POC accepted 10/8/20
#36290

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FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA940000094	A. BUILDING: _____ B. WING _____	09/25/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIO HONDO SUBACUTE & NURSING CENTER	273 E BEVERLY BOULEVARD MONTEBELLO, CA 90640

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	Initial Comments The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY MITIGATION PLAN IMPLEMENTATION MONITORING SURVEY. A COVID-19 Mitigation Plan Implementation survey was conducted by the California Department of Public Health on 8/27/20 The facility was found not to be in compliance with Title 22 California Code of Regulations section 72321 (a) Nursing Service - Patients with Infectious Diseases and has not fully implemented their Skilled Nursing Facility Mitigation Plan for COVID-19. Representing the California Department of Public Health: HFEN # 36290 and HFEN # 42914 Two deficiencies issued for the COVID 19 Mitigation Plan Implementation Survey.	B 000	**Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.**	10/25/20
B 800	T22 DIV5 CH3 ART3-72309 Nursing Service Nursing service means a service staffed, organized and equipped to provide skilled nursing care to patients on a continuous basis. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to implement policies and procedures in accordance to the facility's Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) for staffing strategies during an emergency, resulting in Certified Nursing Assistants (CNAs) and licensed nurses	B 800	**B 800- T22 DIV5 CH3 ART3-72309- Nursing Service** Facility maintains that it provides sufficient Nursing staff with appropriate competencies and skills to assure resident safety, attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 10/7/20

STATE FORM 6899 BVGQ11 If continuation sheet 1 of 9

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a COVID-19 INFECTION PREVENTION SURVEY. A COVID-19 Infection Prevention survey was conducted by the California Department of Public Health on 8/27/20 Representing the Department: HFEN # 36290 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for the COVID 19 Infection Prevention survey.	F 000	**Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.**	10/25/20
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:	F 725	**F725 – Sufficient Nursing Staff** Facility maintains that it provides sufficient Nursing staff with appropriate competencies and skills to assure resident safety, attain and maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Facility is actively hiring CNAs and Licensed nurses. As of Oct. 1, 2020 facility hired 42 staff in Nursing department.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 10/25/20

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F 725	Continued From page 1 (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement policies and procedures in accordance to the facility's Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) for staffing strategies during an emergency, resulting in Certified Nursing Assistants (CNAs) and licensed nurses to take on higher more residents. This deficient practice resulted in Residents 1 and 2, expressing inability to be in the hallways, felt rushed when bathed, and delay in responding to call lights related to inadequate staffing. Findings: On 8/27/20 at 2:46 p.m., during interview, CNA 2 stated she was assigned to residents in the yellow (residents with unknown COVID-19 status) and the green (residents have tested negative for COVID-19) CNA 2 stated that she was usually assigned to 9-10 residents per shift prior to the start of COVID-19. CNA 2 stated she believed the facility is short on staffing because she is currently assigned 14 residents per shift, did not have sufficient time to care for 14 residents, and felt the care for the residents is compromised since. CNA 2 stated the Infection prevention	F 725	On October 2, 2020, Administrator and DON randomly interviewed patients. Patients verbalized that nursing staffing and call light has improved. Starting October 5, 2020, Department Heads will interview residents during their daily room rounds, Monday through Friday, regarding call light responsiveness. Any issue identified will be reported to stand up, daily, Monday through Friday. DON and Administrator will review findings every Friday times four weeks to see trends and will provide re-inservice as needed. DON will report findings to QAPI members during monthly meeting, on October 28, 2020 and will determine the need to update, continue, or end monitoring.	10/25/20

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F 725	Continued From page 2 nurse (IPN, a professional who make sure healthcare workers and patients are doing all the things they should to prevent infections) made projections on staffing assignments. CNA 2 stated that the Director of Staff Development (DSD) would take over staffing assignment from the IPN on 9/1/2020. 1. A review of Resident 1's admission records indicated that the facility admitted the resident on 4/22/2008 with diagnosis of diabetes (abnormal blood sugar), breast cancer and Cerebral Vascular Accident (CVA, stroke) with right-sided hemiparesis (weakness or inability to move on one side of the body). A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care-screening tool), dated 2/14/2020, indicated Resident 39's has the ability to understand and make decisions. The MDS indicated the resident requires assistance for activities of daily living (ADL- transfer to or from bed, chair, wheelchair, or standing position and bed mobility, bathing, and with personal hygiene). On 8/27/2020 at 3:15 p.m., Resident 1 was observed in the hallway holding a piece of cake in her wheelchair and was not able to wheel herself back to her room. No staff observed in the hallway to assist the resident return to her room. On 8/27/2020 at 3:30 p.m., during interview Resident 1 stated the CNAs sometimes took between 20-25 minutes (mins) to answer her call light. The resident stated the staff bathed her at around 5 a.m. daily, felt as though the staff rushed through this task because "they must attend to other residents." The resident stated	F 725		

