daily. LVN 1 stated he wore his N95 respirators for a month before they were changed. A review of the Cal/OSHA Interim guidance on Covid-19 for Health Care Facilities: Severe Respirator Supply Shortages, dated August 6, 2020, indicated, 'This guidance replaces previous guidance of June 12, 2020, regarding respirator use during severe respirator supply shortages. an N95 respirator is the minimum protection that should be used. The maximum recommended respirator extended use period is 8-12 hours. Used filtering face piece respirators .should not be reused at this time . A review of the web article from the CDC (Center for Disease Control) guidance on Decontamination & (and) Reuse of N95 Respirators, updated on August 4, 2020, indicated, 'CDC's Strategies for Optimizing the Supply of N95 FFRs (filtering face piece respirators) were written to follow a continuum using the surge capacity approach in the order of conventional (everyday practice), contingency (expected shortages), and crisis (known shortages) capacities. N95 FFRs are meant to be disposed after each use. CDC developed contingency and crisis strategies to help healthcare facilities conserve their supplies in the face of shortages. When the availability of the N95 FFRs become limited due to an expected shortage, supplies first should be conserved using contingency strategies. Contingency Strategies With extended use, N95 FFRs are worn for a prolonged period .before being removed and discarded . Crisis Capacity Strategies .With limited reuse, an N95 FFRs is donned (put on) .then doffed (removed) and stored before being used .for a limited number of donning .Because crisis capacity strategies are not compatible with US standards of care, crisis capacity strategies should only be implemented when there are known shortages of N95 FFRs and only after conventional and contingency strategies have been implemented .The ability to implement specific crisis capacity strategies will depend on the on-hand inventory .</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.