

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

PRINTED: 11/08/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555677	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2020
NAME OF PROVIDER OR SUPPLIER HAWTHORNE HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 11630 SOUTH GREVILLEA AVE. HAWTHORNE, CA 90250		
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during a COVID-19 Focused Survey for Infection Control A COVID-19 Focused Infection Control Survey was conducted by the Department of Public Health on behalf of the Center for Medicare & Medicaid Services (CMS) on 10/23/20. The facility was found to not be in compliance with 42 CFR §483.80 infection control regulations practices and has not implemented the CMS and Centers for Disease Control and Prevention recommended practices for COVID-19. The inspection was limited to the COVID-19 Focused Infection Control Survey and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 40737, RN, HFEN Health Facilities Evaluator Nurse ID: 43436, RN, HFEN Total residents: 67 Two deficiencies were written as a result of the COVID-19 Focused Infection Control Survey 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	F 000	<i>Preparation and/or execution of this Plan of Correction does not constitute admission 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 and/or executed solely because it's required by the provision of Health and Safety Code Section 1280 and 42 C.F.R. 483. Please accept this POC as our credible allegation of compliance.</i> F- 880 Infection Prevention I. Corrective Action/s: a. C.N.A #1, C.N.A #2 and LVN #2 were given a 1:1 in-service by the DSD on 10/23/2020 in regards to the Los Angeles LDH Skilled nursing facilities- covid 19 manual indicating the staff working in the quarantine and Covid 19 zones should wear a N95 respirator type of mask.	11/18/20	
F 880 SS=E		F 880			

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 880	<p>Continued From page 1</p> <p>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 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: (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.</p>	F 880	<p>b. An In service by the Housekeeping Supervisor to staff was given on 10/23/20 to ensure that staff are aware of disinfectant products contact time.</p> <p>c. Resident 1 was moved to green zone on 10/26/2020.</p> <p>d. The facility's staff were fit tested to ensure respirators are properly tested from October 23, 2020 to October 30, 2020 by the Infection Control Nurse.</p> <p>e. An IDT with the resident was done on 10/26/2020 by the DON and SSD regarding visitation and proper usage of mask that require transmission based precautions and other preventative matters.</p> <p>f. C.N.A 1 and LVN 2 was given an in service by the DSD on 10/23/2020 in regards to maintaining good habits of dressing, personal hygiene, and groomed in a manner appropriate to the nature of the job performed specifically but not limited to artificial nails.</p>		

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F 880	<p>Continued From page 2</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>§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, interview, and record review, the facility failed to 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 for two of 3 residents (1, 2) by: The facility failed to comply with the local laws and professional standards to ensure healthcare workers (HCW) had the proper fitting N95 respirators as a part of their personal protective equipment (PPE) equipment to minimize exposure to hazards that cause serious workplace injuries and illnesses) which was available while working in high exposure areas to</p>	F 880	<p>g. Resident #2 was offered a mask by the staff on 10/23/20 and Resident #2's care plan was initiated on 10/23/20 by the nursing staff with non compliance of wearing a mask.</p> <p>II. How to Identify Other Residents:</p> <p>a. Infection Control Nurse made facility rounds on 10/23/20 to ensure all staff that are working at the quarantine zone were wearing N95 respirator type of mask. No other resident were affected from these findings.</p> <p>b. Housekeeping staff on duty were re-assessed on their knowledge on 10/23/20 by the HK Supervisor regarding the facility's policy on disinfectants contact time. No other staff has been deficient with this practice.</p> <p>c. A yellow zone admission review was done by the DON on 10/26/2020. No other resident is affected by this practice.</p>		

