

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		C(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A137		C(2) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		C(3) DATE SURVEY COMPLETED C 10/16/2020	
NAME OF PROVIDER OR SUPPLIER LAUREL PARK BEHAVIORAL HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1425 LAUREL AVENUE POMONA, CA 91767			
C(4) ID PREFIX TAG F 000		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG F 000		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 880 SS-E		<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a COVID-19 INFECTION PREVENTION SURVEY and complaint visit.</p> <p>A COVID-19 Infection Prevention survey and complaint visit was conducted by the California Department of Public Health on 9/5/20.</p> <p>Complaint number: CA00703926 and CA00703947</p> <p>Representing the Department: HFEN # 36290</p> <p>The inspection was limited to the specific COVID-19 Infection Prevention survey and complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for the COVID-19 Infection Prevention survey and complaints numbers CA00703926 and CA00703947.</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program: The facility must establish an infection prevention and control program (IPCP) that must include, at</p>		F 880		<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Laurel Park Behavior Health Center does not admit that the deficiency listed on this form exist, nor does Laurel Park Behavior Health Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. Laurel Park Behavior Health Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>Tracy Chiara</p> <p>F 880; SS-E; 483.80(a)(1)(2)(4)(e)(f)</p> <p>INFECTION CONTROL A. What and how corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> Resident 1 was asked to move 6 feet away from other residents. Administrator adjusted her mask to correct position. Trash bin moved away from isolation cart. Linen bins pushed against/facing the wall and covered with a blanket so that all items were enclosed. 9/8/2020 LVN who was hired for IP nurse 2 days a week, 16 hours, started working at Laurel Park. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

C(3) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 30 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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(K3) DATE SURVEY COMPLETED C 10/16/2020	FACILITY'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			

F 680 Continued From page 1		F 680	
<p>a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved; and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(V) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p>		<p>B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken:</p> <p>On 10/19/20 DSD/JP LYN conducted a walk through the facility grounds to observe for:</p> <p>a. Any residents not practicing social distancing. None were identified.</p> <p>b. Any staff incorrectly wearing their mask. None were identified.</p> <p>c. Any isolation carts next to trash bins. None were identified.</p> <p>d. Any bags in the dirty linen bin open to the air. None were noted.</p> <p>e. For the week of 10/11/20 - 10/17/20 the administrator audited the IP hours and noted that 40 hours had been provided.</p> <p>C. What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur:</p> <p>10/20/20 - 10/26/20 training was conducted by IP nurses with facility staff regarding:</p> <p>a. Ensuring residents and staff maintain social distancing.</p> <p>b. Correct way to wear a surgical mask.</p> <p>c. Mindfulness regarding infection control; including not allowing trash bins to be placed next to isolation carts.</p> <p>d. How to ensure that facility handles, stores and transports linens to prevent spread of infection.</p> <p>e. Ensuring there are 40 hours a week of infection preventionist.</p>	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 007X11

Facility ID: CA050000033

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F 880	<p>Continued From page 2</p> <p>\$483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>\$483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>\$483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record review, the facility failed to maintain infection control practices as follows:</p> <p>a. One of 42 residents (Resident 1) did not practice physical distancing while standing in the line for lunch line.</p> <p>b. One of one Administrator did not wear a surgical face mask (part or full face covering) with the top part of the mask underneath the nose.</p> <p>c. Two of two trash bins in the yellow zone (area to monitor residents potentially exposed to COVID-19 virus) and red zone (area to monitor residents positive for COVID-19 Virus) were located right next to the isolation carts.</p> <p>d. One of four dirty linen bins was not left open to air with contaminated linen bags inside the bin open and not sealed.</p> <p>e. The facility did not ensure the Infection Preventionist (IP, a professional who ensures</p>	F 880	<p>D. How the facility plans to monitor its performance to make sure that solutions are sustained: Weekly during a facility walk through the IP nurse will check to ensure that residents are social distancing, staff are correctly wearing their masks, trash bins and isolation carts are not located near one another, and that all dirty linen in the linen bin are sealed. Weekly the administrator will audit the IP hours to ensure that 40 IP hours were provided. Facility administrator will compile the information collected during the IP walk through & hours audit into an aggregate form. This aggregate information will be brought by administrator to the Quality Assurance and Performance Improvement (QAPI) committee for 4 consecutive weeks and two consecutive months. Findings will be reviewed by the QAPI committee who will, depending on results, determine if intervention needs to continue.</p> <p>Monitored By: Administrator</p> <p>Date of Completion: 10/26/20</p>		

