

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2020
NAME OF PROVIDER OF SUPPLIER EL RANCHO VISTA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 8925 MINES AVENUE PICO RIVERA, CA 90660	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to assure resident placement for transmission based precautions (TBP) followed Infection Prevention and Control (IPC) Policies and Procedures (P&Ps) as well as CMS and CDC guidance. Five of ten sampled residents (R1, R2, R6, R7 and R10) who were identified as Person Under Investigation (PUI- meaning they may have been exposed to the [DIAGNOSES REDACTED]-CoV-2 virus ([MEDICAL CONDITION]) and/or were exhibiting symptoms that may suggest possible COVID19 infection) or were newly admitted to the facility with symptoms were placed in the COVID19 positive unit pending results of COVID19 testing. This unit had 12 COVID19 positive residents. In addition, after these residents tested negative for the COVID19 virus the facility kept them place in the COVID19 positive unit (The Red Zone) This deficient practice put these five very vulnerable persons at high risk for contracting the [DIAGNOSES REDACTED]-CoV-2 virus and increased risk for development of severe COVID19 illness and death. On 7/24/2020 the facility moved these residents from the COVID19 positive unit to a newly designated PUI unit. Findings include: On 7/23/2020 beginning at 10:45 AM, review of the floor plan of the facility with the administrator (Adm) and infection preventionist (IP) revealed that they had set up three zones to indicate the level of precautions staff should take to protect and/or treat residents to prevent the spread of contagious infections including COVID 19 infection at the end of March 2020. In May they put in portable separation walls and in June they color coded the sections. Staff in each zone only worked in their assigned zone, unless there was an urgent staffing need in another zone. The Green Zone included rooms 1-8 and housed residents without symptoms and/or who tested negative for [MEDICAL CONDITION]. Staff wore a gown and mask in the hallways of this unit. They donned (put on) additional PPE when taking care of residents. The Yellow Zone identified as the Quarantine Unit included rooms 9-19. Residents housed in this zone did not exhibit symptoms of infections, were newly admitted residents and/or residents who may have been exposed to [MEDICAL CONDITION] without symptoms and recovered residents from the Red Zone who were awaiting a negative test. The staff wore a mask in the hallways and donned additional PPE when caring for the residents. Many residents were seated in the hallway on this unit during the tour. The Red Zone identified as the COVID 19 Unit included rooms 20 - 32. Residents housed on this unit were PUI with symptoms that suggested possible COVID 19 infection and those who tested positive for [MEDICAL CONDITION] and had symptoms. During a tour of the facility beginning at 11:45 AM accompanied by the director of staff development (DSD), while walking toward the Red Zone there was a closet adjacent to the zippered wall of the Red Zone. A staff member opened the zipper and pushed out a linen cart with soiled linen in it. The cart did not have identification or different colored bags to indicate it was from the Red Zone. The staff opened the closet door and pushed the soiled linen cart into the closet. She had no gloves on. After she closed the door and before re-entering the Red Zone curtains the staff did not sanitize her hands. There was a sanitizing station on the outside of the zippered curtain where the staff could have sanitized her hands prior to re-entering the Red Zone. The DSD stated that closet was for soiled linen from the Yellow and Red Zone. Yet there was no designation on the door. The DSD stated there was a sanitizing station just on the inside of the Red Zone curtain. She stated the staff should have sanitized after she handled the soiled linen cart and before re-entering the Red Zone. Later in the afternoon at 1:40 PM, while observing the laundry process, Staff 22 showed the surveyor the soiled linen in a separate and adjacent area from the washing machines. There were three large bins including one for colored items, one for blankets and quilts, and one for white linens. There were two small bins for individual resident clothing. When asked how he identified which linens came from the Red