

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

PRINTED: 10/13/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555814	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  09/27/2020
NAME OF PROVIDER OR SUPPLIER  GOLDEN LEGACY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12260 FOOTHILL BLVD SYLMAR, CA 91342		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of a Focused Survey.  Representing the Department:  Health Facilities Evaluator Nurse: 38552  The inspection was limited to the specific focused survey investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued.	F 000	DISCLAIMER STATEMENT Golden Legacy Care Center - SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 7, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute (Golden Legacy Care Center's credible allegation of compliance.  The facility has submitted this plan of correction in order to comply with its regulatory obligation under Title 18 and 19 and to meet the ten (10) days of survey condition mandate. Likewise, the facility does not waive any objections to the merits or form any allegations contained herein. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and may take reasonable steps to appeal them.	10/23/20	
F 880 SS=E	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:  §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	F 880		2020 OCT 23 PM 3:17 RECEIVED HEALTH FACILITIES INSPECTION DIVISION	

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 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 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>	F 880	<p>F-880 Infection Control How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>A. Resident 1,2,3,4,5,6,7,8 were transferred to yellow zone in Station 1B on 9/9/20.</p> <p>B. LVN 1, LVN 2 and CNA1 were provided inservice training on donning, doffing and isolation zoning guidance on 10/23/2020 by DSD/IPN.</p> <p>C. All nursing staff were provided ongoing inservice training by DSD/IPN on donning, doffing and isolation zoning guidance beginning 10/23/2020.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>A. All residents have the potential to be affected by the deficient practice. On 9/9/2020, an audit of all yellow zone patients and covid testing results were conducted by the DON/designee and there were no other patients affected.</p> <p>B. Adherence monitoring tools for PPE will be conducted at least monthly to ensure compliance by the IPN.</p>	10/13/20	

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F 880	<p>Continued From page 2</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 infection control measures to prevent the spread and control Coronavirus Disease 2019 (COVID-19 - a viral contagious infection affecting the respiratory systems and can be severe and cause death. COVID-19 transmit from person to person and from contaminated surfaces) by:</p> <p>1. Failing to ensure health care personnel (HCP) performed hand hygiene, Failing to wear the appropriate Personal Protective Equipment (PPE-equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) per designated zones, Failing to proper donning (putting on) and taking off PPE, Failing to observe six feet physical distancing.</p> <p>2. Failing to ensure transmission of infectious agents were minimized by failing to reduce the number of bed transfers until after COVID-19 test results came back. These deficient practices have the potential to result in the increase of confirmed COVID-19 residents in the facility.</p> <p>Findings:</p> <p>1. During an observation on 9/11/2020 at 2:26 p.m., two HCP were no wearing face shield in the sub-acute unit hallway and three HCP in the</p>	F 880	<p>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>A. Weekly testing will be conducted for all employees and residents according to the response driven method until there are 2 sequential negative results. Facility will conduct weekly testing of all employees and 10% of residents every week thereafter.</p> <p>B. Adherence monitoring tool for zoning, donning and doffing and isolation guidance once a month by the IPN. Any non-compliance will be provided to DON/Designee for further training needs.</p> <p>C. Orientation for new employees will include COVID19 training and monthly thereafter while in a pandemic season.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. An infection control committee meeting was held on 9/9/2020 to discuss room transfers and for further recommendation by the QAPI Committee.</p> <p>The IPN/ DON will monitor corrective actions through on-going compliance with the QAPI Committee for review and recommendations in the next three months. The QAPI Committee will monitor the process until compliance is achieved.</p>		

