

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055984</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ANAHEIM HEALTHCARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 SOUTH BEACH BLVD. ANAHEIM, CA 92804</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 facility document review, the facility failed to establish and maintain an infection control program designed to help prevent the development and transmission of diseases and infections. * CNAs 1 and 2 failed to perform hand hygiene before and after providing care to a resident. * Housekeeper 1 failed to change his PPE when entering multiple resident rooms in the Yellow Zone. * LVNs 4 and 5 failed to don the appropriate PPE when he entered multiple resident rooms in the Yellow Zone. * The facility failed to ensure Housekeeper 2 was aware of the proper use, reuse, and storage of the N95 masks. These failures posed the risk of the transmission of communicable disease throughout the facility. Findings: 1a. Review of the facility's COVID 19 Mitigation Plan dated 5/26/20, showed the Yellow Zone is an area for residents who have been possible exposed to COVID 19 but have no symptoms and/or are awaiting COVID-19 test results, and for newly admitted residents for 14 days. Residents in the Yellow Zone will be treated with contact and droplet precautions and anyone who enters the residents' rooms shall wear the recommended PPE as per the CDC's guidelines. Review of the facility's P&amp;P titled Enhanced Standard Precautions dated November 2012 showed contact precautions are an extension of standard precautions, and gowns and gloves are required for all resident contact. Gowns and gloves are required for contact with the environmental surfaces. On 7/16/20 at 0945 hours, Housekeeper 1 was observed exiting Room C (located on the Yellow Zone) without removing his isolation gown and gloves before exiting the room. Housekeeper 1 was observed to enter Room D while still wearing the same gown and gloves. After cleaning Room D, Housekeeper 1 exited the room, walked in the hallway while still wearing the same gown and gloves and entered Room E. After mopping the floor in Room E, Housekeeper 1 exited the room and stood in the hallway still wearing the same gown and gloves. On 7/16/20 at 0956 hours, an interview was conducted with Housekeeper 1. Housekeeper 1 stated that he had to wear a gown and gloves when cleaning residents' rooms. Housekeeper 1 stated he had to don and doff his gown and gloves when he entered and exited each resident's room located in the Yellow Zone. Housekeeper 1 acknowledged he did not remove and was wearing the same gown and gloves when he entered Rooms C, D and E. On 7/16/20 at 1030 hours, an interview was conducted with the DSD who was identified as the facility's IP. The DSD/IP stated the resident rooms located on the Yellow Zone were on contact and droplet precautions. The DSD/IP stated the staff working on the Yellow Zone had to wear the appropriate PPE. b. On 7/16/20 at 1305 hours, a concurrent observation and interview with LVNs 4 and 5. LVNs 4 and 5 were observed to enter a resident's room (Room F) which was located on the Yellow Zone. LVNs 4 and 5 were wearing an N95 mask; however, they were not wearing a gown or gloves. LVNs 4 and 5 were observed touching the resident's items and equipment when they were inside Room F. After LVNs 4 and 5 exited Room F, they were asked what PPE was to be worn when entering the residents' rooms in the Yellow Zone. LVN 4 stated the staff had to don an isolation gown, gloves, N95 mask, and a face shield when entering the isolation rooms in the Yellow Zone. LVN 4 verified he only had a mask on when he entered Room F. LVN 4 stated he should have donned the appropriate PPE before he entered Room F. LVN 5 stated the staff were to wear an isolation gown, gloves, N95, and face shield. LVN 5 acknowledged he did not wear the appropriate PPE when he entered Room F. 2. Review of the facility's P&amp;P titled Handwashing/Hand Hygiene revised 2/28/2017, showed all personnel shall follow handwashing/hand hygiene procedures to help prevent the spread of infections to staff, residents and visitors. Employees must wash their hands for at least 20 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: before and after resident contact, before and after assisting a resident with personal care, after handling soiled/used linens, bedpans, catheters and urinals, after handling soiled equipment or utensils, after removing gloves