Zone or TBP rooms, Staff 22 stated they do not separate them. He stated he treated all of the linen as if it were from a TBP/Red Zone. Staff 22 stated his was frightened that he would get [MEDICAL CONDITION]. He said he would feel safer if he knew which laundry was contaminated with contagious infections. At approximately 12:55 PM, during an interview, Adm reported the course of their COVID 19 outbreak that began in March 2020. While reviewing the facility surveillance program it was noted that they had residents who had tested negative for [MEDICAL CONDITION] who were housed in the Red Zone, including residents who went to offsite [MEDICAL TREATMENT] center several times per week, even though they had tested negative. When asked why residents who were PUI were not placed in the Yellow Zone the IP stated they did not want other residents who did not have symptoms to get [MEDICAL CONDITION] if those with symptoms did end up with COVID19 positive results. Review of the resident medical records revealed the following: Resident 1: R1 was [AGE] years old admitted to room [ROOM NUMBER]C on 7/21/2020 from the hospital with [DIAGNOSES REDACTED], Diff) a contagious gastrointestinal (GI) infection that causes diarrhea; [MEDICAL CONDITION] (a systemic infection); [MEDICAL CONDITIONS] and diabetes type 2. These [DIAGNOSES REDACTED]. Interdisciplinary note (IDT) note dated 7/22/2020 read in pertinent part: RISK FOR INFECTION RELATED TO EXPOSURE FOR COVID 19 PANDEMIC D/T POSSIBLE EXPOSURE IDT MEETING CONDUCTED RELATING TO: Resident was admitted from acute care hospital on date: 7/21/2020 with [DIAGNOSES REDACTED]. Due to current pandemic, infection control assesses every new admission for their appropriate placement. Resident was having active diarrhea on admission. As with Updated CDC symptoms for COVID-19 includes diarrhea, resident was placed in red zone in private room until facility has her test result ready for COVID-19. The test has been sent to lab, and waiting for test result. With negative result, it's highly suspected to be false negative. Resident might be in incubation period, hence Covid-19 Test has been sent to lab and waiting for test result Review of the 7/23/2020 results revealed the COVID 19 test was negative. Yet during the survey R1 remained in the RED zone in room [ROOM NUMBER]C despite negative COVID19 test results. Resident 2: R2 was [AGE] years old most recently admitted to room [ROOM NUMBER]A the facility on 1/8/2020 with [DIAGNOSES REDACTED]. History of stroke, [MEDICAL CONDITION], dementia and severe malnutrition. R2 was on hospice services. These [DIAGNOSES REDACTED]. Review of the record revealed that the resident was placed in the Red Zone in room [ROOM NUMBER]B and recently moved into room [ROOM NUMBER]A. On 4/1/2020 the resident was sent to the emergency department (ED) with nausea, vomiting and cough with congestion. A COVID19 test was done and revealed a positive COVID19 test and was appropriately kept in the Red Zone. However continued review of the laboratory tests dated 4/25/2020 and 5/15/2020 indicated the resident tested negative for the COVID 19 virus. Review of the IDT meeting notes dated 6/25/20 read in pertinent part as follows: IDT MEETING CONDUCTED RELATING TO: COVID 19 Resident and Responsible party has been notified of potential risk of COVID 19. Resident is being monitored for COVID related signs and symptoms at every shift and as needed. No change in condition has been identified, MD notified on regular basis, no new orders given. IDT conducted to review plan of care. Resident has been tested for COVID-19 on weekly (sic) basis as a part of mitigation plan which was submitted and approved by California Department of Public Health. As resident has tested negative for COVID-19, resident will be moved to step down unit called as yellow zone under contact + droplet transmission-based precautions for next 14 days. Once the decision will be finalized by our clinical team, resident will be transferred to yellow COVID zone. Review of the IDT meeting notes dated 7/2/20 read in pertinent part as follows: IDT MEETING CONDUCTED RELATING TO: COVID 19 Facility has initiated test-based strategy to move the patient from COVID zone to non COVID zone. Facility follows the mitigation plan which was submitted and approved by California department of public health. Resident and family are notified on regular basis for current status and