

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

42878 POC accepted 2/28/22

PRINTED: 02/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055523		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  01/28/2022	
NAME OF PROVIDER OR SUPPLIER  GLENDALE POST ACUTE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. VERDUGO ROAD GLENDALE, CA 91206			
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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 a COVID-19 FOCUSED INFECTION CONTROL SURVEY and a complaint.</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the California Department of Public Health on behalf of the Centers for Medicare &amp; Medicaid Services (CMS) on January 28, 2022. The facility was found not to be in compliance with 42 CFR §483.80 Infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Complaint Number: CA00770639</p> <p>Total residents: 106</p> <p>Representing the California Department of Public Health: Surveyor : 42878, 45064 Health Facility Evaluator Nurses</p> <p>One deficiency was identified during the investigation of this Focused Infection Control Survey and complaint CA00770639.</p> <p><b>F 880 SS=E</b> Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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</p>	F 000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies Cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p><b>F880</b></p> <p><i>Corrective action(s) taken for those residents found to have been affected by the alleged deficient practice:</i></p> <ol style="list-style-type: none"> <li>1. On 1/27/22, Inservice provided by DON to IP and Receptionist regarding proper completion of staff and visitors screening log.</li> <li>2. IP/DSD conducted audit on screening log binders both staff and visitor and no further findings identified.</li> <li>3. IP/DSD or designee will monitor and check screening logs both staff and visitors daily. Any findings will be reported to DON/Administrator.</li> <li>4. The Administrator or Designee will report any findings to the QAPI committee meeting for review and actions as indicated and sustained.</li> </ol>				
	<p><b>F 880 SS=E</b> Infection Prevention &amp; Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> 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</p>	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	Continued From page 1 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:  §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	F 880	IP provided Inservice training to all staff on COVID-19 Prevention Practices, with emphasis on conducting entry screening of all visitors and staff for signs and symptoms of COVID-19 infection, including temperature check by completely recording it in the Visitors Screening Log and Staff Screening Log on the following dates 1/28/22, 1/31/22, and on 2/3/22.  1. On 1/28/22, 1:1 in-service conducted by the IP to Housekeeper #1 and Housekeeper #2 about Environmental Infection Control for COVID-19, particularly knowing the contact time for the cleaning and disinfecting EPA products currently used in the facility. 2. On 1/28/22, IP conducted an Inservice training to all housekeeping and laundry staff including the facility PPE supplier representative on the cleaning and disinfecting products and its contact time. And IP provided Inservice to all staff on 2/3/22. 3. Maintenance Supervisor will conduct skills competency upon hiring and annually and periodically. And conduct Monthly Inservice. 4. The Administrator or Designee will report any findings to the QAPI meeting for review and actions, any analysis and trending will be acted upon and follow up any further recommendations until substantiated compliance achieved.		

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F 880	<p>Continued From page 2</p> <p>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.</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 implement interventions to prevent and control the spread of COVID-19 (Coronavirus, a severe respiratory illness caused by a virus and spread from person to person) in accordance with local Public Health guidelines, facilities policies and procedures and Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) for two of the two Zones in the facility by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure that all staff were screened for COVID-19 symptoms and temperature at least once per shift.</li> <li>2. Ensure facility staff was aware of contact time for disinfecting products used in the facility.</li> <li>3. Ensure that Red Zone (area/cohort in the facility where all Covid-19 confirmed positive</li> </ol>	F 880	<ol style="list-style-type: none"> <li>1. On 1/27/22, IP immediately posted signs on the entrance to the Red Zone: "ENTRANCE TO THE RED ZONE", "ONLY RED ZONE DESIGNATED STAFF CAN ENTER". Appropriate PPE supplies were set-up by the entrance door for donning and doffing on 1/27/22.</li> <li>2. IP conducted Inservice to all staff on 2/3/22 regarding, Designated entrance and exit for COVID 19 red zone. And that only assigned nurse or staff can enter or exit the red zone.</li> <li>3. IP/DSD &amp; Maintenance Supervisor conducted facility rounds to ensure that all signs are posted to identify zone areas for yellow and red zone on 1/27/22.</li> <li>4. The Administrator or Designee will report any findings to the QAPI meeting for review and actions, any analysis and trending will be acted upon and follow up any further recommendations until substantiated compliance achieved.</li> </ol> <p>1. On 1/27/22 IP immediately removed and properly disposed face shield and N-95 mask that was found hanging at the Red Zone charting station. IP also placed new supplies of N-95 masks and paper bags for storage in the designated Red Zone break room. On 1/28/22, IP conducted a 1:1 in-service to Housekeeper #3, emphasizing the importance of using N-95 mask in the Red and Yellow Zones; its guidelines on how to handle, store, and getting a new N-95 mask when contaminated.</p>		