or soiled gown. On 7/16/20 at 0850 hours, CNA 1 was observed assisting a resident in room A. CNA 1 picked up soiled linens and disposed of them in the soiled linen container just outside resident Room A. CNA 1 quickly washed his hands for less than 10 seconds based on time observed in bathroom. CNA 1 exited Room A and was observed to touch the trash bin container and the soiled linen cart with his bare hands. CNA 1 then rolled the soiled linen cart in the hallway and parked it just outside Room B. Without performing hand hygiene, CNA 1 entered Room B and assisted a resident. CNA 1 was observed touching the resident's belongings and drew the privacy curtain. CNA 1 exited Room B without performing hand hygiene On 7/16/20 at 0855 hours, an interview was conducted with CNA 1. When asked about hand hygiene, CNA 1 stated staff were supposed to perform hand hygiene before and after contact with a resident or a resident's belongings. CNA 1 stated the use of soap and water or alcohol based hand sanitizer were acceptable. When asked about the above observation, CNA 1 acknowledged he did not perform hand hygiene after handling the soiled linen and trash bin. CNA 1 stated he should have washed his hands before assisting another resident.</p> <p>3. On 7/16/2020 at 0852 hours, during the initial tour in the Green Zone, CNA 2 was observed in the hallway holding a towel with her bare hands and was observed to place it into a soiled linen hamper. CNA 2 then went into resident Room G without performing hand hygiene. CNA 2 was observed to assist Resident 3 by applying the resident's eyeglasses. CNA 2 then donned a pair of gloves and took the bag and placed it in the hamper. CNA 2 did not perform hand hygiene. On 7/16/2020 at 0918 hours, CNA 2 was observed donning gloves. CNA 2 assisted Resident 4 into the wheelchair and wheeled the resident to the bathroom. CNA 2 picked up soiled linen and clothes and placed them in a soiled linen hamper. CNA 2 then obtained the clean bed linens and changed the bed without performing hand hygiene. CNA 2 assisted Resident 4 onto the shower chair and pushed the shower to the shower room. CNA 2 removed her gloves and performed hand hygiene using hand sanitizer. On 7/16/2020 at 1350 hours, an interview was conducted with CNA 2. CNA 2 was asked where the towel she had placed in the soiled linen hamper this morning at 0852 hours. CNA 2 stated she saw that towel on a bed in Room J but did not know who used the towel but considered it to be dirty. When asked about hand hygiene CNA 2 stated she should have washed her hands with soap and water for 15 seconds and verified she should wash hands after handling the soiled lines or towels and before contacting residents. On 7/16/2020 at 1400 hours, an interview was conducted with LVN 6. LVN 6 stated CNA 2 should have washed her hands or perform hand hygiene before entering a resident's room, between changing gloves, after handling soiled linens, and assisting a resident. 4. Review of the facility's Infection Control Guidance for Red, Yellow and Green Zones dated 6/29/2020, showed every employee will get a brown paper bag containing five N95 masks and five small brown paper bags labeled 1 through 5. Every N95 mask must be put the small brown paper bag after it is used and rotate to the next bag until the employee cycles through all five masks over five days before using the mask again. Employee must leave bags at the facility on provided in a designated area. On 7/16/2020 at 1015 hours, Housekeeper 2 was observed wearing an N95 mask, a gown, and gloves in the Red Zone. On 7/16/2020 at 1045 hours, an interview was conducted with Housekeeper 2. Housekeeper 2 was asked about the the use and storage of her N95 mask. The Housekeeper pulled out an unlabeled plastic trash bag and stated she kept her N95 masks inside this plastic bag. Housekeeper 2 stated she reused the same N95 mask everyday during her entire work week. Housekeeper 2 stated she did not need to label the plastic bag as it was in her possession. On 7/16/2020 at 1315 hours, an interview was conducted with DSD. When asked how N95 masks were stored, the DSD stated staffs' used masks should be stored in a brown bag that is labeled with the individual employee's name. The DSD stated the N95 mask can be reused for 5 days. The DSD verified Housekeeper 2 was not provided training on the reuse and proper storage of the</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.

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