POC Accepted 06623 10-9-18

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

PRINTED: 09/27/2018
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555690 | A. BUILDING _____ B. WING _____ | C 09/27/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ALAMEDA CARE CENTER | 925 W. ALAMEDA AVE. BURBANK, CA 91506 |

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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the Department of Public Health during the investigation of an entity-reported incident.<br><br>Entity-reported incident: 582466<br><br>Representing the Department:<br>#36203, HFEN<br><br>The inspection was limited to the specific complaints / entity-reported incidents investigated and does not represent the findings of a full inspection of the facility.<br><br>One deficiency was written as a result of entity-reported incident number 582466. | F 000 | This plan of correction does not constitute admission and/or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared as required by regulation. To remain in compliance with all Federal and State regulations, the Center has taken or will take the actions set forth in the following plan of correction. **This plan of correction constitutes my written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.** | |
| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>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.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§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 | F 880 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 10/7/2018

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 880 | Continued From page 1<br>providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(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<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens. | F 880 | | |

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| F 880 | Continued From page 2<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review.<br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interview and record review, the facility failed to follow the proper isolation precautions and to provide personal protective equipment (PPE, which includes a gown and gloves). 5 out of twenty three residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) were tested positive for scabies. Scabies is a contagious, intensely itchy skin condition caused by a tiny, burrowing mite. It is contagious and spreads quickly through close physical contact (skin to skin) in a family, school, or nursing home. This deficient practice has the potential for the further spread of this infection.<br><br>Findings:<br><br>a. According to the Admission Face Sheet, Resident 1 was admitted to the facility on 12/4/15 with the diagnoses that includes hypertension (high blood pressure) and dementia (a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform every day activities).<br><br>The Minimum Data Set (MDS)[an assessment and care plan screening tool], dated 11/1/18, indicates Resident 1 is cognitively impaired and unable to communicate. According to the assessment the resident requires extensive assistance with one person for activities of daily | F 880 | **F 880**<br><br>**How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**<br><br>Corrective action: On 4/19/2018 Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 had their care plans reviewed and updated indicating the placement of contact isolation. Stop signs were posted at the doorway. Personal protective equipment was made available for all staff and visitors by room doorways. Daily monitoring by nursing team to ensure signs and personal protective equipment are in place. | |

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| F 880 | Continued From page 3<br>living (ADLs) such as bathing, transfers, dressing and personal hygiene.<br><br>A review of lab results dated 4/13/18 indicates Resident 1 tested positive for scabies.<br>A review of the physician orders dated 4/12/18, indicated Resident 1 was to receive Elimite (an anti-parasite used to treat scabies. ELIMITE (Trademark) (permethrin) 5% Cream is a topical scabicidal agent for the treatment of infestation with Sarcoptesscabiei (scabies). It is available in an off-white, vanishing cream base. ELIMITE (Trademark) (permethrin) 5% Cream is for topical use only) and Ivermectin (an oral antiparasitic agent) once a week for 4 weeks.<br><br>A review of the Medication Administration record indicated Resident 1 received the first doses of Elimite cream and Ivermectin on 4/12/18 with the next doses schedule for 4/19/18, 4/26/18 and 5/3/18.<br><br>A review of the scabies care plan initiated on 4/11/18, indicates contact isolation precautions were not initiated for Resident 1. The care plan did not address that the resident was on contact Isolation precautions for 24 hours plus after the Elimite cream was applied to the resident's body.<br><br>b. According to the Admission Face Sheet, Resident 2 was admitted to the facility on 1/13/16 and was readmitted on 5/1/17 with the diagnoses that includes Alzheimer's disease (a form of dementia that results in memory loss and confusion), depression (Dementia is not a specific disease. It's an overall term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform | F 880 | Contact isolation precautions for Resident 1 was discontinued on 05/09/2018 due to resolution of infection. Resident 2 contact precautions was discontinued on 05/09/2018 due to resolution of infection. Resident 3 contact isolation precautions was discontinued on 04/23/2018 due to transfer to acute hospital. Resident 4 contact isolation precautions were discontinued on 05/09/2018 due to resolution of infection. Resident 5 contact isolation precautions was discontinued on 05/23/2018 due to resolution of infection. | |

