

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MOUNT MIGUEL COVENANT VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>325 KEMPTON ST. SPRING VALLEY, CA 91977</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to follow transmission precautions for two of three residents (1,2) reviewed for infection control. This failure placed Resident 1 at risk for contracting scabies. Findings: According to the face sheet, Resident 1 was admitted to the facility on [DATE]. On 12/19/19 at 2:10 P.M., an interview was conducted with a family member of Resident 1. Resident 1's family stated they were not informed Resident 1 had been exposed to scabies (a contagious, itchy skin condition) at the skilled nursing facility. On 12/23/19, a record review was conducted. According to the facility's census on 1/23/19, Resident 1's roommate was Resident 2. According to a progress record, dated 1/23/19, Resident 2 was diagnosed with [REDACTED]. On 12/23/19 at 2:45 P.M., a joint interview and record review with the ADON was conducted. The ADON stated that based on her treatment log, Resident 2 had been treated for [REDACTED]. The ADON stated the facility's protocol was to treat with medication all residents diagnosed with [REDACTED]. The ADON stated, according to facility protocol, residents with scabies were isolated from other residents and had transmission-based precautions (used for conditions spread by touch) put in place. The ADON stated transmission precautions should include a gown and gloves worn by each person who entered Resident 2's room. The ADON stated the responsible parties for both the resident with scabies and the exposed residents should have been informed immediately, per facility policy.</p> <p>The ADON found no record of Resident 1 being treated to prevent scabies, no record that Resident 1's family was informed of her exposure to scabies, or that either Resident 1 or 2 was placed in isolation and/or transmission precautions. On 12/23/19 at 3:10 P.M., a joint interview and record review with the DSD was conducted. The DSD stated the facility's protocol to treat scabies was to apply medication as ordered by the infected resident's doctor, isolate the resident immediately, and sanitize the resident's room. The DSD also stated if a resident was infected with scabies and had a roommate, the roommate should be treated as if they had scabies, with medication, isolation, and room sanitized. The DSD stated transmission precautions should be put in place for both residents and each resident's responsible party (RP) or family should be informed. The DSD reviewed the records for Resident 2 and stated she was diagnosed with [REDACTED]. The DSD was unable to find a record that Resident 2 was put on contact (or transmission-based) precautions, isolated, or had a scabies care plan initiated. The DSD found no record Resident 1 was given medication to prevent her from contracting scabies. The DSD found no record Resident 1 was isolated or put on contact precautions. The DSD found no record Resident 1's family or RP was informed she was exposed to scabies. The DSD stated the facility's protocol was not followed and that Resident 1 had not been protected from acquiring scabies. On 12/23/19 at 4:30 P.M., an interview with CNA 1 was conducted. CNA 1 stated the facility's protocol for treating residents who had scabies was to isolate the resident right away. CNA 1 stated the room should be deep cleaned and residents should be treated with scabies medication. CNA 1 stated the protocol was to move roommates out of the room to prevent them from being further exposed to scabies. On 12/23/19 at 4:36 P.M., an interview with LN 1 was conducted. LN 1 stated she had worked in the facility for [AGE] years. LN 1 stated the protocol for caring for a resident with scabies was to immediately isolate the resident who had scabies. LN 1 stated the roommate should be moved from the room and treated with medication. LN 1 stated that both the resident diagnosed with [REDACTED] should be informed immediately. LN 1 stated transmission-based precautions should be put in place for both residents. According to the facility's policy, titled Infection Control Guidelines for All Nursing Procedures, revised (NAME)2012: .Transmission-based precautions will be used when measures are needed to prevent the spread of infection .5. Wear personal protective equipment as necessary.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.