probable change on placement. With weekly test result,</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1) resident will be moved out of contact and droplet precautions. Department of public health is being notified (sic) for every resident by facility leadership team. Yet during the survey R2 remained in room [ROOM NUMBER]A in the Red Zone despite negative COVID19 test results. Review of additional documentation the facility provided on 7/30/2020, weekly Social Service Notes dated 6/26/2020; 7/13/2020; 7/10/2020 and 7/16/2020 indicated the SSD had notified the family that the facility decided to keep the resident in the Red Zone despite negative COVID19 test because the resident had to be suctioned of excess secretions. Resident 6: R6 was a [AGE] year old admitted to room [ROOM NUMBER]B on 7/21/2020 with [DIAGNOSES REDACTED]. Diff infection of the GI tract; and contact with [MEDICAL CONDITION] communicable disease (COVID19). History of [MEDICAL CONDITION], heart failure, [MEDICAL CONDITION] and [MEDICAL CONDITION]. These [DIAGNOSES REDACTED]. Review of the infection control screening tool dated 7/21/20 indicated symptoms of COVID that included diarrhea and malaise. The results of the COVID19 test from the hospital were negative. The IDT note dated 7/22/20 read in pertinent part as follows: IDT MEETING CONDUCTED RELATING TO: INFECTION CONTROL NOTES Resident was admitted from acute care hospital on [DATE]: with [DIAGNOSES REDACTED].! foot sx.[MEDICAL CONDITIONS], AFIB, HTN,[MEDICAL CONDITION] left foot, OM, Depression. Due to current pandemic, infection control assesses every new admission for their appropriate placement. Resident was having active diarrhea on admission. As with Updated CDC symptoms for COVID-19 includes diarrhea, resident was placed in red zone in private room until facility has his test result ready for COVID-19. The test has been sent to lab, and waiting for test result. (Sic) Yet during the survey R6 remained in the Red Zone in room [ROOM NUMBER]B in despite negative COVID19 test results. Resident 7: R7 was a [AGE] year old admitted to room [ROOM NUMBER]B on 7/21/2020 with [DIAGNOSES REDACTED].Diff; [MEDICAL CONDITIONS], end stage [MEDICAL CONDITIONS] dependent on [MEDICAL TREATMENT]; [MEDICAL CONDITION]; on Anticoagulants (blood thinner). History of dementia, pneumonia [MEDICAL CONDITION]. These [DIAGNOSES REDACTED]. Review of the 7/21/20 Infection Control Screening document revealed the following: Symptoms reported included diarrhea and malaise. COVID 19 test done and results were negative. C.Diff test results were positive. Review of the IDT noted dated 7/22/20 read in pertinent part as follows: IDT MEETING CONDUCTED RELATING TO: INFECTION CONTROL NOTES Resident was admitted from acute care hospital on [DATE]: with [DIAGNOSES REDACTED].I. bleeding, [MEDICAL CONDITIONS], Dementia. Due to current pandemic, infection control assesses every new admission for their appropriate placement. Resident was having active diarrhea on admission. As with Updated CDC symptoms for COVID-19 includes diarrhea, resident was placed in red zone in private room until facility has her test result ready for COVID-19. The test has been sent to lab, and waiting for test result. Physician orders [REDACTED]. On 7/23/2020 results for this test were negative. Yet during the survey R7 remained in room [ROOM NUMBER]B in the Red Zone despite negative COVID19 test results. Resident 10: R10 was [AGE] year old admitted to the Red Zone in room [ROOM NUMBER]A on 6/20/2020 (originally admitted on [DATE]) for orthopedic aftercare. [DIAGNOSES REDACTED]. History of [MEDICAL CONDITION] dependent on [MEDICAL TREATMENT], diabetes type 2 and [MEDICAL CONDITION]. These [DIAGNOSES REDACTED]. Review of laboratory results from the hospital dated 6/22/20 indicated COVID negative, not detected. Review of the Modified(NAME)Scale COVID-19 symptom monitoring indicated the resident had no symptoms between 7/20/2020 and 7/26/2020. IDT notes dated 7/2/2020 read in pertinent part as follows: IDT MEETING CONDUCTED RELATING TO: COVID 19 Facility has initiated test-based strategy to move the patient from COVID zone to non COVID zone. Facility follows the mitigation plan which was submitted and approved by California department of public health. Resident and family are notified on regular basis for current status and probable change on placement. All healthcare workers follow infection