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F 880	<p>Continued From page 3</p> <p>Sub-Acute Unit Nursing Station not observing six feet physical distancing.</p> <p>On 9/11/2020 at 2:27 p.m., during an interview, Infection Preventionist Nurse (IPN) stated HCP re-uses the face shield and store them at the nursing station in a brown bag. HCP must wear N-95 mask (or N95 respirator is a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it always filters at least 95% of airborne particles) and face shield.</p> <p>On 9/11/2020 at 2:28 p.m., one HCP entered from the Yellow Zone (area designated for residents newly admitted or waiting for test results or residents on hemodialysis outside the facility three times a week) went inside the Yellow Zone Employee Lounge and then, went to sub-acute Green Zone (residents free of COVID-19).</p> <p>On 9/11/2020 at 2:30 p.m., during an interview, IPN stated reusable gowns are discarded in a black bin and every resident's room has one. There was a black bin outside of resident's room in the Yellow Zone hallway.</p> <p>On 9/11/2020 at 2:34 p.m., Licensed Vocational Nurse 1 (LVN 1) was observed answering the call light of Room 119. LVN 1 put on the gown, gloves, and did not tie the lower string of the gown and entered room. Inside the room, LVN 1 removed the gloves, went inside the resident's restroom, washed her hands, the removed gown, applied hand sanitizer, then disposed reusable gown in a black bin located by the entrance door. LVN 1 did not wash her hands after disposing the</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>contaminated gown. LVN 1 proceeded to answer the call light at another resident's room. ICN, present at the time of the observation, stated reusable gown discard bin should be inside resident's room and staff should be discarded before exiting the resident's room. ICN stated LVN 1 should have performed hand hygiene after disposing gown and should have tied the neck and back strap of the gown.</p> <p>On 9/11/2020, at 2:39 p.m., during an observation with IPN, Certified Nursing Assistant 1 (CNA 1) exited a resident's room holding a soiled linen in clear plastic bag and disposed it on the soiled linen bin. CNA 1 exited the closed fire door separating Station 1 from Station 3 and did not do hand hygiene. CNA 1 entered from the Yellow Zone area and straight into the Yellow Zone Employee Lounge, then went to the Sub-Acute Green Zone area.</p> <p>At the time of the observation, IPN stated CNA 1 should have performed hand hygiene after handling soiled linen and before exiting the unit. ICN stated staff working in the Green Zone should enter from the designated Green Zone to the Sub-Acute Unit and not from the Yellow Zone.</p> <p>On 9/11/2020, at 2:50 p.m., during an observation with IPN, LVN 2 was in the Red Zone (residents positive for COVID-19) Nursing Station, tied her hair back with tie and put on a N95 mask and proceeded to the medication cart without washing her hands. LVN 2 was not wearing face shield. ICN stated staff are expected to wear face shield in all the zones.</p> <p>2. On 9/11/2020 at 3:12 p.m., during an interview, ICN stated four positive residents (Residents 1, 2, 3, 4) were all in Nursing Station 2 Yellow Zone on</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>the same hallway with the most recent exposure on 9/1/2020.</p> <p>During an interview on 9/11/2020 at 3:12 p.m., IPN stated four positive residents (Residents 1, 2, 3, 4) were all in Station 2 Yellow Zone after being moved from Station 1 Yellow Zone on 9/9/2020. All four residents were tested on 9/8/2020 and on 9/10/2020 the results came back positive for COVID-19. Station 1 Yellow Zone was going to become a Green Zone on 9/10/2020. IPN explained the movement of the four residents without waiting for the result was an administrative decision.</p> <p>At 3:38 p.m., the Assistant Administrator confirmed it was an administrative decision to move the residents because they were expecting a new admission.</p> <p>During an interview on 9/22/2020 at 4:45 p.m., IPN stated a mass testing of residents was done on 9/14/2020 and Residents 5, 6, 7, and 8, from Station 2 Yellow Zone who were previously negative, were positive for COVID-19.</p> <p>A review of the facility's policy and procedure titled "COVID-19 Care" released date 7/2020 indicated that it is the policy of this facility to ensure that clinical practice guidelines for treatment and management of COVID-19 are updated according to new and emerging evidenced based, peer review practice.</p> <p>Procedure:</p> <p>7. If the facility has established unit and area for COVID-19, move the patients to the isolation area and follow:</p> <p>d. Isolation Zoning Algorithm</p> <p>i. Green zones are patients with no exposure to</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>COVID-19 or those with negative results without known exposure within the last 14 days.</p> <p>ii. Yellow zones are patients exposed to COVID-19 or those with negative results but with known exposure within the last 14 days.</p> <p>iii. Red zones are patients that are positive COVID-19 or those with positive results.</p> <p>A review of the facility's policy and procedure titled "Hand Hygiene" released date 8/2017 indicated that all staff having direct resident contact will use appropriate hand hygiene to reduce transmission of pathogenic microorganisms to residents and personnel in the facility.</p> <p>A review of the facility's training titled "Isolation Precautions" dated 9/11/2020 indicated it is the facility's policy to provide a system of precautionary measures to reduce the potential transmission of infection.</p>	F 880			