

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

PRINTED: 10/26/2020  
FORM APPROVED  
OMB NO. 0938-0391

*Accepted 11/10/20*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555897	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/26/2020
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NAME OF PROVIDER OR SUPPLIER  MONTEREY HEALTHCARE & WELLNESS CENTRE, LP	STREET ADDRESS, CITY, STATE, ZIP CODE 1267 SAN GABRIEL BLVD ROSEMEAD, CA 91770
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an investigation of complaint allegation conducted on 10/14/2020.</p> <p>Complaint Number: CA00708795</p> <p>Representing the California Department of Public Health: Health Facilities Evaluator Nurse: 43495 Health Facilities Evaluator Nurse: 28074 Health Facilities Evaluator: 16279</p> <p>The inspection was limited to the specific focused survey conducted and does not represent the findings of a full inspection of the facility.</p>	F 000	<p>"Preparation 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. This Plan of Correction is prepared and/or executed solely because it's required by the provision of Federal and State law."</p>	<i>11/26/20</i>
F 880 SS=E	<p>Two deficiencies were issued for Complaint Number: CA00708795</p> <p>Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</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 a minimum, the following elements:</p>	F 880	<p>This Plan of Correction constitutes Monterey Healthcare &amp; Wellness Centre Credible allegation of compliance for the alleged deficient practices.</p>	

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

TITLE

(X6) DATE

*[Signature]* *Administrative* *11/5/2020*

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>§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>§483.80(a)(4) A system for recording incidents</p>	F 880	<p>F 880: Infection Prevention &amp; Control (CFR(s): 483.80(a)(1)(2)(4)(e)(f))</p> <p><u>Corrective Actions for cited practice:</u></p> <p>On 10/14/2020, antibacterial hand Sanitizer was placed in the yellow Zones immediately at donning &amp; Doffing stations as the final part of infection prevention plan.</p> <p>On 10/14/20, clear signage was immediately placed directly on plastic barrier to distinguish areas separating the Green zone from yellow zone and Red zone.</p> <p>On 10/14/20, clear signage was immediately posted on doors to indicate appropriate infection control &amp; prevention precautions with required PPE needed to enter room.</p>		11/26/20

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F 880	<p>Continued From page 2</p> <p>Identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p><b>§483.80(e) Linens.</b> Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p><b>§483.80(f) Annual review.</b> 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 provide a safe, sanitary environment to help prevent the spread of infections during the Coronavirus-19 (COVID-19, a respiratory illness that can spread from person to person) as indicated in the facility's policy and procedure by failing:</p> <ol style="list-style-type: none"> <li>1. To ensure antibacterial hand sanitizer/ handwashing station is available at the doffing station for the facility's two Yellow zones (The Yellow Zone is the unit where residents are located who are undergoing hemodialysis, readmission and/ or residents waiting for the test results to determine if they have COVID-19 or not).</li> <li>2. To ensure the plastic barriers (provide some limited protection for individuals sharing the same space, first by preventing people from getting too close and by preventing particles or droplets exhaled by one person from entering the breathing zone of another) separating the Green zone, (Green Zone is the unit where residents are located who do not have COVID-19) Yellow zone and Red zone (Red Zone is the area where</li> </ol>	F 880	<p>On 10/14/20, the isolation/PPE cart was replaced with iso cart with wheels to ensure not directly touching or resting on the floor to prevent contamination from dust picked up by staff and risk of contamination.</p> <p><b><u>How Facility will identify other residents having the potential to be affected by the same deficient practice &amp; what corrective action will be taken:</u></b></p> <p>No other residents were found to be affected by deficient practice.</p>	11/26/20	

