

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER VALLEY CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 1700 S. IMPERIAL AVE EL CENTRO, CA 92243	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview, the facility failed to ensure staff minimize the potential spread of infection when a maintenance staff (MS) crossed the double barrier from the red zone to the green zone area. This had the potential for transmission of COVID-19 throughout the facility. Finding: On 6/29/20 at 10 A.M., an unannounced visit was made to the facility for COVID-19 infection control focused survey. A tour of the facility was conducted with the director of nursing (DON) on 6/29/20 starting at 10:30 A.M. The facility had three zone, Red Zone, Yellow Zone and Green Zone. Per DON, the Red Zone was for residents who tested positive for COVID-19, Yellow Zone was for residents under observation and green Zone was, Clean zone. The Red Zone entrance had double plastic barrier and double door. The DON further stated, Once you enter through the barrier you can't come back in. A concurrent interview and observation with the MS was conducted on 6/29/20 at 11 A.M. The MS wore gown, goggles, and mask. The MS came out from the double door and double barrier into the Green Zone area holding a floor mirror. The MS stated, "I just went in to get the mirror and came out. The MS further stated, I knew I wasn't supposed to but I just grabbed the mirror by the door real quick. An interview with the DON on 6/29/20 at 11:10 A.M., was conducted. The DON acknowledged MS should have not come back in to the Clean Zone after entering the Red Zone. The DON stated MS should have gone out the back door and remove all personal protective equipment prior to entering the Green Zone. Per DON, there was no formal policy and procedure for this process at the time of the visit.		

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.