

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555667</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GARDEN PARK CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>12681 HASTER STREET GARDEN GROVE, CA 92840</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and facility document review, the facility failed to implement the infection control practices designed to prevent the development and transmission of COVID-19 infection. * The facility failed to properly position the trash bins as near as possible to the exit inside of the resident rooms to make it easy for the staff to discard the PPE after removal, prior to exiting the room, or before providing care for another resident in the same room. * CNA 3 failed to don a gown and face shield prior to providing care to a resident in the Yellow Zone. These failures posed the risk of transmitting of COVID-19 and other to other residents and staff in the facility. Findings: According to the facility's Mitigation Plan dated 9/20/20, under section Designation of Space, showed residents who have been in close contact with known cases of COVID-19, newly admitted or readmitted residents, residents with symptoms of COVID-19 with pending test results, or resident with indeterminate tests will be cohorted in the Yellow Zone. Residents who have been confirmed COVID-19 will be cohorted in the Red Zone. 1. Review of the CDC's guidelines titled Preparing for COVID-19 in Nursing Home dated 6/25/2020, under the section for Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices, showed to position a trash can near to exit door just inside the resident's room to make it easy for the staff to discard used PPE prior to exiting the room or before providing care for another resident in the same room. On 10/7/2020 at 0920 hours, Resident Rooms A, B, C, and D (located on the Yellow Zone) were observed with signs posted on the outside of their rooms identifying the residents were on contact and droplet precautions. There was a plastic trash bag hanging on the handrail in the hallway next to the clean isolation cart that was positioning outside of the residents' rooms. On 10/7/2020 at 0945 hours, LVN 1 was observed doffing a washable resident gown before leaving Room A. The LVN discarded the gown into the trash bag hanging on the handrail next to the clean isolation cart. LVN 1 verified the trash bag should not be positioned next to the clean isolation cart. LVN 1 stated she was not sure whether the trash can should be placed inside the resident's room or outside the resident's room. On 10/7/2020 at 1010 hours, resident Rooms E, F, G, H, and K were observed to have signs posted outside by the entrance of their rooms identifying the residents were on contact isolation. A plastic trash bag was observed hanging on the handrail next to the clean isolation cart that was positioning outside of the resident rooms. On 10/7/2020 at 1015 hours, RN verified the trash can should be placed inside of the residents' rooms. On 10/7/2020 at 1100 hours, while touring the Red Zone area, two resident room, Rooms L and M were observed to have a bag hanging on the handrail next to the clean isolation cart outside, by the entrance of the room. The plastic bag was for the staff to dispose of their soiled washable gowns. An interview was conducted with the Administrator. The Administrator, who was present during this observation, acknowledged the trash bags should be placed inside of the residents' isolation rooms. 2. Review of the facility's Mitigation Plan and current CDC guidance shows the HCP must wear the following PPE when entering resident's room who have had recent exposure to COVID-19 or have an unknown status of COVID-19. On 10/7/2020 at 1110 hours, CNA 3 was observed providing care to a resident in Room N. Room N was located on the Yellow Zone. CNA 3 was observed wearing gloves and a surgical mask but was not wearing a gown or face shield. CNA 3 picked up the soiled linen and moving back and forth between the resident's bed and the bathroom. CNA 3 then exited Room N and walked into the hallway with the soiled linens and placed them in the soiled linen bin. CNA 3 then removed her soiled gloves and performed hand hygiene. On 10/7/20 at 1115 hours, an interview was conducted with CNA 3. When asked about PPE use in the Yellow Zone. CNA 3 stated the staff were supposed to use a gown, gloves, and mask while inside a resident's room. When asked if the staff should wear a face shield, CNA 3 stated, Yes, but I didn't. CNA 3 stated she did not like to wear the face shield because it got foggy. CNA 3 acknowledged she did not wear a gown or a face shield while providing care to a resident in the Yellow Zone.		
F 0886  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	Based on observation, interview, and facility document review, the facility failed to conduct the testing and specimen collection in a manner that was consistent with the current standards of practice for conducting COVID-19 tests. * The DSD/IP, who was one of the two staff at the facility responsible for testing, failed to properly demonstrate the procedure for specimen collection when she was observed to collect multiple specimens from the anterior nares and could not verbalize the depth of the swab. * RN 2, who was responsible for testing the staff for COVID-19, failed to properly verbalize and demonstrate the procedure for specimen collection when she was observed to collect multiple specimens by swabbing for 1-2 seconds. * Both the DSD/IP and RN 2 failed to wear the proper PPE, which included a face shield and a gown, while performing the specimen collection. These failures posed the risk of producing the inaccurate test results for all residents and staff tested by the facility for the presence of the COVID-19 virus and increasing the transmission of communicable diseases throughout the facility. Findings: Review of the Collection Procedure from ExcelDX- Nasopharyngeal Swab (PCR) Collection Information Protocol showed: All proper PPE, including but not limited to, face mask, lab coat, goggles and sterile particulate free disposable gloves should be worn by any person performing the collection or handling of the specimen AND Gently and carefully insert the swab into one nostril straight back (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (resistance will be met). AND Distance from the nose to the ear gives an estimate of the distance the swab should be inserted. AND Rotate the swab gently for 5-10 seconds. On 10/7/20 at 0825 hours, DSD/IP and RN 2 were observed performing the specimen collection for COVID-19 testing. Neither the DSD/IP or RN 2 were wearing a face shield, or a gown while performing the specimen collection. The DSD/IP was observed to insert the collection swab into the very front of the ceiling of the nose and did not insert the swab into the region where the sample should be collected from. RN 2 was observed to insert the collection swab at the correct depth; however, RN 2 swabbed the target area for only 1-2 seconds as recorded by second hand of wristwatch. On 10/7/20 at 0835 hours, an interview was conducted with DSD/IP. When asked about the process for COVID-19 sample collection, the DSD/IP stated the swab was to be inserted until resistance is met and the swab should be rotated for at least 5 seconds. When asked how to estimate the depth, the DSD/IP stated there was not a way to estimate the depth, so just to use resistance. On 10/7/20 at approximately 0840 hours, an interview was conducted with RN 2. When asked about the process for COVID-19 sample collection, RN 2 stated the swab was inserted through the nose to the back of the throat where a nasogastric tube (a temporary tube placed through the nose that goes into the stomach) would go. When asked how long the swab should remain in the target area of the back of the throat, RN 2 stated there was not specific time for sample collection. When asked how long she had been collecting the COVID-19 specimens at this facility, RN 2 stated 1 week. On 10/7/20 at 0845 hours, an interview and concurrent review of COVID-19 specimen collection policy was conducted with the DSD/IP and RN 2. Both DSD/IP and RN 2 acknowledged the areas of the COVID-19 specimen collection they were not following. The DSD/IP acknowledged the issues of not collecting the COVID-19 specimens according to the protocol specified by the laboratory guidelines. On 10/7/20 at 0927 hours, a follow-up interview was conducted with the DSD/IP and RN 2. Both the DSD/IP and RN 2 acknowledged they should have been wearing eye protection and gowns while conducting the COVID-19 testing. When asked if they had been collecting COVID-19 specimens without eye protection and gowns for the duration of their testing, the DSD/IP confirmed they		
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.

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<p>F 0886</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>had not been wearing the eye protection or gowns for COVID-19 specimen collection while testing at the facility. The DSD/IP confirmed she had been testing all staff and residents since May of 2019, and all staff and residents had been tested weekly by her for the last month.</p>		