

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>05E119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TUSTIN CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1051 BRYAN AVENUE TUSTIN, CA 92780</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, medical record review, facility document review, facility P&amp;P review, and facility COVID-19 MP review, the facility failed to implement their IC program in accordance with the facility's P&amp;Ps and COVID-19 MP. * The facility failed to ensure the IP received the specialized IC training and possessed the knowledge necessary to implement and conduct the oversight of the facility's IC surveillance program. * The facility failed to ensure the full-time dedicated IP was employed as per the facility's COVID-19 MP. * The facility failed to implement their IC surveillance program for two months as evidenced by failing to utilize the McGeer's criteria to identify possible resident infections and determine whether the residents might have had the CAI or HAI. * The facility failed to screen all residents for symptoms of COVID-19 as per the facility's COVID-19 MP. * The facility failed to establish a surveillance plan for tracking and monitoring suspected or confirmed resident and staff COVID-19 cases. * The facility failed to convene their monthly ICC meeting for two months as per the facility's P&amp;P. These failures posed the risk of not identifying infections and controlling the transmission of communicable diseases before they can spread to other residents throughout the facility. Findings: 1. Review of the facility's P&amp;P titled Infection Control Plan (undated) showed the IC nurse will be a licensed nurse with clinical experience and a reasonable working knowledge of the principles of epidemiology and infectious disease. On 6/23/20 at 1503 hours, an interview was conducted with the Administrator. The Administrator stated the facility hired the full-time IP and she worked at the facility from Monday to Friday, eight hours per day. The Administrator stated the IP was the only staff member in the facility assigned to the IC activities. On 6/24/20 at 1040 hours, an interview was conducted with the IP. The IP stated she was hired on 5/12/20, as the facility's full-time IP. The IP was asked if she had any long-term care experience or specialized IC training. The IP stated she worked in a skilled nursing facility approximately [AGE] years ago; however, she was not the IP for that facility. The IP stated she only had general IC training while she was working as a nurse in the acute care setting. The IP was asked if the facility provided her any specialized IC training for her position as the IP. The IP stated the facility provided her with the DSD training which included two hours of IC training. The IP stated the training consisted of general IC practices such as hand hygiene. The IP was asked if the facility planned to train her for her IP position. The IP stated the facility did not inform her they would train her for the IP position. On 6/24/20 at 1204 hours, an interview was conducted with the DON. The DON was asked if the IP had received specialized IC training for the position of IP. The DON stated the IP had participated in an online class; however, the DON was uncertain as to what type of class or if the class involved in the IC. 2. Review of the facility's COVID-19 Mitigation Plan dated 6/3/20, and the facility's revised COVID-19 Mitigation Plan dated 6/23/20, showed the facility had a full-time dedicated IP. On 6/23/20 at 1503 hours, an interview was conducted with the Administrator. The Administrator stated the facility had hired the full-time IP and she worked at the facility from Monday through Friday, eight hours per day. The Administrator stated the IP was the only staff member in the facility assigned to the IC. On 6/24/20 at 1040 hours, an interview was conducted with the IP. The IP stated she was hired on 5/12/20, as the facility's full-time IP. The IP stated she had retired for 3 years before accepting the facility's IP position. The IP stated she worked at the facility from Monday through Friday, eight hours per day. The IP stated she dedicated 1.5 hours per day toward the IC program. The IP stated she also worked as the facility's DSD and dedicated 6.5 hours per day toward the DSD role. On 6/24/20 at 1204 hours, an interview was conducted with the DON. The DON stated the IP worked 32 hours per week at the facility to perform both the IP and DSD roles. The DON stated she was uncertain how many hours the IP dedicated to the IC each day at the facility. On 6/24/20 at 1234 hours, an interview and concurrent facility document review was conducted with the IP. The IP was informed there were discrepancies regarding the number of hours she worked at the facility and whether or not she was a full-time employee. The IP stated she worked 40 hours per week at the facility. The IP's facility time cards for the months of May and June 2020 were then reviewed by the IP. Review of the IP's Detail Employee Report (time card) for May and June 2020 showed the following hours worked: - Week of 5/12 to 5/16, the IP worked 11.5 hours; - Week of 5/17 to 5/23, the IP worked 26.25 hours; - Week of 5/24 to 5/30, the IP worked 14.5 hours; - Week of 5/31 to 6/6, the IP worked 10 hours; - Week of 6/7 to 6/13, the IP worked 21.25 hours; and - Week of 6/14 to 6/20, the IP worked 25.5 total hours. After reviewing the record of her hours worked at the facility, the IP verified she had not worked 40 hours per week at the facility. The IP stated she was not supposed to work too much as she was retired. The IP stated she felt like she worked 40 hours a week. 3. Review of the facility's P&amp;P titled Infection Control Plan (undated) showed the facility's objectives include to implement systematic effective policies and procedures for detecting and reporting all infections, and to maintain accurate records of nosocomial infections and surveillance. Review of the facility's P&amp;P titled Infection Control Monitoring and Surveillance revised 7/22/19, showed it is the policy of the facility to investigate the cause of infections (nosocomial and community acquired) and the manner of spread. Review of the facility's P&amp;P titled Infection Control Program Revised McGeer's Criteria for Long Term Care revised 7/22/19, showed the IP was assigned the task