

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055104</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNSET MANOR CONV HOSP</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2720 NEVADA AVENUE EL MONTE, CA 91733</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	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility staff failed to maintain an infection control program designed to provide a safe, sanitary environment, and prevent the development and transmission of disease and infection by failing to: a. Properly use Personal Protective Equipment (PPE, consists of protective clothing, face shields, goggles, or other garments or equipment designed to protect the staff from infection) when providing care to one of two sampled residents (Resident 1) who were on transmission-based precaution (isolation precaution, person suspected to be infected with infectious agents). Licensed Vocational Nurse 1 (LVN 1) gloves did not extend over the sleeves of her isolation gown. b. Housekeeper 1 (HK 1) did not wear gloves when removing a full trash can bag and replacing the trash bag in the nursing station. These deficient practices had the potential for a communicable disease (also known as contagious disease, an infection transmissible by direct contact with an affected individual, the individual's body fluids, or by indirect means by contact with contaminated object) to infect the staff and others. Findings: a. A review of Resident 1's admission record indicated Resident 1 was readmitted to the facility on [DATE], from a general acute care hospital with [DIAGNOSES REDACTED]. A review of Resident 1's physician's orders [REDACTED]. On 6/10/20, at 1:40 p.m., during an observation and concurrent interview, Resident 1's room had signs outside his door which indicated droplet precaution isolation and a poster for PPE requirements and donning/doffing (put on/remove) instructions. LVN 1 was observed changing Resident 1's tube feeding bottle (contains liquid nutrients which are pumped into the resident's stomach through a tube which was surgically inserted into the stomach (gastrostomy, [DEVICE])). LVN 1 was wearing a surgical mask, a gown, and gloves. LVN 1's gown was not tied at the back, which left back uncovered. LVN 1's gloves did not extend over the ends of the sleeves of the gown. Which exposed her wrist area, a watch, and two bracelets uncovered. The two bracelets were dangling were in contact with Resident 1, when LVN 1 disconnected and reconnected Resident 1's [DEVICE]. LVN 1 stated, Resident 1 was on droplet precaution isolation. LVN 1 stated, her gloves should extend over the end of her gown sleeves to prevent of possible disease transmission. During an interview with the facility's Infection Prevention staff (IP), stated that the isolation gown should fully cover and body and gloves should extend over the gown sleeves so the skin will not have direct contact with resident or surfaces in the isolation room to prevention of disease transmission. A review of the facility's undated policy and procedure titled Infection Prevention and Control Manual Interim Personal Protection Equipment (PPE) audit-COVID-19 Pandemic, indicated, gowns are donned first and tied at the waist and neck. Gloves extend to cover wrist of the isolation gowns. b. On 6/10/20, at 1:30 p.m., during an observation and concurrent interview, HK 1 was observed removing the trash bag from trash container next to the sink in Nursing Station 2. HK 1 was not wearing gloves when removing the plastic trash bag which was full of disposed material. HK 1 tied the bag and carry it to a trash bin. HK 1 stated, she should wear gloves while handling trash bag because trash bags are dirty, and to prevent getting contaminated, and possible spreading of disease. On 6/10/20, at 1:50 p.m., during an interview Housekeeping Supervisor (HS) 1, stated it was the facility's policy to wear gloves when handling dirty equipment including trash bags. HS 1 stated HK 1 should had worn gloves while collection trash bags to protect herself and to prevent the spread of infectious disease. A review of the facility's undated in-service titled Proper disposal of trash, indicated the proper way of trash disposal, everyone needs to wear gloves at all times.</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.