

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER SAN GABRIEL VALLEY MEDICAL CTR D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 438 W. LAS TUNAS DRIVE SAN GABRIEL, CA 91776	
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 - Some	<p>Provide and implement an infection prevention and control program.</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 implement the facility's Mitigation Plan (a plan and interventions to prevent and control infection) to prevent COVID 19 ([MEDICAL CONDITION]) 2019, an infection that affects the lungs and other organs and spread from person to person) by failing to: 1. Screen 2 of two sampled residents(Residents 1 and 2) for the signs and symptoms of COVID 19 or contact with any person with COVID 19. 2. Screen all SNF (Skilled Nursing Facility) staffs and essential visitor for signs and symptoms of COVID, contact with any person with COVID 19 or recently traveled to - country. 3. Post a sign regarding the proper donning and doffing of PPE, hand hygiene when providing care to Resident 1 in the Yellow Zone (area to monitor or investigate residents who were exposed or have signs and symptoms of COVID 19). 4. Conduct a surveillance of SNF staffs and assign Individuals serving as PPE coaches, who are responsible for providing just-intime education to direct care staff and to identify and support adherence with PPE policies, and identify issues that could result in spread if infection. This deficient had the potential to result in a wide spread infection of COVID 19 in the facility. Findings: 1. On 8/6/20 at 1 p.m., upon entrance to the facility, the receptionist checked and recorded the surveyor's temperature, and did not screen the surveyor for signs and symptoms of COVID 19 and/or recent exposure to anyone with COVID 19 or traveled to affected geographic areas within 14 days On 8/6/20 at 1:30 p.m., in an interview the DON stated, six facility staffs tested positive of COVID 19 since the outbreak on 7/15/20, and the first case of COVID 19 at the facility was a facility staff. DON stated the staffs or visitors screened in the front lobby for body temperature and no other documentation or form used for screening the staffs or visitors for signs and symptoms of COVID 19. The DON explained the screening should have included the signs and symptoms of COVID 19 such as fever, shortness of breath, cough, confusion, loss of taste and smell and/or recent exposure to anyone with COVID 19 or traveled to affected geographic areas within 14 days to prevent spread of infection to the residents and other staffs. A review of the MP, date 5/20/20, indicated the staffs and any individual entering the facility is screened and documented for potential symptoms of COVID 19. 2. On 8/6/20 at 1: 30 p.m., during a room of Yellow Zone, Resident 1 was in a room with the door open. At the entry area of the room, there was a plastic drawer with and PPE but no posting to indicated the area was a Yellow Zone, no posting about the donning and doffing of PPE and hand hygiene or other precautions necessary when entering or attending to the resident. In a concurrent interview the DON stated Resident 1 was a roommate who tested positive of COVID 19 on 8/5/20 and was moved to the current room on 8/5/20 but the needed signs were not posted which should had been to ensure the staffs were aware of the isolation and the necessary PPE to use. Resident 1 admitted to the facility on [DATE], readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The MDS, dated [DATE], indicated Resident 1 had severe impairment in memory and cognitive level. A review of the facility's MP, dated 5/20/20, indicated signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH (California Department of Health) guidance. 3. On 8/6/20 at 2: 30 p.m., during an interview and concurrent record review of the facility's implementation of the COVID19 Mitigation Plan conducted with the Director of Nursing (DON) and indicated the following: Residents 1 and 2's clinical records indicated the residents had no documented evidence the residents screened for the COVID 19 signs and symptoms and/or had any contact with anyone with COVID 19. Resident 2 admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. The MDS, dated , 5/8/20, indicated Resident 2 had severe impairment in memory and cognitive level. In a concurrent interview, the DON stated the form titled COVID 19 Screening established by the facility to screen the residents for COVID 19 was not completed for the following residents. The DON stated the residents should had been screened for the presence of signs and symptoms of COVID 19 and documented the result every shift. A review of the Mitigation Plan for COVID 19, dated 5/5/20, indicated the SNF (Skilled Nursing Facility) will screen all residents for symptoms of COVID-19, monitored and documented in the clinical record and quickly identify residents who require transfer to a higher level of care. The SNF will monitor CDC guidance and modify these procedures to stay consistent with the most current guidance on an ongoing basis to identify residents with any suspected respiratory or infectious illness are assessed. 4. Conduct a surveillance of all unit staffs for the use of PPE, hand hygiene and other infection control practices to identify non-compliance and identify issues that could result in spread if infection. On 8/6/20 at 2:45 p.m. in an interview, the DON stated the IP resigned last June 2020 and had not hired a new IP. The DON also states, she did to assign a staff to do a routine surveillance and monitoring for the infection control practices of the staffs on all shifts. The DON explained it was important to perform surveillance and monitoring of the staffs infection control practice to ensure compliance with the in services such as appropriate PPE use, hand hygiene etc. to prevent the spread of COVID 19 and other infections. A review of the MP, dated 5/5/20, indicated the facility will hire a full-time, dedicated Infection Preventionist(s). This can be achieved by more than one staff member sharing this role, but a plan must be in place for infection prevention quality control. The facility will assign Individuals serving as PPE coaches, who are responsible for providing just-intime education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.</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.