

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MANORCARE HEALTH SERVICES-HEMET</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1717 WEST STETSON AVENUE HEMET, CA 92545</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</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 observation, interview, and record review, the facility failed to implement proper infection control practices in preventing transmission of the [MEDICAL CONDITION] infection (Covid-19 - virus causing respiratory symptoms), when: 1. Two licensed staff did not practice proper storage of N95 mask (a specialty mask used in the industrial or medical setting that filters at least ninety-five percent (95%) of particles suspended in air) during their breaks; and 2. One facility staff (Housekeeper) did not perform proper hand hygiene practices while cleaning the resident's room. These failures had the potential to result in the spread of COVID-19 infection to residents and staff. Findings: a. On September 9, 2020, at 9:01 a.m., a focused survey was conducted to investigate facility compliance on appropriate infection control and prevention practices. On September 9, 2020, at 9:51 a.m., the Infection Preventionist (IP) was interviewed. She stated the staff would store their N95 in an individual paper bag while on their break, and keep the bag inside their personal lockers. On September 9, 2020, at 11:21 a.m. A licensed vocational nurse (LVN 1) was observed restocking her treatment cart in front of the central supply room. LVN 1 was observed to be wearing an N95 mask and a plastic face shield. In concurrent interview, LVN 1 stated she would place her N95 inside her pocket during her break. She stated the facility provided the staff a brown paper bag to store the N95, when not in use. However, she stored clean stuff in the paper bag so she placed her N95 in her pocket instead. On September 9, 2020, at 1:08 p.m., the Administrator stated LVN 1 should have not placed the N95 mask in her pocket during her break, and that staff were given brown paper bags to use for storing the N95 during breaks. On September 9, 2020, at 1:33 p.m., Registered Nurse (RN) 1 was interviewed, and stated she would place her N95 mask in her pocket, during her break. RN 1 stated she would place her N95 in the brown paper bag provided by the facility at the end of the shift for storage. On September 9, 2020, at 2:12 p.m., the Administrator stated RN 1 should have not placed the N95 mask in her pocket during her break, and that staff were given brown paper bags for storing N95 in between mask use. A review of the web article from the Centers for Disease Control (CDC) titled, Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Face Piece Respirators in Healthcare, dated March 27, 2020, indicated, .Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly . b. On September 9, 2020, at 11:58 a.m., during an observation of a housekeeper (HK 1) while conducting environmental cleaning of the resident's rooms, the following were observed: a. HK 1 was mopping the floor inside room [ROOM NUMBER] wearing personal protective equipment (PPE- equipment worn by an individual for the protection against infectious material) which included an N95 mask and a plastic face shield. However, HK1 was observed not wearing gloves. ; b. HK 1 exited room [ROOM NUMBER], and discarded the used mop head with her bare hands; and c. HK 1 donned (put on) a pair of gloves and went inside room [ROOM NUMBER]. HK 1 was observed donning a new pair of gloves without performing any hand hygiene. On September 9, 2020, at 12:10 p.m., HK 1 was interviewed. She stated her assigned unit for the day was the observation unit (unit of the facility dedicated to the newly admitted residents under the 14-days observation for COVID 19 symptoms). HK 1 stated she was not wearing gloves when she was mopping the floor in room [ROOM NUMBER], and neither did she perform hand hygiene after touching the mop head she used in mopping the floor of the room. In addition, HK 1 stated she did not perform hand hygiene prior to donning a new pair of gloves to conduct environmental cleaning of another resident's room (room [ROOM NUMBER]). HK1 was unable to verbalize on whether there was a need to change gloves in between tasks. HK 1 stated she recently attended an infection control in-service conducted by the facility; however, she was not sure when to perform hand hygiene in between tasks. On September 9, 2020, at 1:08 p.m., the Director of Nursing (DON) was interviewed, and stated HK1 and the other housekeeping staff were expected to know proper PPE use and proper hand hygiene practices. In a concurrent interview with the Administrator (ADM), she stated HK1 should have known when to change gloves and perform proper hand hygiene. A review of the facility policy and procedure titled, Infection Control Manual .Practice Guidelines .Hand Hygiene ., dated May 2013, indicated, .Hand hygiene is the single most important measure for reducing the risk of the spread of infection. Hand hygiene is part of standard precautions. It can reduce the transmission of healthcare associated infections to patients and staff. The term hand hygiene includes either handwashing with soap and water or use of waterless hand sanitizer products (gels, rinses, foams) .The following is a list of some situations that require hand hygiene .before applying gloves .after removing gloves or aprons .after touching items or surfaces in the immediate care area even if the patient wasn't touched . A review of the document titled, Infection Control Manual .Practice Guidelines .Hand Hygiene .Guidelines for Waterless Hand Sanitizers, dated May 2013, indicated, .Studies indicate that the use of waterless hand sanitizer can decrease infection rates and provide an additional tool for an effective infection control program .To effectively destroy or remove transient microorganisms from hands, all surfaces of the hands are covered with alcohol-based hand rub and friction is applied until dry .Waterless hand sanitizers may be used at the following times unless hands are visibly soiled or the patient has [DIAGNOSES REDACTED]cile .before entering and exiting patient's room .before and after glove use .after contact with objects and equipment in patient's immediate vicinity .</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.