of oversight for the infection control program. McGeer's criteria would be utilized for infection surveillance. For any suspected infections, the facility will determine if it is a true infection based on the McGeer's criteria. The IP will oversee this process for accuracy and thoroughness of information collected. The IP will review the data and individual assessment sheets every week to determine whether the resident's condition is due to CAI, HAI, or does not meet the McGeer's criteria category for infection. On 6/25/20 at 1005 hours, an interview and concurrent medical record review was conducted with the IP. The IP stated she was hired on 5/12/20, as the facility's DSD and IP and was in charge of the facility's IC program. The IP was asked how many of the resident infections occurred within the facility since her date of hire. The IP stated she did not know the number of resident infections in the facility since her date of hire, which covered the months of May and June 2020. The IP was asked how many residents had received the antibiotics since her date of hire, to which she replied, I don't know. The IP was asked how she identified and tracked the resident infections in the facility. The IP stated she determined whether the resident had an infection based on her nursing experience, and tracked the resident infections using the facility's monthly Infection Prevention and Control Surveillance log. a. Medical record review for Residents 3 and 4 was initiated on 6/23/20. Resident 3 was admitted to the facility on [DATE], and Resident 4 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 3's Physician order [REDACTED]. Review of Resident 4's Physician order [REDACTED]. The IP was asked if Residents 3 and 4 had an infection, to which she replied, she did not know. Review of the facility's Infection Prevention and Control Surveillance Log dated 05/2020, failed to show documentation for Residents 3 and 4 as to whether either resident had an infection. The IP verified the findings. b. Review of the Infection Prevention and Control Surveillance Log dated 05/2020, showed four residents had rashes and one resident had a pressure ulcer. Review of the Infection Prevention and Control Surveillance Log dated 06/2020, showed three residents had rashes and one resident had the chest and hip concerns. Review of the May and June 2000 Infection Prevention and Control Surveillance log sections for HAI, CAI, and McGeer's criteria showed those sections were blank. The IP was asked if any of the residents listed on the May and June 2020 Infection Prevention and Control Surveillance log had an infection, to which she replied, the physician would</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>make that determination. The IP verified she did not utilize the McGeer's criteria for any of the residents and none of these residents had infections based on her nursing experience. The IP was asked how she would determine if there was an outbreak within the facility, to which she replied, by the nurses talking to each other. The IP stated she was uncertain how the HAI, CAI, and McGeer's sections of the Infection Prevention and Control Surveillance Log were utilized. On 6/25/20 at 0831 hours, an interview and concurrent facility record review was conducted with the DON. The DON reviewed the facility's Infection Prevention and Control Surveillance Logs for May and June 2020. The DON stated she did not have any experiences with infection control surveillance and did not understand the form or how to enter data on the form. The DON was asked if she knew how the McGeer's criteria was utilized by the facility. The DON stated she was unfamiliar with McGeer's Criteria. 4. Review of the facility's COVID-19 Mitigation Plan revised 6/23/20, showed all residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation levels (amount of oxygen in the blood) and temperature checks at a minimum of two times per day and documented in the medical record. On 6/23/20 at 1503 hours, an interview and concurrent facility document review was conducted with the IP. The IP stated the resident's temperatures and other symptoms of COVID-19 were monitored only once per day, and the oxygen saturation levels were not being monitored unless there was a physician's orders [REDACTED].-19 Mitigation Plan dated 6/3/20, and revised 6/23/20, for the screening of residents for COVID-19. 5. On 6/24/20 at 1040 hours, an interview was conducted with the IP. The IP was asked if the facility established and implemented a surveillance plan for tracking and monitoring suspected or confirmed the resident and staff COVID-19 cases, and where this information would be documented. The IP stated she had yet to develop a surveillance plan or surveillance form to be used to document the suspected and confirmed COVID-19 cases. On 6/25/20 at 0831 hours, an interview was conducted with the DON. The DON was asked how the facility planned to track and monitor the residents and staff with suspected and diagnosed COVID-19 cases. The DON stated at this time, the facility had not implemented a system to track or monitor the residents and staff with suspected and diagnosed COVID-19 cases. 6. Review of the facility's P&amp;P titled Infection Control Plan (undated), showed the ICC will establish policies and procedures for the investigation, control, and prevention of transmission of disease and infections within the facility. The ICC will meet at least monthly. The ICC agenda includes review of nosocomial resident infections and recommendations for prevention of future infections. Review of the facility's P&amp;P titled Management of COVID-19 Outbreak revised March 2020 showed the rate of COVID-19 infections will be reported to the ICC. On 6/25/20 at 0831 hours, an interview was conducted with the DON. The DON was asked who comprised the facility's ICC. The DON stated the DON, IP, SSD, Activities Director, and Medical Director sat on the ICC. The DON was asked how often the ICC met and if the ICC documented the meetings. The DON stated the ICC met as needed and she was unsure if the ICC documented the record of the meetings. The DON was unable to produce documentation the ICC met in the months of May and June 2020. On 6/25/20 at 1005 hours, an interview was conducted with the IP. The IP was asked if the facility had an ICC, to which she replied, not that she knew of.</p>		