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F 880	<p>Continued From page 3</p> <p>COVID-19 positive patients reside to prevent the spread of the disease) had a posters identifying the types of Zone in these areas.</p> <p>3. To post signs immediately outside of resident rooms indicating appropriate infection control and preventions and required PPEs (personal protective equipment) needed to enter room.</p> <p>4. To ensure PPE carts (storage for gowns, gloves, mask and face shields are stored) are not directly touching or resting on the floor.</p> <p>Findings:</p> <p>1. On 10/14/2020, at 2:37 PM, during concurrent general observation and interview with the Infection Preventionist (IP -a nurse that specializes in preventing the spread of infectious agents, such as viruses and bacteria), IP showed the doffing (remove, take off) station at west wing, Yellow zone with sign indicating doffing station and trash bin for used Personal Protective Equipment (PPE). IP stated, for proper doffing sequence they need to remove their gown, gloves, perform hand hygiene before removing their face shield or goggles, and then perform hand hygiene after removing their face shield or goggles. However, there was no antibacterial hand sanitizer nor hand washing station available. IP stated, staff can walk to the donning (putting on) station and use the antibacterial hand sanitizer provided there. IP verbalized understanding of risk for cross contamination (transfer of bacteria or other microorganisms from one substance to another) by doing such action and stated they will immediately provide hand sanitizer by their doffing station.</p>	F 880	<p><u>What measures will be put into place to ensure practice does not reoccur:</u></p> <ul style="list-style-type: none"> <li>DSD &amp; Admin Inservice staff on 10/19/20, 11/3/20, 11/4/20 on the importance of signage, importance of isolation carts in working condition and functioning plastic barrier. This will be an ongoing education to staff</li> <li>Staff will notify maintenance immediately or use maintenance log of any areas needing upkeep.</li> </ul>		11/26/20

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F 880	<p>Continued From page 4</p> <p>On 10/14/2020, at 2:40 PM, during an observation of the facility's east wing, Yellow zone with the IP there was no antibacterial hand sanitizer nor hand washing station available at the doffing station.</p> <p>A review of the facility's Hand Hygiene policy revised 2/1/2013, indicated, hand hygiene is always the final step after removing and disposal of PPE. Hand hygiene products and supplies are readily accessible and convenient for staff use to encourage compliance with hand hygiene policy.</p> <p>2. On 10/14/2020, at 2:14 PM, during observation of the facility's North wing- Green zone with the IP the plastic barrier separating Green zone from Yellow zone did not have a clear signage distinguish the Yellow zone from Green zone.</p> <p>On 10/14/2020, at 2:23 PM, during observation of the facility's South wing- Green zone with the IP the plastic barrier separating Green zone from Yellow zone did not have a clear signage to distinguish the Yellow zone from Green zone.</p> <p>On 10/14/2020, at 2:45 PM, during observation of the facility's East wing- Yellow zone with the IP the plastic barrier separating Yellow zone from Red zone did not have a clear signage to distinguish the Yellow zone from Red zone.</p> <p>On 10/14/2020 at 3:00 PM during observation of the facility's Red zone with the IP, the plastic barrier separating Red zone from Yellow zone did not have a clear signage to distinguish the Yellow zone from Red zone.</p> <p>A review of the facility's COVID- 19 Mitigation</p>	F 880	<p><u>Monitoring system to make sure solutions are sustained:</u></p> <ul style="list-style-type: none"> <li>• Department Managers will perform daily rounds to identify any areas that need replacement or barriers that need to be reinforced.</li> <li>• Daily rounds are brought to stand up and stand down to review areas to be addressed.</li> <li>• Findings to be brought to Infection Control Committee monthly and results to be brought to QA monthly and for 3 months thereafter to track/trend that the deficient practice does not reoccur.</li> </ul>	11/26/20	



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F 880	<p>Continued From page 5</p> <p>Plan revised 09/14/2020, indicated: The facility will separate distinct areas red zone, yellow zone and green zone with temporary physical barrier with clear signage to be used to distinguish these areas.</p> <p>3. On 10/14/2020, at 2 p.m., during a general tour observation with the IP there were no signs posted immediately outside of resident rooms to indicate appropriate infection control and prevention precautions and required personal protective equipment (PPE, protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness). The IP stated, residents in the Yellow or Red Zones are on contact and droplet isolation (used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing). The IP stated, signages or reminders are important for staff to help control the spread of infection. The IP added, that she will place signs outside of the rooms to indicate infection control precautions and required PPE.</p> <p>A review of the facility's COVID- 19 Mitigation Plan revised 09/14/2020, it indicated, signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance.</p> <p>4. On 10/14/2020, at 2:15 p.m., to 3 p.m., during an observation of the facility's Yellow zone with the IP 2 isolation carts in the Yellow Zone and 1 isolation cart in the Red Zone containing required PPE were observed resting directly on the ground. In a concurrent interview with the infection preventionist, she stated the carts'</p>	F 880		11/26/20