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F 880	<p>Continued From page 3</p> <p>COVID-19 (a highly infectious virus that transmits from person to persons) and while in the quarantine (the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease to reduce the risk of transmission if an individual is later found to have COVID-19) zone.</p> <p>The facility failed to ensure staff were aware of disinfectant products contact time (time a product requires to be in contact with a surface to kill pathogens).</p> <p>The facility failed to comply with local law and professional standards to prevent the exposure of Resident 1 to the other residents who were persons under investigation ([PUI] persons who have been in close contact with a person diagnosed with COVID-19) for possible exposure to the COVID-19 virus. Resident 1 was kept in the quarantine zone for more than 14 days.</p> <p>The facility failed to comply with the state, local laws, and professional standards by ensuring the Division of Occupational Safety and Health ([Cal/OSHA] that protects and improves the health and safety of working men and women in California and the safety of passengers riding on elevators, amusement rides, and tramways through setting and enforcing standards) was implemented by fit testing the staff who care for or work with suspected or confirmed COVID-19 (an illness caused by a virus that can easily spread from person to person).</p> <p>The facility failed monitor Resident 1 and the visitor. Resident 1, who was talking through an open window to the visitor was not wearing a</p>	F 880	<p>d. The Cal/OSHA Guidance on Covid 19 for Health Care Facilities: Severe Respirator Supply Shortages was reviewed by the Administrator on 10/26/2020. No other guidance was affected by this practice.</p> <p>e. A visitation log review was done by the Activity Director on 10/26/2020. No other resident is affected by this practice.</p> <p>f. Infection Control Nurse made facility rounds on 10/23/20 to check nails of staff on duty on the floor. No other staff has been deficient with this practice.</p> <p>g. Infection Control Nurse made facility rounds on 10/23/20 to ensure masks are offered to residents. No other resident has been affected with this practice.</p>		

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F 880	<p>Continued From page 4</p> <p>mask and the visitor wore their mask below the nose.</p> <p>The facility failed to monitor a HCW, who had artificial nails and was caring for the residents in the quarantine zone.</p> <p>The facility failed Resident 2 wore a mask when standing outside of the room.</p> <p>These deficient practices had the potential to expose the residents, staff, visitors, and the community to COVID-19 outbreak.</p> <p>Findings:</p> <p>a. During an observation and interview on 10/23/20 at 11:07 a.m., in the quarantine zone Certified Nurse Assistant (CNA 1) wore a surgical mask. During interview the Infection Preventionist (IP) stated all HCWs who worked in the quarantine zone wore a surgical mask. The IP stated the facility had N95 mask but those were only used for the care of confirmed COVID-19 residents. During observations the PPE carts in the quarantine zone did not have a supply of N95 masks.</p> <p>During an observation and interview on 10/23/20 at 11:33 a.m., in the quarantine zone CNA 1 wore a surgical mask. During an interview CNA 1 stated the facility provided her with surgical masks to work in the quarantine zone.</p> <p>During an observation on 10/23/20 at 12:15 p.m., in the quarantine zone CNA 2 wore a surgical mask.</p> <p>During an interview on 10/23/20 at 12: 56 p.m.,</p>	F 880	<p>III. Systemic Changes:</p> <p>a. PPE and N95 usage in Service was given to Nursing Staff by the Infection Control Nurse and DSD on 11/10/2020 in regards to facility's protocol and policy on Infection Control Practices and Covid 19 Including:</p> <ul style="list-style-type: none"> a. Face Mask Coverings b. Personal Protective Equipment c. N95 usage <p>b. Housekeeping Supervisor will make rounds 5x/ week to ensure proper use of disinfectant products.</p> <p>c. A yellow zone log with admission date and expected date to be moved from yellow to green zone was made to be utilized to ensure residents at quarantine zone are kept in the area for no more than 14 days.</p> <p>d. A fit testing respirator log was initiated and will be maintained by the Infection Control Nurse.</p>		

