

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055282	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER POMONA VISTA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 651 N MAIN ST POMONA, CA 91768	
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 failed to ensure two of 13 nursing staff don a surgical mask within six feet of a resident and while they are inside the facility. This deficient practice had the potential to spread COVID-19 infection (an illness caused by [MEDICAL CONDITION] that can spread from person to person) to residents and staff. Findings: During an observation on 6/15/2020 at 11:40 a.m., Certified Nursing Assistant 1 (CNA 1) was inside Resident 1's room and was within six feet of Resident 1 with no surgical mask on. The Director of Nursing (DON) called CNA 1 out of the resident's room and instructed CNA 1 to put her surgical mask on. During an interview on 6/15/2020 at 11:41 a.m., CNA 1 stated she was on her break at the nurse's station when she saw Resident 1's call light turned on. CNA 1 stated she went to Resident 1's room to see what the resident needed, but forgot to don her surgical mask. During an observation on 6/15/2020 at 11:50 a.m., CNA 2 was in the hallway right outside of the employee lounge, with no surgical mask on and was less than six feet apart, talking to the Infection Preventionist (IP). CNA 2 stated she was still on her lunch break. During an interview on 6/15/2020 at 11:51 a.m., the IP stated all staff need to wear surgical mask at all times and maintain social distancing while inside the facility. The IP stated staff need to don their surgical mask prior to coming back from their breaks. A review of the facility's undated policy and procedure titled Infection Control Manual - Coronavirus (COVID-19), indicated for the duration of the state of emergency in their State, all facility personnel should wear a facemask while they are in the facility for source control.</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.