

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP 9009 CAMPO ROAD SPRING VALLEY, CA 91977	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to follow the facility's infection control policies and Centers for Disease Control (CDC) guidelines when: 1. Disposable paper gowns were hanging on hooks in the hallway. 2. A staff member did not perform hand hygiene before putting on gloves. As a result; this place resident's, and staff at risk to be exposed to infections. Findings: 1. On 7/2/20 at 11:00 A.M., a tour of the facility's designated Admission area was conducted with the facility Administrator. Disposable isolation gowns were observed hanging on hooks outside of rooms 107, 110, 112, and 114. The facility administrator stated he was not sure why the gowns were hanging on the hooks and was unable to verify if they were considered clean or contaminated. On 7/2/20 at 12:10 P.M., the facility administrator stated there currently there was no policy for the reuse of disposable isolation gowns. On 7/2/20 at 12:30 A.M., CNA 1 stated there was a designated barrel in the resident rooms to dispose of gowns before leaving the room. Per the facility's policy titled, Guidance for Infection Prevention and Control for Residents with Suspected or Confirmed COVID-19, Infection Control Manual, Policy IC-59, III Personal Protective Equipment (PPE) .C. Gowns i. Disposable isolation gowns are worn when entering the resident room and discarded before leaving the room . 2. On 7/2/20 at 11:12 A.M., Housekeeper 1, was observed mopping a floor in a resident's room. The housekeeper did not have gloves on either hand. Housekeeper 1 came to the housekeeping cart in the doorway of the room, and removed two gloves from a box located under bags and linen, and put both gloves on without performing hand hygiene. On 7/2/20 at 11:40 A.M. Housekeeper 1, stated she did not do hand hygiene before coming to the cart and further stated she should have done hand hygiene before putting on the gloves. On 7/2/20 at 12:08 P.M., the facility administrator stated housekeeper 1 should have performed hand hygiene before putting on gloves. Per the facility's Policy Hand Hygiene-Infection Control Manual, policy No.-IC-21, . page 2 of 2, vi. The use of gloves does not replace hand hygiene procedures. Per CDC (Centers for Disease Control) guidance, updated June 11, 2020, . Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves . and guidance updated July 14 2020 Remove gown .Dispose in trash receptacle .		
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.