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F 880	<p>Continued From page 5</p> <p>Licensed Vocational Nurse (LVN 2) stated she worked in the quarantine zone while wearing a surgical mask. During interview LVN 2 stated when she asked about the availability of N95 masks the facility told her they were working on obtaining N95 respirators.</p> <p>During an observation and interview on 10/23/20 at 1:45 p.m., the Director of Nursing (DON) showed the facility's N95 mask supplies. The DON stated she had approximately 2000 pieces of N95 masks in that room on top of other supplies of N95 masks. The DON stated the facility had a conference call with their corporate office and they had decide the N95 masks were selected only for the care of confirmed COVID-19 residents. The DON acknowledged that she was not aware of local public health guidelines regarding the use of N95 masks in the quarantine zone.</p> <p>During an interview on 10/23/20 at 2:30 p.m., the administrator stated the corporate office told her to provide only surgical masks to the staff working in the quarantine zone.</p> <p>During a review of the Weekly Inventory PPE date 10/19/20, indicated the facility had in their stockpile 4,500 pieces of N95 masks.</p> <p>During a review of the facility's policy titled "Infection Control" revised 1/1/12 indicated the facility intend to maintain a safe, sanitary, and comfortable environment and helped to prevent and manage transmission of disease and infection. The policy indicated the staff was trained on the infection control policies and procedures including where and how to find the use of pertinent equipment related to infection</p>	F 880	<p>e. A visitation notice was sent out to residents and families on 10/26/2020 by the Social Worker Director.</p> <p>f. Infection Control Nurse will do Infection Control rounds practices 5x/week which includes random checking on staff's nails. Findings will be discussed with the Staff involved immediately during rounds and will be brought up during the stand up meeting.</p> <p>g. An In-service education was given on 11/10/20 to nursing staff by the DSD in regards to ensuring that residents has and being offered surgical masks while in the facility and to update resident's care plan with resident's refusal.</p> <p>IV. Monitoring: Daily Infection Control Rounds will be conducted by Infection Control Nurse. Findings will be discussed during the Monthly QAA Committee by the Infection Control Nurse for discussion, tracking and trending for 3 months.</p>		

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F 880	<p>Continued From page 6 control.</p> <p>During a review of the facility's policy titled "PPE" revised 1/1/12, indicated a purpose was to ensure the availability of PPE, as required. The policy indicated the type of protective clothing to be used was based on the likelihood of exposure.</p> <p>During a review of "The Los Angeles LDH Skilled Nursing Facilities - COVID-19 Manual" updated on 10/19/20, indicated the staff working in the quarantine and COVID-19 zones should wear a gown, gloves, eye protection, and N95 masks.</p> <p>b. During an observation and concurrent interview on 10/23/20 at 10:11 a.m., the housekeeping (HK1) personnel stated she cleaned the rooms with a chlorine bleach. During interview HK 1 stated she sprayed the product on the surfaces and immediately wiped the product off. During interview HK 1 stated she did not spray the product again after wiping it from the surface. During interview HK 1 acknowledged she was not aware of the products contact time.</p> <p>During an interview on 10/23/20 at 10:20 a.m., the Assistant Occupational Therapist (AOT) stated the facility used chlorine bleach to disinfect the therapy equipments after each resident use. The AOT acknowledged she did not know the contact time for the disinfecting products used.</p> <p>During an observation and interview on 10/23/20 at 10:20 a.m., the supervisor of housekeeping (SHK) stated he was not aware of the contact time and had not in serviced the housekeeping staff about the proper use of chlorine bleach. The SHK looked at the directions on the chlorine bleach and stated the product should remain wet</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>on the surface of items being cleaned for at least two minutes.</p> <p>However, during a review of the in-service meeting minutes dated 10/23/20 indicated SHK in-serviced the housekeeping staff on the chlorine bleach proper use and its contact time.</p> <p>A review of the facility's COVID-19 Mitigation Plan - Infection Prevention and Control revised 9/14/20 indicated the infection control lead had been designated to monitor and improve infection control practices based on public health advisories (local, state, and federal).</p> <p>A review of "The Los Angeles LDH Skilled Nursing Facilities - COVID-19 Manual" updated on 10/19/20, indicated all staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility. The manual indicated the facility shared or non-dedicated equipment must be cleaned and disinfected after use according to the manufacturer's recommendations.</p> <p>c. During an interview on 10/23/20 at 10:49 a.m., the infection Preventionist stated the residents who were newly admitted were considered persons under investigation for COVID-19 and they stayed in the quarantine zone for 14 days.</p> <p>During an interview with Resident 1 on 10/23/20 at 12:25 p.m., confirmed and stated he had been in the quarantine zone for more than two weeks.</p> <p>During an interview and concurrent record review on 10/23/20 at 1:20 p.m., the DON stated Resident 1 was admitted on 9/14/20. The DON confirmed Resident 1 had been housed in the</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>quarantine zone for more than 14 days. The DON was unable to answer the reason why Resident 1 remained in the quarantine zone for more than 14 days.</p> <p>During an interview on 10/23/20 at 12:56 p.m., LVN 2 stated Resident 1 was housed in the quarantine zone because he was newly admitted. During interview LVN 2 stated the new admissions stayed in the quarantine zone for 14 days. The LVN 2 stated after 14 days the residents were cleared for a transfer to the green (area for patients who do not have COVID-19 or who have recover from COVID-19) zone in order to limit their exposure to other residents who may have become confirmed with COVID-19 while housed in the quarantine zone.</p> <p>During an interview on 10/23/20 at 2:02 p.m., the IP stated Resident 1 could become infected when commingling with new admissions who could have been diagnosed as having COVID-19 virus. The IP stated she was responsible to assess the residents' for proper placement and rearrange their rooms to prevent infections. The IP stated she missed reassessing Resident 1 for any signs and symptoms, retesting the resident after the 14 days quarantine was completed, and when tested negative COVID-19.</p> <p>During a review of the face sheet indicated Resident 1 was admitted on 9/14/20. The face sheet indicated Resident 1's current diagnosis included sepsis (overwhelming reaction to infection that comes with high morbidity and mortality).</p> <p>During a review of the History and Physical assessment form completed by the physician</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>dated 9/16/20, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of the Minimum Data Set (MDS), a standardized assessment and care screening tool dated 9/21/20, indicated Resident 1 could understand and make self understood.</p> <p>A review of the facility's policy titled "Infection Control Surveillance" revised 3/1/14, indicated the IP conducted ongoing surveillance of healthcare associated infection and epidemiologically significant infections that have substantial impact on potential resident outcome, and that require transmission-based precautions and other preventative matters.</p> <p>A review of the facility's COVID-19 Mitigation Plan dated 5/27/20, indicated new admitted residents would be cohort in the quarantine zone, on the 14th day the resident would be retested and if negative he would be released from quarantine. The plan indicated the IP and/or DON evaluated the cohorts daily and implemented or adjusted the groups based on the results of surveillance testing, reported symptoms, and vital signs. The plan indicated the infection control lead was designated to monitor and improve infection control practices based on public health advisories (local, state, and federal). The plan indicated the IP would monitor test results and surveillance information to guide resident placement, changes in policy and procedure, staff assignments, and change in infection control policy.</p> <p>d. On 10/23/20 at 9:27 a.m., during a focused infection control survey interview the Director of Nursing and the administrator both stated the</p>	F 880			