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F 880	<p>Continued From page 3</p> <p>healthcare workers and patients are doing all the things they should to prevent infections) worked a full-time dedicated role.</p> <p>These deficient practices had the potential to result in not fulfilling the IP duties and responsibilities, cross contamination and the spread of COVID-19 (a highly contagious respiratory disease caused by the SARS-CoV-2 virus thought to spread from person to person through droplets released when an infected person coughs, sneezes, or talks) between the residents and staff.</p> <p>Findings:</p> <p>On 9/5/20 at 11:09 a.m., a facility visit was conducted to investigate a new COVID-19 infection and to conduct an infection control survey (ICS).</p> <p>a. On 9/5/2020 at 12:05 p.m., a walkthrough of the facility accompanied by the Director Of Nursing (DON) was conducted. Residents were observed lined up across the dining room. Resident 1 was standing first in line and Resident 2 was sitting on a bench about two feet away from Resident 1. Resident 1 was not wearing a face mask and no staff was present to monitor the area, encourage and or remind the residents the importance of wearing a face mask.</p> <p>On 9/5/2020 at 12:10 p.m., during an interview, the DON stated that staff are responsible to monitor and ensure that the residents' practice six feet physical distancing and staff should be monitoring that area.</p> <p>On 10/8/20 at 9:19 a.m., during an interview,</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>Administrator stated that the facility should constantly be reminding residents about physical distancing. Administrator stated that the residents no longer dined in the dining room, ate in their rooms and "No more meal lines." The Administrator stated there is a risk of resident to resident contamination when six feet physical distancing is not maintained. The Administrator stated the Centers of Disease Control and Prevention (CDC, the branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation) encourages six feet distancing between persons to help prevent the spread of COVID-19.</p> <p>On 10/8/20 at 9:17 am., during an interview, Administrator stated that the proper placement of a surgical mask was over and around the nose to ensure the mask was fixed around nose, the bottom of the mask just under your chin. Administrator stated that the mask "it slipped under." it's not appropriate.</p> <p>According to the Centers of Disease Control and Prevention/Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings (undated) indicated that masks should fully cover the nose and mouth and prevent fluid penetration. Masks should fit snugly over the nose and mouth. For this reason, masks that have a flexible nose piece and can be secured to the head with string ties or elastic are preferable. https://www.cdc.gov/hai/pdfs/ppe/PPEslides6-29-04.pdf</p> <p>A review of the Coronavirus Disease 2019</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Guidelines for Preventing & Managing COVID-19 in Skilled Nursing Facilities/COVID-19 Prevention - General and Administrative Practices updated 10/6/2020 indicated that reinforcement of physical distancing, hand hygiene, and universal source control. Residents should remain in their room as much as possible and should be encouraged to wear a face covering if they leave. Remind residents to practice physical distancing and perform frequent hand hygiene. Residents who have underlying cognitive conditions should not be forcibly kept in their rooms nor forced to wear a face covering.</p> <p>http://ph.lacounty.gov/acd/ncorona2019/snf.htm#infectionPrevention</p> <p>According to the Centers of Disease Control and Prevention/COVID-19 updated 7/15/20 indicated that healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission. Arranging seating in waiting rooms so patients can sit at least 6 feet apart.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</p> <p>A review of the Coronavirus Disease 2019 (COVID-19) Mitigation Plan/Appendix S indicated that residents are monitored during mealtime outside of the dining room to ensure that there is a proper flow and to ensure social distancing in the line.</p> <p>b. On 9/5/2020 at 12:18 pm., during an</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>observation, the Administrator joined the walkthrough of the facility and was wearing a surgical mask with the top of mask underneath her nose</p> <p>c. On 9/5/2020 at 3:34 p.m., during an observation, one yellow room zone and one red room were right next to each other. Certified Nurse Assistant 1 (CNA 1) was sitting right outside the red room. In front of the yellow and red rooms, was a trash bin located half an index finger away from the isolation cart. The isolation cart contained clean disposable gowns inside.</p> <p>On 9/5/2020 at 3:40 p.m., during an observation, CNA 1 came out of the yellow room and removed the isolation gown right outside of the room. CNA 1 discarded the isolation gown in the trash bin located right next to the isolation cart. The contaminated gown touched the isolation cart.</p> <p>On 9/5/2020 at 3:41 p.m., during an interview, the DON stated the trash bin will be moved to another location.</p> <p>According to the Centers of Disease Control and Prevention/COVID-19 updated 6/25/20 indicated that given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms. As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP). https://www.cdc.gov/coronavirus/2019-ncov/hcp/</p>	F 880			

