

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER PROVIDENCE HOLY CROSS MED CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 11600A INDIAN HILLS ROAD, MISSION HILLS, CA 91345 MISSION HILLS, CA 91345	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility to ensure a certified nurse assistant (CNA 1) wore a face mask correctly, over the nose and mouth, while in the residents' room. This deficient practice had the potential for clinical staff to unknowingly spread infection, such as COVID - 19 (coronavirus disease 2019, a new virus that can spread from person to person, causing respiratory illness), to residents. Findings: An unannounced visit was made to the facility for the investigation of a COVID -19 outbreak of a resident (Resident 1) and two staff members (licensed vocational nurses (LVN 1 & 2)). On 6/15/2020, beginning at 5:04 PM, during a tour of the facility, the following was observed. Resident 1's room was empty. LVN 1 and 2 were not observed in the facility. CNA 1 walked out of a Resident 2 and 3's room, while wheeling out a hamper. CNA 1 wore face mask over her mouth, just underneath the nose. The nose was not covered. During a concurrent interview, the charge nurse (CN) stated that Resident 1 tested positive for COVID-19 and had been transferred out of the facility and LVN 1 and 2 we out on sick leave. Additionally, the CN also stated that CNA 1 wore the face mask incorrectly and the face mask should cover both the nose and the mouth. On 6/15/2020 at 5:19 PM, during a telephone interview, the infection preventionist (IP) stated that one resident and two staff tested positive for COVID-19 over the weekend. The IP stated positive test results were reported the Department of Public Health. The IP stated that the facility follows the Center's for Disease Control and Prevention (CDC) guidelines. The IP stated infection control training was provided all the time and that the surgical mask should cover the nose and the mouth. A review of Resident 1's medical record indicated that Resident 1 was admitted to the facility on [DATE] for [MEDICAL CONDITION]. A review of a doctor's order, dated 6/13/2020, indicated to discharge Resident 1 for COVID-19. A review of a transfer note, dated 6/13/2020 at 1:15 PM, indicated Resident 1 was transferred to an acute care hospital for COVID-19. A review of Resident 2's medical record indicated Resident 2 was admitted to the facility on [DATE] for [MEDICAL CONDITION]. Resident 2's [DIAGNOSES REDACTED]. A review of Resident 2's Minimum Data Set (MDS), a resident assessment and care screening tool, dated 3/13/2020, indicated Resident 2 usually understood and sometimes understood and required extensive assistance with activities of daily living (ADLs). A review of Resident 3's medical record indicated Resident 3 was admitted to the facility on [DATE] for [MEDICAL CONDITION]. Resident 3's [DIAGNOSES REDACTED]. A review of Resident 3's MDS, dated [DATE], indicated Resident 3 was interviewable and required total assistance with ADLs. A facility document titled, Universal Masking, dated 3/24/2020, indicated that all caregivers were asked to wear a basic, hospital-provided isolation mask while working in clinical areas or areas in which food or supplies were handled within healthcare facilities. Several factors have contributed to the need for universal masking: 1. The Centers for Disease Control and Prevention's (CDC) recommendations for communities with widespread infection 2. Multiple studies suggesting [MEDICAL CONDITION] shedding prior to the onset of symptoms and some potential risk of asymptomatic transmission of [MEDICAL CONDITION] 3. Potential for caregivers to unknowingly exposing patients and other caregivers (becoming symptomatic during shifts and later testing positive for COVID-19) A facility's undated document titled, Guidelines for Preventing & Managing COVID-19 in Long Term Facilities, Personal Protective Equipment (PPE), indicated donning of PPE. Mask or Respirator; Secure ties or elastic bands at middle of head and neck, fit flexible band to nose bridge, fit snug to face and below chin, and fit-check respiratory. The facility's policy and procedure titled, Standard Precautions & Transmission Based Isolation Precautions, dated 2/2020, indicated that mask are used to cover the nose and mouth, and includes both procedure and surgical mask. Work to assist in protecting the wearer from: inhaling large-particle aerosols (droplets) that are transmitted by close contact and generally travel only short distances of about three feet, and from inhaling small-particle aerosols (droplet nuclei) that remain suspended in the air and thus travel longer distances. Also prevents transmission of some infections that are spread by direct contact with mucous membranes because a barrier to splash transmission is provided.- According to the CDC's, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Setting, dated 6/19/2020, indicated to implement universal source control measures. Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.</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.