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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 11630 SOUTH GREVILLEA AVE. HAWTHORNE, CA 90250		
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F 880	<p>Continued From page 10</p> <p>staff had not been fit tested to ensure the respirators were properly fitted. The administrator stated the facility had not started the initial fit testing of their employees.</p> <p>A review of "Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages" dated 8/20 indicated the guidance is for healthcare and other employers covered by Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (title 8 section 5199). The Cal/OSHA guidance discusses respirator requirements for covered employers who care for suspected or confirmed COVID-19 patients when there are severe respirator shortages. This guidance replaces previous guidance of June 12, 2020, regarding respirator use during severe respirator supply shortages. While supply chains for obtaining respirators are not fully restored, the supply of respirators for hospitals and other employers involved in patient care has improved to a point that prioritization of respirators for high hazard procedures and some other optimization strategies are not currently necessary. This guidance also contains new optimization strategies to reduce the use and destruction of respirators during the fit testing process. This guidance is subject to change as circumstances evolve. Regardless of respirator availability, employers must comply with all other provisions of Section 5199 at all times, including but not limited to: Implementing work practices that minimize the number of employees exposed to suspected and confirmed COVID-19 patients and infectious aerosols. Providing and ensuring all employees exposed to aerosol generating procedures use powered air-purifying respirators or another respirator which provides equivalent or</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>greater protection. If PAPRs are unavailable and cannot be obtained, an N95 respirator is the minimum protection that should be used and more protective respirators should be used if available, such as elastomeric half-mask or full-face respirators, which are more likely to seal well to the face and achieve a better fit factor. Use Fit Testing Methods that Maximize Respirator Supplies and Fit Testing Efficiency initial respirator fit testing is required before an employee uses a respirator, or when an employee changes to a different model, make, or size of respirator. There are no changes to these requirements. Annual respirator fit testing is also required. To reduce usage of respirators and prioritize fit testing equipment and supplies for fit testing of new models, Cal/OSHA will allow a 90-day delay for meeting annual fit testing requirements provided there are no changes an employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight. Employers can use qualitative fit testing in accordance with title 8 section 5144 Appendix A to help conserve respirator supplies. Qualitative fit testing does not damage the respirator so that the respirator used during the test can be used on the job by the employee who was tested. Employers may also use modified quantitative fit testing methods in accordance with federal standards contained in title 29 Code of Federal Regulations section 1910.134 Appendix A. These modified methods allow for faster quantitative fit testing.</p> <p>e. During an observation on 10/23/20 at 12:20 p.m., of the quarantine zone Resident 1 was not wearing a mask. During observation Resident 1</p>	F 880			