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F 880	Continued From page 7 ong-term-care.html A review of the Coronavirus Disease 2019 (COVID-19) Mitigation Plan indicated that the facility will position trash disposal bins as near as possible to the exit inside of the resident room to make it easy for the staff to discard personal protective equipment (PPE, gowns, gloves, and masks). d. On 9/5/2020 at 2:34 p.m., during an observation with Housekeeping Floor Technician (HFT), four large bins about 5'6" tall, were located in front of the housekeeper's office. One of the bins did not have covering and was open to air. Inside the open bin was a torn clear bag with several towels hanging out and exposed to air. On 9/5/2020 at 2:35 p.m., during an interview, the HFT stated that the area the large bins were located is area for "dirty linen." The HFT stated that the "dirty linen" should be bagged, sealed, and the bin should be covered. On 9/5/2020 at 2:57 p.m., during an interview, the Administrator stated that the facility system is for staff to place the "dirty linen" inside a bin, tie the plastic bag when full, and wheel the bin to the "dirty linen" area and then place the tied bags inside in the large bins. The Administrator stated double bagging contaminated linen may be necessary to avoid tearing of plastic bags. A review of the facility's "Linen Handling policy and procedure revised 11/15/19, indicated that all linen will be handled, stored, transported, and processed to contain and minimize exposure to waste products. Soiled linen should be bagged or directly placed in covered container at the	F 880			

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F 880	<p>Continued From page 8</p> <p>location where removing linen.</p> <p>e. On 9/5/2020 at 11:33 am., during an interview, the DON stated that the facility does not have a full-time infection preventionist and that IP 1 worked dedicate role as an IP approximately 16 hours per week. The DON stated that the facility's trained IP stopped working one week ago.</p> <p>On 9/6/20 at 1 pm., during an interview, the Administrator stated the facility does not have a full-time infection preventionist and is aware that the IP is a dedicated role who must be full-time, 40 hours a week.</p> <p>A review of the Coronavirus Disease 2019 (COVID-19) SNF (skilled nursing facility) Mitigation Plan Glossary, attachment from All Facilities Letter 20-52, indicated that the definition of a full-time infection preventionist was:</p> <ol style="list-style-type: none"> 1. One or more individuals who are responsible for the facility's infection prevention and infection control program. The IP must work 40 hours per week at the facility for the duration of the declare emergency (COVID 19) and have completed specialized training on infection prevention and control. 2. More than one staff member can share this role; however, only direct care hours can be counted towards direct care service hours per patient day staffing requirements. An IP may be considered a direct caregiver only when providing nursing services beyond the hours required to carry out the duties of the IP role, as long as these additional nursing hours are separately documented. <p>A review of the facility's Coronavirus Disease 2019 (COVID-19) Mitigation Plan (undated)</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Indicated, under the infection and prevention control category, that IP 1 would perform this role full-time at the facility.</p> <p>A review of the Infection Prevention and Control Program (IPCP) Description, revised 3/11/19 indicated that the IPCP is facilitated through a coordinated effort that included IP 1's involvement. The IP develops, implements, monitors and maintain the IPCP and fulfills the basic requirements for the role. In order to carry out the major activities of the program, the IP has multiple responsibilities.</p> <p>A review of the Coronavirus Disease 2019 (COVID-19) Mitigation Plan indicated that the IP is a shared 40-hour role between IP 1 and an RN.</p>	F 880		