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F 725	Continued From page 3 she felt unsafe leaving her room sometimes, because other residents in the hallway have behavioral concerns, and the staff are not always nearby to monitor or redirect the residents. 2. A review of Resident 2's admission record, indicated the facility admitted the resident on 2/08/2020, with diagnosis of diabetes, heart failure (a progressive heart disease that affects pumping action of the heart muscles) and chronic obstructive pulmonary disease (CPOD, a group of progressive lung disorders characterized by increasing breathlessness). A review of Resident 2's MDS dated 2/14/2020, indicated the resident has moderate capacity to understand and make decision, and requires assistance with ADL. On 8/27/2020 at 4:05 p.m., Resident 2 was observed in his room, on a wheelchair, and the resident's bed was not made. On 8/27/2020 at 4:15 p.m., during interview, Resident 2 stated the facility staff took around 30 mins to answer his call lights, and sometimes he wheeled himself to the nursing station to ask for help. The resident stated he is cleaned daily, however, the facility staff were "pretty quick" showering him. Resident 2 stated the facility staff did not always perform his oral (mouth) care in the morning. The resident stated his CNAs seemed busy sometimes or under-staffed. The resident stated he likes to be in the hallways almost every day, however, residents with behavioral and dementia residents were in the hallways sometimes, and he seldom saw the facility staff in the hallways.	F 725		

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F 725	Continued From page 4 During record review of the facility's "Staffing Assignments" for the 7:00 a.m. to 3:30 p.m., shift, indicated that on: 8/2/2020, CNAs 2 and 3 assigned 14 residents each. 8/4/2020, CNA 2 assigned 15 residents, CNA 3 assigned 13 residents, and CNA 5 assigned 14 residents. 8/5/2020, CNAs 3 and 6 were assigned 14 residents each. On 9/25/2020 at 10:56 a.m., the director of staff development (DSD) stated the resident to CNA ratio, is 7-8 residents per CNA on the 7:00 a.m., to 3:00 p.m., shift. During review of the facility's Mitigation Plan under section 4.1 HCP Shortages and Crisis Contingency Strategies, it indicated the facility will ensure that there is adequate staffing during emergencies. The facility should maximize staff by utilizing registry or staff from sister companies if needed. During review of facility's Policy titled "NSG112 Nursing Services" it indicated the facility: 1. Will have sufficient nursing staff, including nurse aides, with the appropriate competencies and skills sets to provide nursing and related services to assure patient safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each patient, as determined by patient assessments and individual plans of care and considering the number, acuity and diagnoses of the Center's patient population, in accordance with the Facility Assessment. 2. Will maintain an organized system for the	F 725		

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F 725	Continued From page 5 provision of safe, effective nursing care. The system includes a staffing plan for nursing and daily care assignments and meets federal and state regulations. 3. Must ensure that licensed nurses have the specific competencies and skill sets necessary to care for patients' needs, as identified through patient assessments, and described in the plan of care. A staff's ability to use and integrate knowledge and skills must be assessed and evaluated by staff already determined to be competent in these areas. Nursing care includes, but is not limited to, assessing, evaluating, planning, and implementing patient care plans and responding to patient's needs as well as the provision of all prescribed medications and treatments, personal care, hygiene, and nursing interventions in response to physical, emotional, or behavioral needs/problems.	F 725	F880 – Infection Control and Prevention On 08/27/20, during rounds with the health inspector, isolation gowns inside the isolation cart that was placed directly on the ground were sealed in a plastic bag. On 08/27/20, isolation cart was replaced immediately with an isolation cart with wheels. Infection Preventionist (IP) checked all other isolation carts and no other cart noted to be placed directly on the ground.	10/25/20
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880	No other similar findings were identified with the deficient practice. IP nurse gave an in service to Nursing staff regarding use of N95 mask on August 28, 2020	