control guideline to prevent COVID-19 re-exposure. Patient safety is our priority. With weekly test result, resident will be moved out of contact and droplet precautions. Yet during the survey R10 remained in room [ROOM NUMBER]A in the Red Zone despite negative COVID19 test results on 7/16/2020. On 7/27/2020 at approximately 10:30 AM, during a phone interview with the facility's infectious disease specialist, MD2 acknowledged that placing PUI residents in the COVID19 positive unit put those who did not have [MEDICAL CONDITION] at greater risk of contracting the [DIAGNOSES REDACTED]-CoV-2 virus and developing severe illness or death from COVID19. MD2 stated on 7/24/2020 the facility had reconfigured the RED Zone to assure that only COVID19 positive residents were placed in this unit. Residents R1, R2, R6, R7 and R10 were placed in the expanded Yellow Zone. During a phone interview on 7/30/2020 at approximately 3:30 PM, the surveyor, Adm., IP and DSD reviewed the reasons the residents above were placed and continued to be housed in the Red Zone despite negative results of the COVID19 test. Reasons included that the residents may give residents [MEDICAL CONDITION] if they were housed in the Yellow zone; R1, R6 and R7 had diarrhea - yet they were negative for COVID19 but positive for [DIAGNOSES REDACTED] infection; R2 was on hospice and had to be suctioned for excessive secretions (a common condition when people are at the end of their life); and R10 went to an offsite [MEDICAL TREATMENT] center several times per week. They acknowledge these reasons did not make sense to keep these residents from contracting [DIAGNOSES REDACTED]-CoV-2 from the COVID19 positive residents who were housed in the same unit. In addition the facility acknowledged that the IDT notes for five residents R1, R2, R6, R7 and R10 indicated the facility would move these residents out of the COVID19 zone to the non-COVID19 zone until their test results were ready (presuming a negative result); however they did not move them after the residents tested negative for COVID19. For Residents who required [MEDICAL TREATMENT] treatment at an outside [MEDICAL TREATMENT] center, Adm. stated the facility wanted these residents to stay in the Red Zone because of their frequent exposure to the community (which is an identified hot spot for the spread of COVID19). Although the facility had a Yellow Zone that was the quarantine unit, they did not place these residents who were PUI in this unit as required by their Policies and Procedures until after the surveyor had found this deficient practice. Adm stated stated that on 7/24/2020 the facility had reconfigured the RED Zone by designating the last four rooms 29 -32 as the new RED Zone, moved COVID19 positive residents in to these rooms and created an expanded Yellow Zone the PUI unit to include rooms 20 -28. Residents R1, R2, R6, R7 and R10 were placed in the PUI unit. All of these residents had been retested on [DATE] and results were negative for all of them. Review of the policies and procedures for placement of residents during the COVID19 pandemic read in pertinent part as follows: Designation of Areas to Contain the Spread of COVID-19 Infection Purpose: Elderly persons and those with chronic medical conditions have a higher risk of severe illness and death from COVID-19 infection: as a result, the Facility has reinforced the existing infection control policies to include a mitigation plan for containing COVID-19 if it enters the Facility. Policy: To minimize the risk of transmission of COVID-19, THE Facility will keep separate residents who are infected with COVID-19, residents who are suspected or potentially infected (PUI) and residents who are low risk or free from COVID-19 infection. Procedure: 1. The facility will identify three distinct areas in the facility to place resident: A. RED for residents who are infected with COVID-19. B. YELLOW for residents who are suspected to be infected with COVID-19 and C. GREEN for residents who are free from COVID-19 infection. Review of the CDC guidance at the following URL: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html> Read in pertinent part: Responding to Coronavirus (COVID-19) in Nursing Homes Considerations for the Public Health Response to COVID-19 in Nursing Homes Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19 New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty.</p>		