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F 880	<p>Continued From page 12</p> <p>was standing in his room by an open window. Resident 1 was observed talking to a couple on the other side of the open window. The visitors face was in close proximity to Resident 1 while conversing. The visitor who was talking to Resident 1 was wearing a surgical mask that was pulled below the nose.</p> <p>During an interview with Resident 1 on 10/23/20 at 12:25 p.m., stated the facility's administrator notified the resident about having visitors. During the interview Resident 1 stated he was not informed of avoiding talking to the visitor through an open window.</p> <p>During an interview on 10/23/20 at 12:56 p.m., LVN 2 stated the residents in the quarantine zone were not allowed to have visitors.</p> <p>During an interview on 10/23/20 at 2:30 p.m., the administrator and DON stated they were not aware Resident 1 was receiving visitors because there were no visitors allowed.</p> <p>A review of the face sheet indicated Resident 1 was admitted on 9/14/20. The face sheet indicated the current diagnosis included sepsis (overwhelming reaction to infection that comes with high morbidity and mortality).</p> <p>A review of the History and Physical assessment conducted by the physician dated 9/16/20, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of the Minimum Data Set (MDS), a standardized assessment and care screening tool dated 9/21/20, indicated Resident 1 could understand and make himself understood.</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>A review of the facility's COVID-19 Mitigation Plan dated 5/27/20, indicated all visitors, regardless of the reason for the visit should be screened for fever and symptoms of COVID-19. The plan indicated they should wear a face covering, practice hand hygiene, and wear PPE if required. The plan indicated all schedule visits were on the facility premises with six feet or more physical distancing, both the resident and visitor had to wear a face covering and staff must monitor infection control practices.</p> <p>f. During an observation and interview on 10/23/20 at 11:33 a.m., in the quarantine zone CNA 1 had long artificial nails. During interview CNA 1 stated she was not allowed to have long nails because she could spread infection to the residents. The IP was unable to state how the facility monitored staff compliance for infection control practices as pertained to care givers wearing artificial nails.</p> <p>During an observation and concurrent interview on 10/23/20 LVN 2 was wearing long nails that was glued with stones directly on the nails. During interview LVN 2 stated her long nails were covered with a product containing gel. The LVN 2 stated long nails were not allowed while caring for the residents because the long nails covered in stones trapped germs and helped spread infections.</p> <p>During a review of the facility's "Employee Handbook" dated 1/2018, indicated employees were expected to maintain good habits of dressing, personal hygiene, and groomed in a manner appropriate to the nature of the job performed and specific requirements.</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>g. During an observation on 10/23/20 at 9:59 a.m., Resident 2 who was not wearing a mask, propelled in a wheelchair, around the hallways before stopping by the nurses station. The DON and other staff members passed by Resident 2. The staff member greeted Resident 2 but the staff did not asked the resident to wear a face mask. During the same observation at 10:07 the DON passed by Resident 2 who was still by the nursing station without wearing a face mask. However, at 10:29 a.m., a staff member finally offered a mask to Resident 2.</p> <p>During an interview on 10/23/20 at 1:56 p.m., the IP stated the staff had to report the residents to the charge nurse who do not wear a face mask. The IP stated the staff had to develop a care plan for refusing to wear a face mask. The IP stated the staff who did not enforce the wearing of the face mask were not following the facility's protocol.</p> <p>During an interview on 10/23/20 at 2 p.m., the Medical Records (MR 1) stated Resident 2 did not have a care plan for not wearing a face mask.</p> <p>A review of the face sheet indicated Resident 2 was admitted to the facility on 6/10/20 and was diagnosed with clavicle (bone) and leg fracture (broken bone).</p> <p>During a review of the History and Physical assessment form dated 6/12/20, indicated Resident 2 had the capacity to understand and make decisions.</p> <p>A review of the Patient Care Plan dated 10/23/20, indicated Resident 2 refused to wear a face mask</p>	F 880			

