

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER REO VISTA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6061 BANBURY ST. SAN DIEGO, CA 92139	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, during a COVID-19 (respiratory illness caused by coronavirus) survey, the facility failed to ensure certified nursing assistant (CNA) 1 removed her gown and gloves prior to leaving a resident's room. As a result, CNA 1 walked approximately 25 feet down the main hallway to remove her used gown and gloves, potentially spreading COVID-19 or other infections into a commonly shared area. Findings: On 7/20/20 at 11:23 A.M., an observation and interview was conducted in the facility's yellow zone (an area of the facility housing residents with potential exposure to COVID-19) with CNA 1. CNA 1 was observed leaving a resident's room and walking down the hallway wearing a gown and gloves. An empty trash container was observed inside the resident room near the doorway. CNA 1 walked approximately 25 feet down the hall, stopped in front of a large trash container, removed the gown and gloves, and disposed of them into the trash container. CNA 1 stated she had provided care to a resident in the room while wearing the gown and gloves she disposed of. CNA 1 stated she should have removed the used gown and gloves before leaving the resident's room. CNA 1 stated she should not have worn a potentially contaminated gown and gloves in the hallway. On 7/20/20 at 11:28 A.M., an interview was conducted with licensed nurse (LN) 1. LN 1 stated she had observed CNA 1 walk down the hallway wearing a gown and gloves that had been used to provide care to a resident. LN 1 stated used gowns and gloves had to be disposed of before leaving the resident's room. LN 1 stated wearing a potentially contaminated gown and gloves in the main hallway was an infection control problem. On 7/20/20 at 12:45 P.M., an interview was conducted with the director of nursing (DON). The DON stated it was unknown which residents may have, or not have, COVID-19 in the yellow zone. The DON stated it was her expectation for nursing staff to remove their used gown and gloves before leaving a resident's room. The DON stated wearing a used gown and gloves while in the hallway had the potential to contaminate the common area and expose other staff and residents to COVID-19. Per the facility's policy titled Personal Protective Equipment-Using Gowns, revised October 2010, .8. After completing the treatment or procedure, gowns must be discarded in the appropriate container in the room .Removing gloves . 4. Discard the glove into the designated waste receptacle inside the room		
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.