

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOCAL POST-ACUTE CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7931 S. SORENSON AVE. WHITTIER, CA 90606</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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement their Isolation-Categories of Transmission-Based Precautions policy and procedure to prevent the spread of infection for one of two sampled residents (Resident 1) by failing to ensure staff wore an isolation gown (a protective article used by medical personnel to avoid exposure to blood, body fluids, and other infectious materials, or to protect patients from infection), while providing treatment to Resident 1, who was on contact precautions (are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment). This deficient practice had the potential to spread infections to other residents, staff, and visitors. Findings: A review of Resident 1 Admission Record indicated Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's urinalysis, urine microscopic, and urine culture and sensitivities (an analysis that includes various tests to examine the urine contents for any abnormalities that indicate a disease condition or infection) laboratory results dated [DATE], indicated Resident 1's urine was positive [MEDICAL CONDITION]. During an observation on 8/27/20, at 12:08 PM, outside of Resident 1's room, there was a sign which indicated Resident 1 was on contact isolation. The sign indicated to wear a gown and gloves when entering the room. Occupational Therapist 1 (OT 1, a licensed health professional who was trained to evaluate residents with joint conditions, such as arthritis, to determine the impact the disease on their activities of daily living) was observed seated on Resident 1's bed while providing treatment exercises to Resident 1. OT 1 was observed wearing gloves but was not wearing an isolation gown. During an interview on 8/27/20, at 12:15 PM, the Infection Preventionist (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment) stated, Resident 1 was on contact isolation [MEDICAL CONDITION] of the urine. The IP stated, the staff would need to wear a disposable gown only when they think they could have contact with urine. During an interview on 8/27/20, at 1:34 PM, OT 1 stated, she thought that Resident 1 was not on contact isolation. OT 1 stated, she should have looked at the isolation sign posted outside Resident 1 room. The isolation sign would have indicated the specific isolation precautions and the type of personal protective equipment (PPE is used every day by healthcare personnel (HCP) to protect themselves, residents, and others when providing care from potentially infectious residents and materials), that needed to be worn prior to entering Resident 1's room. OT 1 stated, she would have to put on a disposable gown and gloves before entering Resident 1 room. A review of the facility's policy and procedure titled, Isolation-Categories of Transmission-Based Precautions, revised 1/2012, indicated; Transmission - Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. Implement contact precautions for residents who known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident and indirect contact with environmental surfaces or resident-care items in the resident's environment. Wear a disposable gown upon entering the Contact Precautions room or cubicle.</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.