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F 880	<p>Continued From page 3</p> <p>residents were placed [with or without symptoms] dedicated staff entrance to the facility going in the Red Zone was clearly identified.</p> <p>4. Ensure that facility staff N-95 mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) and face shield were properly used in the Red Zone.</p> <p>5. Ensure that the facility's Red Zone have a designated cleaning cart and cleaning supplies inside the Red Zone.</p> <p>These deficient practices had the potential to result in the further spread of COVID-19 virus among the residents, staff, visitors, and the community.</p> <p>Findings:</p> <p>A review of the facility's current COVID-19 status according to Public Health indicated an open COVID-19 outbreak case. On 1/27/2022, the facility had a total of 28 confirmed COVID-19 positive residents in the Red Zone and 78 residents in the Yellow Zone. The facility currently had an open outbreak case.</p> <p>1. On 1/27/2022 at 10:22 AM, during the facility tour, the facility's employee screening log located at the Reception Area was reviewed and indicated blank COVID-19 signs and symptoms screening for multiple facility staff on multiple days.</p> <p>On 1/27/2022 at 12:57 AM, during an interview with the facility's Receptionist, the Receptionist stated, "I try to check when staff come in and make sure they screen properly but sometimes I get interrupted by phone calls or other task."</p>	F 880	<p>2. On 1/28/22 IP and DSD conducted facility rounds no further findings identified and proper storage of PPE was utilized.</p> <p>On 2/3/22, IP conducted Inservice to all facility staff regarding Transmission based precautions, which includes using proper PPE (N 95 Mask, eye protection/face shield, proper wearing PPE, handling and storing PPE using paper bags, proper disposal of PPE. Staff receives new set PPE daily each shift and provided supplies PPE in each Staff break rooms (designated yellow and red zone).</p> <p>3. IP/DSD/DON or Designee will observe during daily facility rounds on staff using proper PPE. IP/DSD will conduct skills competency on PPE &amp; hand hygiene. Each Department Managers will observe and monitor their staff accordingly using proper PPE and storage of PPE.</p> <p>4. The Administrator or Designee will report any findings to the QAPI meeting for review and actions, any analysis and trending will be acted upon and follow up any further recommendations until substantiated compliance achieved.</p> <p>1. On 1/27/22, Maintenance Supervisor provided disinfecting cleaning supplies and placed inside designated COVID 19 red zone storage room and provided the housekeeping designated cart cleaning supplies.</p>		

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F 880	<p>Continued From page 4</p> <p>On 1/27/2022 at 1:08 PM, during an interview with the Infection Preventionist (IP) Nurse, the IP Nurse stated all facility was required to complete all the COVID-19 screening before starting their shift. IP Nurse stated he audits the logs weekly and had not noticed there were days where the facility staff had not completed their COVID-19 screening.</p> <p>A review of the facility's policy titled "Coronavirus Disease (COVID-19) - Infection Prevention and Control Measures" revised on 4/2020 indicated anyone arriving at the facility (including staff) is screened for fever and symptoms of COVID-19 before entering.</p> <p>A review of the facility's COVID-19 Mitigation Plan revised on 12/29/2021, indicated "Facility will screen visitors and staff for signs and symptoms of COVID-19 and log in the visitor screening log and the staff screening log."</p> <p>A review of the Los Angeles County Department of Public Health (LAC DPH) Guidelines for Preventing &amp; Managing COVID-19 in Skilled Nursing Facilities, dated 01/02/2022 indicated "All staff should be checked for symptoms and fever at least once per shift, including at the beginning of shifts." lacounty.gov</p> <p>2. On 1/27/2022 at 10:43 AM, during an interview with Housekeeper 1, Housekeeper 1 stated he uses Clorox sanitizing wipes to clean high touch areas. Housekeeper 1 stated the contact time was 60 seconds.</p> <p>On 1/27/2022 at 10:55 AM, during an interview with Housekeeper 2, Housekeeper 2 stated she uses Clorox sanitizing wipes to clean inside the</p>	F 880	<p>2. On 1/28/22 IP provided Inservice to all Environmental Housekeeping staff emphasizing cleaning supplies and proper cleaning supplies placed in each designated storage room.</p> <p>3. Maintenance Supervisor will check the storage room and cleaning cart in each designated yellow and red zone daily. Any findings will be reported to the Administrator.</p> <p>4. The Administrator or Designee will report any findings to the QAPI meeting for review and actions, any analysis and trending will be acted upon and follow up any further recommendations until substantiated compliance achieved.</p> <p>COMPLETION DATE</p> <p>BY : 2/27/2022</p>		