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F 880	Continued From page 6 §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880	Starting 9/1/2020, DON interviewed staff who work in Yellow and Red Zones regarding proper use, disposal, and length of use of N95 mask. No other staff reported reusing N95 mask more than one day and/or taking their contaminated mask home. Staff denied being instructed by the facility to take their contaminated mask home. On 09/29/20, DON provided re-education to staff who works in Green, Yellow, and Red Zones regarding proper use, disposal, and length of use of N95 mask. Starting October 5, 2020, Infection Preventionist (IP) will randomly observe and interview staff, who works in Yellow (quarantine) zone or in Red (COVID-19) zone, regarding proper use, disposal, and length of use of N95 mask, weekly times 4 weeks. Re-education will be provided to staff if needed. IP will check all isolation carts daily, Monday through Friday, to make sure that it is not placed directly on the ground. DON and/or IP will present and discuss the result and findings to QAPI members, during monthly meeting on October 28, 2020, to evaluate the need to update, continue, or end the monitoring.	10/28/20

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F 880	Continued From page 7 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: b. On 8/27/20 at 11:36 pm., a facility visit was conducted to inspect compliance of the facility's Mitigation Plan and infection control practices. On 8/27/20 at 12:11 pm., during entrance conference, DON stated that the facility was a COVID-19 designated facility and currently had 114 residents in the green zone, 30 residents in the yellow zone, and 31 residents in the red zone. The DON stated that the facility had a two-week personal protective equipment (PPE) supply in storage and the facility was no in critical need. On 8/27/20 at 2:16 pm., during an interview, CNA 1 stated that she was working in the yellow and the green (residents have tested negative for COVID-19) zones. CNA 1 stated that the facility provided N95 mask, and not provide surgical mask provided. CNA 1 stated that the facility instructed her to take the contaminated N95 mask home at the end of her shift. CNA 1 stated that the the last provided her with a N95 mask was on 8/24/20 morning, and it was the fourth day wearing the same mask. On 8/27/20 at 2:45 pm., during an interview, CNA	F 880		

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F 880	Continued From page 8 2 stated that the facility last provided her with a N95 mask on 8/21/20, and it was the fifth day wearing the same mask. CNA 2 stated that she took the N95 mask home, and that the facility did not provide her with surgical masks. On 8/27/20 at 4:14 pm., during an interview, the IP nurse stated the N95 masks should not be worn longer for more than one shift. A review of the facility's Corona Virus Disease 2019 Mitigation Plan (attachment 17) indicated that buildings where COVID-19 was confirmed, staff must wear a standard face mask at all times in all areas of the building and staff who are directly providing care to a patient who is suspected, presumed or confirmed for COVID-19 should use an N95 respirator. Reuse of N95 for at least two shifts and to follow guidance. A review of the Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities (page 9) revised 8/4/20 indicated that in the green, yellow, and red (COVID-19 confirmed) zones, N95 respirators may be worn for the duration of a shift or removed when contaminated. Based on observation, interview and record review, the facility failed to implement interventions to prevent and control the spread of COVID-19 (Coronavirus disease, a severe respiratory illness caused by virus and spread from person to person) in accordance to the facility's infection control policies and the	F 880		

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F 880	Continued From page 9 Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) by not: 1. Placing isolation cart (device to store personal protective equipment [PPE, gowns, gloves and masks] in resident care area) directly on the ground. 2. Providing safe storage for contaminated (soiled, infected) N95 masks (respiratory protective device) of 20 certified nursing assistants (CNA 1 and 2). These deficient practices had the potential to result in cross contamination and the further spread of COVID-19 among the residents and staff, and the public. Findings: a. On 8/27/2020 1:39 p.m., during an observation at the yellow (residents with unknown COVID-19 status) zone, an isolation cart was observed was placed directly on the ground. Clean PPE was observed inside the isolation cart. On 8/27/2020 1:45 p.m., during an interview, the director of nursing (DON), stated he was not aware that the isolation cart to be off the ground. The DON stated he understood the potential to compromise PPE. On 8/27/2020 1:50 p.m., during an interview, the infection prevention (IP) nurse, stated the isoaltion cart was placed dircetly on the floor after one wheel broke. The IP nurse stated the practice has infection control concern because of the potential contamination of items inside the cart, and the risk of exposing residents to infectious	F 880		

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F 880	Continued From page 10 diseases. Federal reference: 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/long-term-care.html	F 880		