

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056331</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACON HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>919 N SUNSET AVE WEST COVINA, CA 91790</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> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to adhere to proper infection control policies and procedures related to COVID-19 by failing to: 1. Update forms for two of two screening stations regarding the COVID-19 signs and symptoms that all the staff and essential visitors are screened for and as revised by the Centers for Disease Prevention and Control (CDC) and California Department of Public Health (CDPH) 2. Post visual alerts at two of two entrance doors to the facility regarding wearing of a facemask or cloth face covering for source control and how and when to perform hand hygiene per CDC guidelines. 3. Post signages in three of three zones (Red, Yellow, and Green) of the facility regarding the appropriate steps for donning and doffing Personal Protective Equipment (PPE) in donning and doffing areas and the type of precautions needed on the door or wall outside of the resident room. These deficient practices had the potential to increase the spread of COVID-19 infection within the facility. Findings: An announced COVID-19 Focused Survey was conducted at the facility on 8/7/2020 at 1 p.m. During an observation on 8/7/2020 at 1 p.m., there were no signages posted at the facility's entrance regarding the requirement of wearing a facemask prior to entering the facility. During an observation on 8/7/2020 at 1:03 p.m., Facility Staff 1 (FS 1) was checking the temperature of the essential visitor upon entering to the facility and screening for cough, fever, and sore throat. During a concurrent observation on 8/7/2020 at 2:20 p.m. with Infection Preventionist 1 (IP 1), the resident rooms in the Yellow Zone did not have any signages on the doors or walls to indicate the type of precautions, type of PPE, proper donning (putting on) &amp; doffing (removing) of PPE. IP 1 later stated the facility would post the signages as soon as possible. During an observation on 8/7/2020 at 2:50 p.m., the facility's front entrance door leading to the front lobby, using for the access to the Red Zone did not have signages posted regarding wearing a facemask prior to entering the facility. During a concurrent observation on 8/7/2020 at 2:51 p.m. with the Administrator, the plastic barrier with a zipper serving as the entry point separating the Red Zone from the front lobby did not have any signages on the required PPE prior to entering the unit. Upon entry to the Red Zone, three closets containing unlabeled coveralls and face shields were observed. The Administrator was unable to determine if the items in the closet were clean or dirty, have been worn at least once or were brand new, and who they belonged to. The Administrator stated he was uncertain as to how long the coveralls and the N95 respirators could be worn in the Red Zone, how many times they could be reused by the staff, and how to properly clean and disinfect the PPEs prior to reuse. A review of the All Facilities Letter (AFL) 20-51 regarding the updated COVID-19 symptoms, dated 5/9/2020, indicated health facilities must ensure their screening process and policies and procedures reflect the updated COVID-19 symptoms as updated by the CDC. A review of CDC's COVID-19 guidelines, titled Symptoms of Coronavirus, dated 5/13/2020, indicated the updated COVID-19 symptoms included but are not limited to, cough, shortness of breath or difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The guidelines indicated the emergency warning signs that would require immediate medical attention included trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awake, and bluish lips or face. (Source: <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>) A review of CDC's COVID-19 guidelines, titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 7/15/2020, indicated the healthcare facility must ensure that all staff and essential visitors must adhere to source control measures by posting visual alerts at the entrance and strategic places to provide instructions about wearing a facemask for source control. The guidelines also indicated healthcare providers (HCP) must receive training on and demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly don, use, and doff PPE in a manner to prevent self-contamination, how to properly dispose of or disinfect and maintain PPE, and the limitation of the PPE. It indicated any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. It indicated facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. (Source: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a>) A review of the Los Angeles County Department of Public Health's COVID-19 guidelines, titled Coronavirus Disease 2019 (COVID-19): Guidelines for Preventing &amp; Managing COVID-19 in Skilled Nursing Facilities, revised on 8/4/2020, indicated signages on the appropriate steps in donning and doffing PPE must be posted in donning and doffing areas. The guidelines indicated signs that clearly describe the type of precautions needed and the required PPE must be posted on the door or wall outside of the resident room. The guidelines indicated the following: 1. Yellow Cohort - Contact and droplet precautions, with gown and glove changes between each patient is required. Hand hygiene must be performed between all patients in Yellow Cohort. Gowns may be prioritized for care activities that may result in exposure to body fluids. 2. Green Cohort - Standard precautions and universal source control are sufficient to provide care to patients. If there is evidence of ongoing COVID-19 transmission in the facility, then standard, contact, droplet plus eye protection is recommended for all patients. 3. Yellow and Green Cohorts - Eye protection is recommended for close contact with patients (within 6ft), especially if the patient cannot reliably wear a face covering. (Source: <a href="http://ph.lacounty.gov/acd/ncorona2019/snf.htm">http://ph.lacounty.gov/acd/ncorona2019/snf.htm</a>)</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.