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| F 880 | Continued From page 4<br>everyday activities. Alzheimer's disease accounts for 60 to 80 percent of cases and anxiety).<br><br>The MDS (Minimal Data Set) [An assement and care plan screening tool] dated 3/16/18, indicates Resident 2 is cognitively impaired and unable to communicate effectively. The resident requires limited to extensive assistance with ADLs, using at least one person physical assist.<br><br>A review of the lab results dated 4/13/18, indicates Resident 2 was tested positive for scabies.<br><br>A review of the physician orders dated 4/12/18, indicates Resident 2 was to receive Elimite cream (an anti-parasite used to treat scabies) and Ivermectin (an oral antiparasitic agent) once a week for 4 weeks.<br><br>A review of the Medication Administration record indicates Resident 2 received the first doses of Elimite cream and Ivermectin on 4/12/18 with the next doses schedule for 4/19/18, 4/26/18 and 5/3/18.<br><br>A review of the scabies care plan initiated on 4/11/18 indicates contact isolation precautions were not initiated for Resident 2.<br><br>c. According to the Admission Face Sheet, Resident 3 was admitted to the facility on 4/15/18 and readmitted on 3/24/18 with the diagnoses that includes Dementia (Dementia is not a specific disease. It's an overall term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) and Alzheimer's Disease (a | F 880 | **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**<br><br>All residents who reside in the facility had the potential to be affected by this alleged finding. All residents residing in the facility were treated prophylactic, all laundry was systematically washed, and facility was deep cleaned in all areas to eliminate any potential threat towards the spread of infection. All residents were monitored on a weekly basis for any new skin infections. No new infections were found. No negative outcome from the alleged deficient practice had been noted. Facility was cleared by public health on 06/02/2018. | |

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| F 880 | Continued From page 5<br>form of dementia that results in memory loss and confusion).<br><br>The MDS dated 4/18/18 indicates Resident 3 is cognitively impaired and able to answer some questions. The resident requires limited to extensive assistance with ADLs, using at least one person physical assist.<br><br>A review of the lab results dated 4/13/18 indicates Resident 3 was tested positive for scabies.<br><br>A review of the physician orders dated 4/12/18 indicates Resident 3 was to receive elimite (an anti-parasite used to treat scabies) and Ivermectin (an oral antiparasitic agent) once a week for 4 weeks.<br><br>A review of the Medication Administration record indicates Resident 3 received the first doses of elimite and ivermectin on 4/12/18 with the next doses schedule for 4/19/18, 4/26/18 and 5/3/18.<br><br>A review of the scabies care plan initiated on 4/11/18, indicates Resident 3 was placed on contact isolation precautions without a specified time frame.<br><br>d. According to the Admission Face Sheet, Resident 4 was admitted to the facility on 9/25/17 and was readmitted on 10/2/17, with the diagnoses that inlucdes Alzheimer's disease and dementia.<br><br>The MDS dated 4/5/18 indicates Resident 4 is cognitively impaired and is able to answer some questions. The resident requires supervision for ADLs and does not require physical assistance. | F 880 | **What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:**<br><br>Staff was educated on facility protocols for personal protective equipment, contact precaution signs, and infection control on handwashing. In-servicing was conducted by the Infection Control Preventionist / Staff Developer or designee completed on 04/24/2018.<br><br>Facility will ensure that nursing management team will monitor daily and identify any potential risk of infection. If any risk identified; timely contact isolation precautions will be implemented. Including the act of posting all necessary signs, providing all necessary personal protective equipment, and updating the plan of care. | |

