

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055992	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2020
NAME OF PROVIDER OF SUPPLIER WEST COVINA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 850 S. SUNKIST AVE. WEST COVINA, CA 91790	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</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 ensure three (3) out of 3 shower rooms where clean and in good repair. All 3 restrooms had brown or black substance on the white grout near the shower heads, drains, and corners. This deficient practice had the potential to cause and/or worsen medical conditions of residents who have respiratory conditions and/or allergies [REDACTED]. Findings: During a video call tour of the facility on 4/9/20 at 12:50 p.m. with the Director of Nursing (DON), the following were observed: 1. Shower room in hall 14 had grout that was covered with a brown black substance. The DON stated that it was dark grey and not sure what it was. The DON stated that it could be dirt or mold. 2. Shower room in hallway 12 corners had grout that was covered with a brown black substance. 3. Shower room in the back hallway had black/brown substance covering the grout in the corner of the shower room closest to the shower head. The shower head itself was surrounded by black substance at the base where it connected to the wall. The material covered the entire perimeter of the shower head. The drain on the floor also observed to have black substance over white grout as well as clumps of hair in the drain. The DON stated she did not want to touch it because it could be mold. The DON stated mold in the shower room had the potential to exacerbate (worsen) respiratory conditions in residents with [MEDICAL CONDITIONS] and/or other respiratory conditions. The DON stated the shower room are cleaned daily and rinsed after each resident use. During an interview on 4/10/20 at 9:00 a.m., the Administrator stated the facility would replace the fixture and have the shower rooms thoroughly cleaned. The Administrator stated the shower rooms are cleaned and disinfected daily. A review of the facility's policy titled, Cleaning and Disinfecting of Environmental Surfaces, with a revised date of June 2009, indicated environmental surfaces will be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendation for disinfection of healthcare facilities.</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.