

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2020
NAME OF PROVIDER OF SUPPLIER VICTORIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3541 PUENTE AVENUE BALDWIN PARK, CA 91706	
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 control practices and precautions to prevent the spread of COVID-19 (an illness caused by [MEDICAL CONDITION] that can spread from person to person) by failing to: 1. Screen and monitor all staff at the beginning and end of the shift for temperature and any signs and symptoms of COVID-19. 2. Post signs outside of resident rooms indicating appropriate infection control, prevention precautions and required personal protective equipment (PPE, (not limited to gowns, gloves and masks) worn to minimize exposure to and spread of hazards that cause illnesses). 3. Wear and change PPE per current Center for Disease Control and Prevention (CDC) guidance. 4. Have necessary PPE available directly outside of resident rooms in the Yellow zones (unit where residents are monitored for possible exposure to COVID 19). 5. Position trash can near the exit for staff to easily discard contaminated (soiled, stained or infected) PPE. 6. Proper storage and labeling of N95 mask for reuse. These deficient practices had the potential to spread [MEDICAL CONDITION] to residents, staff, and essential visitors. Findings: During a tour observation of the facility's Yellow zone with the Infection Preventionist (IP, a person designated by a hospital, nursing home, medical clinic, or other health care facility as having responsibility for prevention, detection, reporting, and control of infections within the facility) on 7/10/20 from 2:30 p.m. to 3:15 p.m., the following were observed: 1. No signs posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE. 2. No isolation cart (a storage device) with necessary PPE available directly outside of resident rooms [ROOM NUMBERS]. 3. No trash can for disposal of contaminated PPE in rooms [ROOM NUMBERS]. 4. Trash cans were not near the room exits to easily discard contaminated PPE. 5. Reusable/washable gowns were observed hanging on the door inside the room labeled for each certified nurse assistant (CNA), licensed vocational nurse (LVN), rehabilitation (Rehab, healthcare services that help a person regain physical, mental, and thinking and learning abilities). There were four residents observed inside the room. During an observation and concurrent interview on 7/10/20 from 2:30 p.m. to 3:15 p.m., the IP stated she updated the signs indicating the appropriate infection control precautions and required PPE for the rooms in the Yellow zone and was in the process of printing and posting them. The IP stated there was no isolation cart directly outside of rooms [ROOM NUMBERS] because the facility was short of isolation carts. The IP stated she will ensure trash cans were available in every room and near the door to easily discard PPE. The IP stated the staff would reuse the same washable gown and hang them on the door for the whole shift and would reuse the same gown for all four residents inside the room. The IP stated staff reused N95 masks for three days, store them in a brown paper bag for reuse and take them home at the end of the shift. During an observation of the facility's Red zone (unit for residents who are COVID 19 positive) entrance and concurrent interview on 7/10/20 at 3:30 p.m., the IP stated there was no screening questionnaire and temperature check log for the licensed nurse and certified nursing assistant currently working in the Red zone. The IP stated all staff should be screened for signs and symptoms of COVID-19 including temperature check at the beginning and end of the shift. The IP stated there should be a screening log outside entrance of the Red zone. A review of the facility's COVID-19 Mitigation Plan dated 6/3/20, indicated the purpose of the plan is to maintain a safe and secure environment for residents, staff and visitors. The plan indicated all staff are being monitored at the beginning and end of their shift for temperature and any signs/symptoms they may exhibit. The IP is responsible for overseeing screening of individuals entering the facility and will maintain records that screening occurs. The plan indicated the facility have developed procedures for the consistent acquisition of PPE during the COVID-19 pandemic. Necessary PPE will be made available directly outside of resident rooms in the red and yellow zones in accordance with current Centers for Disease Control and Prevention (CDC, the branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation). Staff will wear recommended PPE while in the building per current CDC PPE guidance. According to https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html#contingency-capacity, for care of patients with suspected or confirmed COVID-19, health care personnel (HCP) risk from re-use of cloth isolation gowns without laundering among (1) single HCP caring for multiple patients using one gown or (2) among multiple HCP sharing one gown is unclear. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between patients. A review of the Los Angeles Department of Public Health Guidelines for Preventing and Managing COVID-19 in the Skilled Nursing Facilities dated 6/17/20, indicated gowns should ideally be changed between patients if adequate supplies are available. In the Yellow Cohort, gowns and gloves should be changed, and hand hygiene performed between all patients.</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.