

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056317	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER GLENOAKS CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 409 W. GLENOAKS BLVD. GLENDAL, CA 91202	
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 properly follow Coronavirus (COVID-19, an illness caused by [MEDICAL CONDITION] that can spread from person to person) infection control and prevention by failing to: a. Ensure dedicated staff who were assigned to COVID-19 positive residents did not cross contaminate into other resident areas that did not have COVID-19 positive residents. b. Keep a separate cleaning cart in the COVID-19 area. These deficient practices had the potential to cause and/or increase risk of COVID-19 transmission. Findings: During an interview and record review, on 5/19/2020 at 9:40 a.m., the facility's census, dated 5/19/20, indicated Rooms 27 to 47 were all in Station 2 and there were 10 residents in these rooms. The Director of Nursing (DON) stated there were seven (7) residents who were positive with COVID-19 as of 5/19/2020. During an observation, interview, and record review with the DON, on 5/19/2020 at 9:40 a.m., the facility had a Red zone (area dedicated for COVID-19 positive residents) separated with a plastic barrier which was reflected on the facility's floorplan map. The DON stated COVID-19 positive residents were isolated in the Red zone, separating the residents from residents who do not have COVID-19. A review of the facility's Nursing Staffing Assignment and Sign-in Sheet, dated 5/19/20, the 7 a.m. to 3 p.m. shift indicated one Licensed Vocational Nurse (LVN) and one Certified Nursing Assistant (CNA) were assigned to Station 2. During an observation and interview, on 5/19/2020 at 11:20 a.m., LVN 1 was sitting in the Non-COVID nursing station. LVN 1 stated she was the charge nurse assigned to Station 2. LVN 1 stated that she was responsible for providing care and administering medications to both Non-COVID-19 and COVID-19 positive residents. LVN 1 stated she is supposed to go to COVID-19 positive residents last when any providing care. During an observation and interview, on 5/19/2020 at 1:08 p.m., a Housekeeper (HK) was cleaning the facility's high touch surfaces in the Non-COVID-19 area using a cleaning cart. HK stated there were two housekeepers during the day and that they were using only one cleaning cart for both the COVID-19 positive and Non-COVID-19 areas. During a follow up interview and record review, on 5/19/2020 at 1:12 p.m., LVN 1 was sitting in the Non-COVID area and stated that Resident 3 is a resident in the Red zone. LVN 1 stated that Resident 3's Medication Administration Record [REDACTED]. LVN 1 clarified that she goes into the Red zone area twice a day and that she did not follow procedure of going into the Red zone last when providing care. During an interview, on 5/9/2020 at 1:45 p.m., the DON stated that there should be staff designated for each area and not take care of residents in both. The DON also stated that there should be separate cleaning carts for the different areas to ensure there is no cross contamination to prevent the spread of infection. A review of the facility's undated policy and procedure titled, Emergency Preparedness Policy and Procedure to meet resident needs during an outbreak of the [MEDICAL CONDITION], indicated a designated CNA will be assigned to the red zone who will stay inside the enclosed area. CNA assigned to the red zone are provided with all necessary personal protective equipment (PPE) to protect against the [MEDICAL CONDITION]. CNA assigned to the red zone are provided an exit at the back of the red zone to ensure that after their shift, the CNA will exit without going through rooms with residents not in the red zone.</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.