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F 880	<p>Continued From page 5</p> <p>facility's Yellow Zone (residents under investigation or observation for signs and symptoms of Coronavirus 2019, such as new admissions/readmissions, residents not fully vaccinated, and residents who often leaves the facility, etc.). Housekeeper 2 stated the Clorox contact time was two minutes.</p> <p>On 1/27/2022 at 1:15 PM, during an interview with the IP Nurse, IP Nurse stated all housekeeping staff have been provided with in-service on Clorox Sanitizing wipes correct contact time of three minutes. IP Nurse stated he would conduct a new in-service to reeducate the housekeeping staff.</p> <p>A review of the Los Angeles County Department of Public Health document titled "Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities, dated 01/02/2022, indicated "All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines). lacounty.gov</p> <p>3. On 1/27/2022 at 11:16 AM, during an observation of the Red Zone and concurrent interview with the DON, the Red Zone staff entrance did not have signage observed that indicated where the Red Zone entrance located. The DON stated the Red Zone entrance was the Red Zone staff main entrance into the Red Zone. The DON stated the facility forgotten to put the signage in front of the door during the facility's new COVID-19 outbreak.</p> <p>A review of the facility's COVID-19 Mitigation Plan revised on 12/29/2021, indicated "Red Zone- Red spaces will be designated with signage or barrier</p>	F 880			

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F 880	<p>Continued From page 6 without compromising egress or life safety."</p> <p>4. On 1/27/2022 at 11:35 AM, during an observation and concurrent interview with Housekeeper 3, a contaminated face shield and a contaminated N-95 mask were observed sitting on top of a paper towel on the table in the Red Zone staff break room. Housekeeper 3 stated she placed her N-95 and face shield on top of the paper towel, on the table while she was eating. Housekeeper 3 stated she would use her personal paper facemask to go back inside the Red Zone floor to obtain a new N-95 after eating and will not use the contaminated N-95 mask on top of the table.</p> <p>On 1/27/2022 at 11:37 AM, during a concurrent interview with the IP Nurse, IP nurse stated all staff should wear an N-95 while in the Red Zone and should not be re using their N-95 or using surgical mask while in the Red Zone. IP Nurse stated he would also place PPE supplies inside the staff break room.</p> <p>On 1/27/2022 at 11:40 AM, during a concurrent observation in the Red Zone Nurses Charting Station and interview with the DON, a used Face Shield and N-95 were observed hanging on a hook. The DON stated staff should not leave used/contaminated PPE or re-use PPEs in the Red Zone.</p> <p>A review of the Los Angeles County Department of Public Health document titled "Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities," dated 01/02/2022, indicated "In the Yellow and Red Cohorts, all staff regardless of vaccination status should wear N-95 respirators when providing resident care</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>(e.g., entering resident room and/or within 6 ft of resident). If there is a need to preserve supply, N-95 respirators can be worn in extended use (same N-95 for the duration of the shift)."</p> <p>"Cal-OSHA no longer allows for re-use (over multiple shifts) of N-95 respirators or extended use (with multiple residents in the same shift) when used for respiratory protection for confirmed or suspected cases, (e.g., in Yellow and Red Cohorts).</p> <p>5. On 1/27/2022 at 12:20 PM, during an observation and interview in the Red Zone, Housekeeper 3 stated she did not have dedicated cleaning supplies inside the Red Zone. Housekeeper 3 stated she fills her cart and brings in her cleaning cart in the beginning of the day through the Yellow Zone into the Red Zone.</p> <p>On 1/27/2022 at 12:24 PM, during an interview, the housekeeping supervisor stated if the staff in the Red Zone needed anything during the day, they would call him, and he would enter the Red Zone through the facility Yellow Zone to bring in any cleaning supplies.</p> <p>On 1/27/2022 at 12:26 PM, during an interview, the IP Nurse stated staff should not be entering the Red Zone through the Yellow Zone hallway. IP Nurse stated he would in-service the staff on the correct way to enter the Red Zone and would talk to housekeeping staff to keep a dedicated Red Zone cleaning cart and supplies in the Red Zone to prevent cross contamination.</p> <p>A review of the facility's COVID-19 Mitigation Plan revised on 12/29/2021, indicated the facility should have a Red Zone-Separate Cleaning supply area.</p>	F 880			



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