

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555832	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2020
NAME OF PROVIDER OF SUPPLIER CLARA BALDWIN STOCKER HOME		STREET ADDRESS, CITY, STATE, ZIP 527 S VALINDA AVENUE 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 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 maintain an infection control program to provide a safe environment to help prevent the development and transmission of Covid-19 (an infection caused by [MEDICAL CONDITION] that can spread from person to person) by failing to follow the facility's mitigation policy and procedures to screen the residents for symptoms of Covid-19 for four of four residents (Residents 1,2,3 and 4). This deficient practice had the potential to result in the spread of Covid-19 infection that could lead to hospitalization and death of residents and staff. Findings: During the tour of the facility on 10/15/20 at 1:30 p.m., there were 12 residents in the green zone (Covid-19 test negative, non exposed) and three residents in the yellow zone (Covid-19 test negative but resident is within 14 days of exposure). Resident 1 was observed in the green zone. Residents 2, 3 and 4 were observed in the yellow zone. A review of the facility's mitigation policy and procedures dated 5/27/20, indicated all residents in the green and yellow zones will be screened for symptoms of Covid-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record. During an interview and concurrent record review with the Director of Nursing (DON) on 10/15/20 at 3 p.m., she stated the resident screening for Covid-19 was to be documented by the licensed nurse in the Medication Administration Record [REDACTED]. However, no documented evidence Residents 1, 2, 3 and 4 were screened for Covid-19 symptoms in accordance to CDC (Centers for Disease Control and Prevention) guidelines to monitor for : 1. Fever or chills 2. Shortness of breath or difficulty of breathing 3. Fatigue 4. Muscle or body aches 5. Headache 6. New loss of taste or smell 7. Sore throat 8. Congestion or runny nose 9. Nausea or vomiting 10. Diarrhea https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html Further interview with the DON on 10/15/20 at 3:08 p.m., she stated she was not aware residents were not screened by the licensed staff for symptoms of Covid19 every shift. DON stated staff monitored the resident for episode of coughing as a general symptom of Covid-19. DON stated she was new hired as of 8/1/20, and had not reviewed the MAR yet.</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.