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| F 880 | Continued From page 6<br>A review of lab results dated 4/13/18 indicates Resident 4 was tested positive for scabies.<br><br>A review of the Physician orders dated 4/12/18 indicates Resident 4 was to receive elimite (an anti-parasite used to treat scabies) and Ivermectin (an oral antiparasitic agent) once a week for 4 weeks.<br><br>A review of the Medication Administration record indicates Resident 4 received the first doses of Elimite and Ivermectin on 4/12/18 with the next doses schedule for 4/19/18 and 4/26/18.<br><br>A review of the scabies care plan initiated on 4/11/18 indicates contact isolation precautions were not initiated for Resident 4.<br><br>e. According to the Admission Face Sheet, Resident 5 was admitted to the facility on 7/28/17 with the diagnoses that includes dementia, depression, and anxiety.<br><br>The Minimum Data Set (MDS) dated 2/23/18 indicates Resident 5 is cognitively impaired and unable to answer all questions. The resident requires limited assistance with ADLs, using at least one person to physically assist.<br><br>A review of laboratory results dated 4/13/18, indicated Resident 5 tested positive for scabies.<br><br>A review of the Physician orders dated 4/12/18, indicated Resident 5 was to receive Elimite cream (an anti-parasite used to treat scabies) and Ivermectin (an oral antiparasitic agent) once a week for 4 weeks.<br><br>A review of the Medication Administration record | F 880 | **How the facility plans to monitor its performance to make sure that solutions are sustained.**<br><br>The Director of Nursing Services (DNS), or designees, will complete random weekly chart audits for six (6) consecutive weeks and quarterly thereafter. As well as review all infection risk incidents to ensure that appropriate interventions have been put in place to reduce the risk of any spread of infection and that care plans have been updated to reflect these interventions.<br><br>Director of Staff Development/ Infection Control Preventionist or designee will do monthly in-servicing on Infection control precautions and procedures for three months and quarterly thereafter.<br><br>Administrator will communicate findings in the QA meeting time three months to ensure effectiveness of the monitoring and to make sure plans are in good standing. | |

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| F 880 | Continued From page 7<br>indicates Resident 5 received the first doses of Elimite and Ivermectin on 4/12/18, with the next doses schedule for 4/19/18, 4/26/18 and 5/3/18.<br><br>A review of the scabies care plan initiated on 4/11/18, indicated contact isolation precautions were not initiated for Resident 5.<br><br>During an initial tour of the facility on 4/19/18 at 9:30 a.m., there were no isolation signs and no evidence of PPE equipment seen throughout the facility.<br><br>During an interview in 4/19/18 at 10 a.m., the Licensed Vocational Nurse (LVN 1 - infection control nurse) stated, there were 5 confirmed cases of scabies (Residents 1-5) and no one was placed on contact isolation. There were no signs throughout the facility that showed which rooms were contact isolation and there were no PPE equipment made available to the staff, visitors and residents.<br><br>During a phone interview on 4/19/18 at 11:22 a.m., the Public Health Nurse (PHN) stated, the facility was to place the symptomatic residents on contact isolation and PPE should be available.<br><br>During an interview on 4/19/18 at 11:53 a.m., the Director of Nursing (DON) stated, PPE was not made available to the staff and no one has been wearing gowns. She further stated, no residents have been placed on contact isolation.<br><br>During an interview on 4/19/18 at 12:12 p.m., a Certified Nurse's Aide stated, there is a scabies outbreak in the facility and no residents were placed on isolation and no PPE was available for use. | F 880 | | |

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During an interview on 4/19/18 at 12:23 p.m., LVN 2 stated, there are residents in the facility that were positive for scabies. These residents should be on contact isolation which would require a gown and gloves during contact however, LVN 2 did not use it when caring for Resident 1.

On 4/19/18 at 12:50 p.m., staff was observed going in and of rooms and the dining rooms without any PPE. There was no evidence of contact precaution signs and no PPE in front of the rooms for Residents 1, 2, 3, 4, and 5.

A review of the Scabies Prevention and Control Guidelines for Acute and Long-Term Care Facilities provided by the Department of Public Health indicates residents with suspected scabies are to be placed on contact precautions immediately. Residents with scabies are to be placed on contact precautions during the treatment period, 24 hours after the last application of scabicides is applied. A person is probably able to spread scabies from the moment of contact until after all treatment is complete.

The facility's undated policy and procedure titled, "Scabies- Prevention and Control," indicates the purpose the policy is to establish guidelines for the prevention and control of scabies. The objective is to control further transmission and identify the possible cases of scabies infection as soon as possible. As soon as scabies is confirmed or suspected, the resident exhibiting symptoms on contact isolation precautions. During a scabies outbreak, residents with signs and symptoms suggestive of scabies will be placed on contact until the infestation has been ruled out or treated. Personal protective clothing

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| F 880 | Continued From page 9<br>that includes gloves and long sleeved gowns when in direct contact with a resident with signs and symptoms suggestive of scabies will be worn.<br><br>The facility's undated policy and procedure titled, "Infection Control," indicates the facility is to have color coded STOP signs to identify that contact precautions are in effect. This notifies staff and visitors of the need for special precautions and/or contact nursing staff nursing staff for further instruction. Gown and gloves are to be worn when providing care or working with environment surfaces. An order for contact precautions is required. | F 880 | | |