

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555158</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VALLEY CONVALESCENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1700 S. IMPERIAL AVE EL CENTRO, CA 92243</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to: 1. Screen visitors upon entry to the facility per the Covid directive; (see All Facilities Letter 20-22.2). 2. Request and assist all residents to wear a face mask when were out of their rooms per the facility policy, 3. Train and maintain an Infection Preventionist, and 4. Perform hand hygiene between resident contacts. As a result, there was a potential to transmit infectious agents. Findings: On 5/24/20 at 10 A.M., an unannounced visit was made to the facility for a complaint and Covid survey. 1. At the entry of the facility Certified Nursing Assistant (CNA) 1 took the temperature of the surveyor, and requested the surveyor raise her foot to have her shoe sprayed with a solution. After both shoes were sprayed, CNA 1 told the surveyor to enter the facility. No questions were asked, and no hand sanitizer was offered. There was a bottle of sanitizer close to CNA 1. On 5/24/20 at 1:17 P.M., CNA 1 stated she was surprised that two surveyors would request entry and she said she should have asked questions about a fever, cough, or other issues. On 5/26/20, the Director of Nurses (DON) presented the information which was supposed to be used to ask questions of any visitors prior to entry to the facility. The form titled, COVID 19, undated,....1. Have you or a family member has (sic) been sick, 2. Symptoms include .3. Have you been close to any sick person influenza or corona (sic) virus. 4. Have you travel (sic) to other cities or country, Wuhan city or China? Additionally the following procedure was to be done, untitled, dated 4/23/20, .1) Staff to rub sole of shoes on the rubber mat outside the door. 2) Hand the sanitizer. (sic) 3) Hand the Clorox spray bottle (sic), staff to spray the sole of their shoes. 4) Step on the blank (sic) next to the rubber mat. 5) Hand sanitize again. 6) Then step on the blanket inside the lobby to dry the sole of the shoes. Per AFL 20-22.2, dated 4/15/20, .The California Department of Public Health (CDPH) strongly recommends SNFs prepare for COVID-19. Elderly persons and those with chronic medical conditions may be at higher risk for severe illness and death from COVID-19. All California SNFs should take steps to: 1. Prevent introduction of COVID-19 into their facility. 2. On 5/24/20 at 10:05 A.M., five residents sat in the lobby of the facility near the front door entrance. 3 of 5 residents (1, 2, 3), did not wear masks. All of the residents were within arms reach of each other. The Director of Staff Development (DSD) stated, some of the residents did not like wearing masks, even though they had been given masks. The DSD also stated all residents were supposed to have a 6 foot distance between them even if they wore masks. The DSD further stated she had only been placed in the DSD position on 5/23/20. The DSD also stated she just began to learn the duties of the DSD. Per the facility Policy and Procedure for Covid-19, dated 3/17/20, All staff and residents must maintain social distance 6 ft apart and continue wearing mask. During a tour of the facility, multiple residents were seen in the hallway without masks. 3. On 5/24/20 at 2:30 P.M., the Director of Nurses (DON) stated she did not have an Infection Preventionist (IP). The previous DSD left on 5/5/20 and no other staff had taken the IP classes for certification. The DON stated she planned to train a new DSD for IP within the next year. The DON stated she had taken a few classes but did not have an IP certificate. The DON stated should wanted to share the responsibility with two other staff members, the DSD and a Registered Nurse (RN). On 5/24/20 at 3 P.M., RN 1 stated he did not have an IP certificate, but had done some of the Infection Prevention duties. Three requests for policy or classes in regard to Infection Prevention training were made on, 5/24/20, 6/2/20 and 6/3/20. There was no IP certification or class information produced by the facility after three requests.</p> <p>4. On 5/24/20 at 12:19 P.M., an observation of CNA 2 was conducted. CNA 2 was in the dining room and removed a resident's meal tray from the food cart. CNA 2 carried the tray to a table and placed the tray in front of Resident 6 and removed the plate cover over Resident 6's food. CNA 2 touched Resident 6 on the left shoulder and the back with her right hand. CNA 2 then proceeded towards the food cart to retrieve another meal tray. CNA 2 did not perform hand hygiene before she removed another meal tray from food cart. On 5/24/20 at 12:29 P.M., an interview was conducted with CNA 2. CNA 2 stated she received education about performing hand hygiene from the DSD. CNA 2 stated she should have performed hand hygiene, but was nervous and forgot. On 5/24/20 at 12:30 P.M., an observation of CNA 3 was conducted. CNA 3 was in the dining room in front of the food cart. CNA 3 touched her face with her left hand, proceeded to remove a meal tray from the food cart and placed it in front of Resident 7. CNA 3 began to set up the tray for Resident 7. CNA 3 removed the plate cover, the soup cover, opened a drink carton and a straw, for Resident 7. CNA 3 then proceeded back towards the food cart to retrieve another meal tray. CNA 3 was not observed to perform hand hygiene after touching her face, or after setting up and touching Resident 7. On 5/24/20 at 12:35 P.M., an interview was conducted with CNA 3. CNA 3 stated she received education and training on when to perform hand hygiene from the DSD. CNA 3 stated, she should have washed her hands. On 5/24/2020 at 15:26 P.M., an interview was conducted with the DSD. The DSD stated it was the expectation that staff perform hand hygiene when caring and interacting with residents, between residents, and after touching themselves to prevent the spread of infection. The DSD stated the staff should have performed hand hygiene. A review of the undated facility policy, titled Handwashing, indicated, All staff members will wash their hands before and after direct resident care and after contact with potentially contaminated substances to prevent, to the extent possible, the spread of nosocomial (healthcare associated infection) infection.</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.