

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555119	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER SAINT VINCENT HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1810 N. FAIR OAKS AVE PASADENA, CA 91103	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and observation, interview, and facility P&P review, the facility failed to maintain safe food handling practices. The Activity Director failed to perform hand hygiene and handled food with her bare hands on two occasions when she served cookies to the residents. This practice created the risk for spreading food borne illnesses. Findings: Review of the facility's P&P titled Handwashing and Use of Gloves dated 1/15/98, showed the use of gloves is to prevent the spread of infections. Gloves are worn for three reasons: to provide a protective barrier to staff, to prevent the spread of microorganisms to residents, and to prevent the spread of microorganisms from resident to resident. 1. On 7/6/220 at 1008 hours, an observation and concurrent interview was conducted with the Activity Director. The Activity Director was observed passing snacks to residents in their rooms. After exiting Resident room [ROOM NUMBER], the Activity Director took her used gloves off and donned a new pair of gloves without performing hand hygiene. While the Activity Director was donning the new pair of gloves, one of the gloves fell to the floor. The Activity Director picked up the dirty glove up from the floor with her bare right hand and threw the glove in the trash. Without performing hand hygiene, the Activity Director then took cookies from the residents' snack cart and served the cookies to the resident in room [ROOM NUMBER] using her bare right hand. The Activity Director acknowledged she failed to perform hand hygiene after picking up the dirty glove from the floor and then used her bare hand to serve cookies to the resident. The Activity Director stated she should have performed hand hygiene and used gloves to serve food to residents.</p> <p>2. On 7/6/2020 at 1032 hours, an observation was conducted with the Activity Director. Without performing hand hygiene or donning on gloves, the Activity Director took a cup of coffee and picked up a cookie with her bare hands from the residents' snacks cart. The Activity Director went inside a resident's (room [ROOM NUMBER]) and served the cup of coffee and a cookie to the resident with her bare hands. On 7/6/2020 at 1037 hours, an interview was conducted with Activity Director. The Activity Director acknowledged she did not perform hand hygiene immediately prior to handling the resident's food. The Activity Director stated she should not have touched the cookie with her bare hands.</p>		
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 facility P&P review, the facility failed to ensure the infection control practices designed to provide a safe and sanitary environment and help prevent the development and transmission of infections were implemented. * The Activity Director failed to follow proper doffing of PPE after exiting an isolation room. * The Activity Director failed to perform hand hygiene after removing her gloves. These failures posed the risk for transmission of disease-causing microorganisms Findings: According to CDC guidelines titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 15, 2020, identified to place a resident suspected with [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection in a single person room with the door close. The health care provider should perform hand hygiene before and after removing gloves. Isolation gowns should be removed and discarded in a dedicated container for waste or linen before leaving the resident's room or care area. a. On 7/6/2020 at 1032 hours, an observation was conducted with the Activity Director in room [ROOM NUMBER]. The Activity Director was observed donn a gown and a glove to her right hand. When the Activity Director removed the glove from her right hand, there was no attempt to perform hand hygiene. b. On 7/6/2020 at 1037 hours, an observation and concurrent interview was conducted with Activity Director. A sign posted outside resident room [ROOM NUMBER] showed the resident was on Special Droplet/Contact Precautions. Everyone including visitors, doctors, and staff must perform hand hygiene when entering and when leaving this room, wear the face mask, eye protection (face shields or goggles), gown, and glove at door; and keep the door closed. However, the Activity Director was observed exiting from resident room [ROOM NUMBER] while still wearing the isolation gown. The Activity Director walked towards the nurse's station, turned around and went back inside resident room [ROOM NUMBER]. When the Activity Director was asked what the posting outside of resident room [ROOM NUMBER] was about. The Activity Director stated it was to inform everyone this resident was on isolation precaution for suspected COVID 19. The Activity Director acknowledged she did not follow the practice of removing her soiled PPE prior to exiting the isolation room.</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.