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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555852 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/25/2020 |
| NAME OF PROVIDER OF SUPPLIER PARK AVENUE HEALTHCARE & WELLNESS CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1550 NORTH PARK AVENUE POMONA, CA 91768 | |
| 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 maintain a safe, sanitary environment to help prevent the spread of infections during the Coronavirus (COVID-19, an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis for non-COVID residents, staff members, and visitors by failing to ensure: 1. Staff and/or visitors wear personal protective equipment (PPE, such as masks, gloves, gowns, and face shields used to protect a person from getting infected with a disease). 2. Staff stay at least six (6) feet apart while in the breakroom to prevent the spread of COVID-19. 3. The facility limits the number of staff gathering in breakrooms to prevent the spread of COVID-19. These deficient practices caused an increased risk in the development and transmission of communicable disease and infections, including COVID-19. Findings: A review of the facility's census, dated 8/25/20, indicated the facility had 143 residents residing in the facility. During a record review, the facility had 89 COVID-19 negative residents, 10 residents under monitoring for possible COVID-19 due to exposure and/or had symptoms, and 41 COVID-19 positive residents. On 8/25/20 at 10:50 a.m., during an observation of a staff breakroom, 6 staff members were observed talking and eating and not [MEDICATION NAME] social distancing by remaining at least 6 feet apart. On 8/25/20 at 11:02 a.m., during an interview a Certified Nursing Assistant 1 (CNA1) stated in the beginning of in-service that staff were to maintain social distancing to prevent the spread of COVID-19. CNA1 stated that during break or lunchtime staff who use the breakroom should sit one person per table and maintain 6 feet of distance. The 6 staff who were not maintaining the social distancing were housekeeping staff. CNA1 stated that she wanted to ask them to sit further apart or at different tables but because she did not speak Spanish, she was unable to do so. On 8/25/20 at 11:07 a.m., during an interview, a Licensed Vocational Nurse 1 (LVN1) stated that N95 masks (a specialized mask to prevent the crossing of airborne particles) are worn and sometimes worn up to three days. LVN1 stated that a surgical mask is used over the N95 mask when suctioning and/or providing treatment to a resident. LVN1 stated the surgical mask is discarded and the N95 stays on after the treatment provided. On 8/25/20 at 11:07 a.m., during an interview, a Respiratory Therapist 1 (RT1) stated that the N95 is not replaced after performing aerosolized (in a form of a spray) procedures. On 8/25/20 at 11:50 a.m., during an observation and interview with the Infection Preventionist (IP) outside an exit door from a COVID-19 observation unit, there were bins of trash and dirty linens. The IP stated that they should not be there and should have been removed quickly. On 8/25/20 at 12 p.m., during an observation and interview with the IP, four face shields were hanging on the wall when entering the COVID-19 positive unit. There were no names or labels to indicate to whom they belonged. The IP asked staff nearby whose shield they belonged to but no one knew. The IP stated that they should be labeled with names to prevent the spread of infection. On 8/25/20 at 12:05 p.m., during an observation and interview with LVN2, a face shield was not worn while in the COVID-19 positive unit. LVN2 stated she could not see with a shield on and that she does not like to wear it. LVN2 stated she does not wear one while at the nursing station and/or while providing medication administration to residents. LVN2 stated the only time she will wear a face shield is if she is moving and/or touching the resident during care. On 8/25/20 at 12:10 p.m., during an observation and interview, a Pharmacy Consultant (PC) was not wearing a protective gown while in the COVID-19 positive unit. The PC stated she did not wear a gown because she was not in direct contact with the residents at this time and was only going through chart reviews. On 8/25/20 at 12:15 p.m., during an interview, the IP stated that all persons entering the COVID-19 positive unit should wear PPE, which included a gown when entering the unit. A review of the facility's adapted guidelines from the Centers for Disease Control and Prevention (CDC) titled, Sequence for Putting on Personal Protective Equipment (PPE) indicated the first step to put on a gown. A review of the facility's COVID-19 Mitigation Plan, dated revised on 5/29/20, indicated to discard N95 respirators following the use of aerosol procedures. Staff are to maintain physical distancing of at least 6 feet when in the employee lounge area and during meal breaks.</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.