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F 880	Continued From page 15 when ambulating throughout the facility. The care plan interventions indicated to continue to reoffer the face mask.	F 880			
F 882 SS=E	<p>A review of the facility's COVID-19 Mitigation Plan dated 5/27/20, indicated residents should wear a face mask whenever they left their room or are around others.</p> <p>Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced</p>	F 882	<p>F 882 Infection Preventionist Qualification/Role</p> <p>I. Corrective Action: 1:1 in-service was given to the Infection Control Nurse by the DON on 10/23/2020 in regards to IP Nurse role and the facility's policy on Quality Assessment and Assurance Committee.</p> <p>II. How to Identify Other Residents: No other resident is affected by this deficient practice.</p>		

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F 882	<p>Continued From page 16</p> <p>by:</p> <p>Based on interview, and record review, the facility failed to ensure the Infection Preventionist ([IP] a nurse who is accountable for decreasing the incidence and transmission of infectious diseases between patients, staff, visitors and the community) participated, and reported to the quality assurance and performance improvement program ([QAPI] is the coordinated application of two mutually-reinforcing aspects of a quality management system) committee on a regular basis on current issues regarding infection control practices for 37 of 67 resident census, and 20 staff members that tested positive for COVID-19 (highly infectious respiratory disease that easily transmits from person to persons) virus.</p> <p>The deficient practice could potentially lead to unidentified substandard infection control practices, which could cause widespread infections, and an outbreak in the facility, and the community.</p> <p>Finding:</p> <p>During an interview on 10/23/20 at 11:33 a.m., the IP stated she was not a part of the QAPI and was not sure what QAPI did.</p> <p>During an interview and record review on 10/23/20 at 12:40 p.m., Director of Nursing (DON) stated the facility conducted QAPI meetings according to identified facility problems. The DON stated the disciplines who attended the QAPI were related to the identified problem. The DON stated the last QAPI was related to patient's weight loss and the IP did not attend.</p> <p>During an interview and record review on</p>	F 882	<p>III. Systemic Changes:</p> <p>An In-Service to IP Nurse and Department Heads was done by the Administrator on 11/12/2020 in regards to infection control policy indicating the Quality Assessment and Assurance Committee, through the infection control committee shall oversee implementation of infection control policies and procedures, and help department heads ensure they are implemented and followed.</p> <p>IV. Monitoring:</p> <p>During the monthly QAA meeting, the IP Nurse will report any issues with Infection Control and QAAI minutes and immediate actions when they were identified to sustain compliance x 3 months.</p>		

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F 882	<p>Continued From page 17</p> <p>10/23/20 at 12:51 p.m., DON stated the last time the IP had attended the QAPI meeting was on 5/18/20. The DON stated the IP identified facility issues by doing daily huddles and assessing the residents' plan of care. The DON stated QAPI meetings were according to the facility's targets and infection control had not been a QAPI target. However, the DON acknowledged the facility census was 67. The DON confirmed and stated there were currently 37 residents and 20 staff members who were positive for COVID-19 virus.</p> <p>According to the facility's policy titled "Infection Control Policy" revised 1/1/12, indicated the Quality Assessment and Assurance Committee, through the infection control committee oversees implementation of infection control policies and procedures, and helped department heads ensure that they were implemented and followed.</p>	F 882			