

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055153	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER MONTEBELLO CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1035 W BEVERLY BLVD MONTEBELLO, CA 90640	
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	<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 to provide a safe and sanitary environment to help prevent the spread of infection during the Coronavirus (COVID-19, an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis for two of 27 residents (Resident 1 and Resident 2) in the Yellow Zone (area for residents who have been in close contact with known cases of COVID-19, newly admitted residents, those who have symptoms of possible COVID-19 pending test results and for residents with indeterminate tests). The facility staff failed to change isolation gown after each resident care. This deficient practice had the potential to result in the spread of COVID-19 that could lead to severe respiratory illness, hospitalization and/or death. Findings: A review of Resident 1's Facesheet indicated the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 2's Facesheet indicated the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. During a concurrent observation and interview on 7/24/2020 at 3:58 p.m.,</p> <p>Licensed Vocational Nurse 1 (LVN 1) don (put on) a washable gown prior to entering the room of Resident 1 and Resident 2. After resident care, LVN 1 removed the isolation gown and hang the gown behind the door. LVN 1 stated she would use the same gown for Resident 1 and Resident 2 for the entire shift. During an interview on 7/24/20 at 4:00 p.m., the Infection Preventionist (IP) stated isolation gowns were being reused for residents inside the same room and used for the entire shifts. IP stated there will be one gown for the licensed nurse to be used for residents in the same room and another gown for the Certified Nursing Assistant (CNA) to be used for residents in the same room. On 7/24/20 at 4:35 p.m., a review of the Acute Communicable Disease Control Manual (B73) and a concurrent interview with the IP nurse was conducted. The B73 manual indicated that in the quarantine cohort (Yellow Zone), gowns should be changed between residents within the yellow quarantine area. The IP stated she was not aware of this guideline and stated the facility would make changes immediately to follow the guidelines. During an interview on 7/24/20 at 5:00 p.m., the Administrator stated the facility does not have Personal Protective Equipment (PPE) shortage and there was adequate supply for gowns for the next 14 days. A review of the facility's PPE inventory log dated 7/24/20, indicated there were 745 pieces of isolation gown available. A review of the Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities, updated 6/17/20, indicated, the Quarantine Area (Yellow Zone) was for the following residents: those who have been in close contact with known cases of COVID-19, newly admitted or readmitted residents, those who have symptoms of possible COVID-19 pending test results and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in the same room (e.g., group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area.</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.