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F 880	Continued From page 6 wheels were broken. IP stated that she will make sure that all isolation carts had solid bottom to prevent contamination from dust kicked up by staff and risk of contamination. IP also stated that she would have them replaced immediately.	F 880			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(f)  §483.90(f) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a safe and functional environment for the residents, staff, and public, regarding emergency signs on plastic barriers (provide some limited protection for individuals sharing the same space, first by preventing people from getting too close and also by preventing particles or droplets exhaled by one person from entering the breathing zone of another) used to separate the facility's different zones during COVID-19 (COVID-19, a respiratory illness that can spread from person to person).  This deficient practice had the potential to result in negative effects to the health status, safety, and welfare of the residents, staff and public.  Findings:  During observation of the facility's north wing- green zone with the Infection Preventionist (IP- nurse who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment) on 10/14/2020, at 2:14	F 921	<b>F921: Safe/Functional/Sanitary/ Comfortable Environment CFR(s): 483.90(f):</b>  <u>Corrective Actions for cited practice:</u>  Immediate action taken on 10/14/20 and signs to "TEAR DOWN IN CASE OF EMERGENCY" were placed/posted on plastic barriers.  <u>How Facility will identify other residents having the potential to be affected by the same deficient practice &amp; what corrective action will be taken:</u>  No other residents were found to be affected by deficient practice.		11/26/20

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F 921	<p>Continued From page 7</p> <p>PM, the plastic barrier separating green zone from yellow zone (The Green Zone is the unit where residents are located who do not have COVID-19. The Yellow Zone is the unit where residents are located who are undergoing hemodialysis, readmission and/ or residents waiting for the test results to determine if they have COVID-19 or not.) does not have signage that indicates to tear down plastic in case of emergency.</p> <p>During observation of the facility's south wing-green zone with the IP on 10/14/2020, at 2:23 PM, the plastic barrier separating green zone from yellow zone does not have signage that indicates to tear down plastic in case of emergency.</p> <p>During observation of the facility's east wing-yellow zone with the IP on 10/14/2020, at 2:45 PM, the plastic barrier separating yellow zone from red zone (The Red Zone is the area where COVID-19 positive patients reside to prevent the spread of the disease) does not have signage that indicates to tear down plastic in case of emergency.</p> <p>During observation of the facility's red zone with the IP on 10/14/2020, at 3 PM, the plastic barrier separating red zone from yellow zone does not have signage that indicates to tear down plastic in case of emergency.</p> <p>During interview with Administrator (Admin) on 10/16/2020 at 1:22 PM, Admin stated, they have put up the signage to tear down plastic barrier before, but some of their resident would remove it. But after the visit from the department of health on 10/14/2020, they have put up the signages</p>	F 921	<p><u>What measures will be put into place to ensure practice does not reoccur:</u></p> <ul style="list-style-type: none"> <li>DSD &amp; Admin Inserviced staff on 10/19/20, 11/3/20, 11/4/20 on the importance of "TEAR DOWN SIGN IN CASE OF EMERGENCY" posted/ placed on plastic barriers.</li> </ul> <p>This will be an ongoing education to staff</p>	11/26/20	



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F 921	<p>Continued From page 8 again.</p> <p>During interview with the Director of Nursing (DON) on 10/19/2020 at 3:45 PM, DON stated, they have received the guidelines regarding putting up plastic barriers and will send a copy of it via email.</p> <p>During interview of facility's Public Health Nurse (PHN) on 10/19/2020 at 08:15 AM, PHN stated, she gave guidelines to the facility last 10/13/2020 via teleconference regarding putting up signages to distinguish the different zones and to put up signs indicating to tear down plastic barrier in case of emergency.</p> <p>A record review of the email sent by the DON regarding the Fire Retardant Plastic Barriers, it indicated, staff shall be instructed to tear down the barriers in case of a fire or emergency exit.</p> <p>In accordance with the Office of Statewide Health and Planning Development (OSHPD, improves access to quality healthcare for Californians. OSHPD ensures hospital buildings are safe, offers financial assistance to individuals and healthcare institutions, and collects and publishes healthcare data) regarding plastic barrier, it indicated the following:</p> <p>1. The facility needs to post signs on the plastic barriers that indicate "Tear Down In Case of Emergency, Emergency Exit". 2. Staff shall be instructed to tear down and remove the barriers in case of a fire or emergency exit. 3. The plastic material shall be flame retardant."</p>	F 921	<p><u>Monitoring system to make sure solutions are sustained:</u></p> <ul style="list-style-type: none"> <li>Department Mgrs will perform daily rounds and brought to stand up and stand down. Immediate signage is posted as needed when rounds occur</li> <li>Findings to be brought to Infection Control Committee monthly and results to be brought to QA monthly and for 3 months thereafter to track/trend that the deficient practice does not reoccur.</li> </ul>	11/26/20	