

PRINTED: 12/21/2022
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE
Patricia Anderson *Marshall Anderson* *QAC*

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: WD3211 Facility ID: CA230000276 If continuation sheet Page 1 of 6

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056391	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2022
NAME OF PROVIDER OR SUPPLIER GOLDEN EMPIRE			STREET ADDRESS, CITY, STATE, ZIP CODE 121 DORSEY DRIVE GRASS VALLEY, CA 95945		
(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) COMPLETION DATE	
F 880	<p>Continued From page 1</p> <p>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 identified under the facility's IPCP and the corrective actions taken by the facility.</p>	F 880			

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F 880	<p>Continued From page 2</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 ensure their infection control program was properly maintained and/or implemented to reduce the spread of COVID-19 when Personal Protective Equipment (PPE, gloves, gowns, eye protection, and masks) was not consistently and correctly used by staff during resident care.</p> <p>These failures had the potential to contribute to the outbreak of COVID-19 at the facility.</p> <p>Findings:</p> <p>A review of the facility's most recent Covid -19 Policy/implemented with CDPH SNF IP (California Department of Public Health Skilled Nursing Facilities Infection Prevention) webinar (a live online video conference or presentation) frequently asked questions, revised on 5/13/2022, "PPE and Face Masks " per CDPH All Facility Letter(AFL) 20 - 74.1 (released on 7/22/2021) , indicated "Eye Protection (face shields, goggles) and gowns were recommended for COVID Positive Residents (red area) and Symptomatic Suspected COVID, awaiting test results ... "</p> <p>A review of the guidance on the Center for Disease Control (CDC) website, titled "Interim</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic ", updated on 9/23/2022, indicated "Health Care Personnel (HCP) who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a The National Institute for Occupational Safety (NIOSH)-approved particulate respirator (a type of air-purifying respirators protects by filtering particles out of the air the user is breathing) with N95 filters (N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). " https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p> <p>A review of a document from CDPH Infection Prevention Webinars held on 10/26/2022 (The California Department of Public Health (CDPH)-with the California Association of Long Term Care Medicine (CALTCM), California Association of Health Facilities (CAHF), and Health Services Advisory Group (HSAG)-hosts a bi-weekly (2nd and 4th Wednesdays) webinar on infection prevention for long term care facilities to discuss any recent updates on Coronavirus Disease 2019 (COVID-19) and provide a venue for addressing questions. The webinars focus on infection prevention guidance for Skilled Nursing Facilities (SNFs)), titled "California Department of Public Health, Center for Health Care Quality All Facilities Calls (AFC) Skilled Nursing Facilities Infection Prevention Call, October 26, 2022 ", the section of "PPE Questions & Answers ",</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>"Question -9: When Do HCP need to wear eye protection (face shields, goggles)? " indicated that, "HCP need to wear eye protection when caring for COVID-19 positive residents in isolation ..."</p> <p>During an observation at Hall 600 located at Station II on 11/21/2022 at 11:26 am, room 602, 603, 604 and 605 were occupied with one resident per room. Rooms 602, 604 and 605 had "COVID CONFIRMED " red signages posted outside the room. Room 511 located at Hall 500 Station II contained one resident with "COVID CONFIRMED " red signage posted outside the room.</p> <p>During an observation and interview on 11/21/2022 at 11:30 am, Licensed Nurse (LN) 4 was seen without wearing eye protection while providing care to the resident who resided in room 605. LN 4 confirmed that she was wearing her own eyeglasses and she did not wear any eye protection.</p> <p>During a concurrent observation and interview on 11/21/2022 at 12:02 pm, Certified Nursing Assistant (CNA) 5 was seen entering room 511 without eye protection and providing lunch service for the resident. CNA 5 confirmed that she should have worn an eye protection per the facility Covid policy, and she confirmed that there was no eye protection equipment inside the PPE supply cart outside of room 511. She said, "I felt bad, I would go and check all the PPE supply carts now ..."</p> <p>During an observation on 11/21/2022 at 12:07 pm, PPE supply cart/bags outside room 602, 604 and 605 were inspected and no eye protection equipment was found.</p>	F 880			

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F 880	Continued From page 5 During a concurrent observation and interview on 11/21/2022 at 12:08 pm, Speech Therapy (ST) was seen inside room 605 speaking to the resident. She confirmed that she was not wearing a gown, gloves, and eye protection. ST stated that she did not need to wear PPE because she was assessing the resident's cognition. During an interview on 11/21/2022 at 12:55 pm, with the Infection Preventionist (IP), she stated that "while caring for Covid positive residents, gown, gloves and face shield were needed for full patient care." She said, "when you were taking care of the resident directly, you do eye shield...I was not sure that they changed the rule..."	F 880			

A) How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

- A thorough and candid root cause analysis was conducted by the QA Council, in which the team successfully collaborated in the investigation of the deficiency, and cooperatively planned the required amendments, based on the findings of this root cause analysis. Through this root cause analysis and interdisciplinary approach, the facility stood the greatest chance for success in finding and implementing systemic and sustainable change for the affected residents.
- The QA Council members present for this root cause analysis maintain the following positions in the facility: Medical Director, Administrator, Administrator in training, DON, ADON, Infection Preventionist, QA Coordinator, Maintenance Supervisor, and Therapy Director.

B) 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:

- By reviewing the specific nature of this incident, we have correctly identified that all residents had the potential to be affected by this deficient practice. The corrective actions have been accomplished by bearing this potential in mind and by directly addressing the root cause of this occurrence.
- Training on the proper use of PPE was provided specifically to those individuals found deficient in their practice, on 12/5/2022.
- A mandatory training was provided to all staff, detailing the proper use of PPE equipment. This in-service was made available on three separate occasions of in-class training, on 12/13/2022.
- Training on the proper use of PPE equipment, was provided to all remaining staff in huddles, taking place on the floor, on 12/15/2022.
- The Infection Control Assistant was designated to perform biweekly checks of isolation carts and door caddies and stock them with the necessary items, as needed.

C) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:

- This PPE training will be conducted quarterly in huddles at the station as well as annually in the classroom.
- The facility will implement a tracking tool on infection prevention and control practices for all staff per unit.
- The IP, DON, and QA Coordinator will conduct rounds throughout the facility to ensure the following: staff are performing appropriate infection control practices and that the staff are exercising appropriate use of PPE. Re-education as applicable will be provided to staff who are not in compliance with the appropriate infection control practices.

D) How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the quality assurance system.

- The facility plans to monitor its performance to ensure that the solutions are achieved and sustained through quarterly review by the QA department and thorough review of any future

incidents by the IDT. These quarterly reviews will be presented to the QA Council for continued adherence and overall sustainability of implemented actions. Where compliance is not met, a new PDSA cycle will begin with regard to its sustainable resolution.

E) The corrective actions will be fully completed by December 26,2022.

Root Cause Analysis for Plan of Correction
California Department of Public Health Inspection 2022

Regarding: Infection Prevention & Control (#F880)

Completed by: Quality Assurance Coordinator and the QA Council

Conducted on: 12/22/2022

Who: This inspection was conducted by the California Department of Public Health, limited to a specific complaint and Facility Reported Incident. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.80(a)(1)(2)(4)(e)(f), Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 43739.

The Root Cause Analysis was conducted by the QA Council. The QA Council in attendance for this root cause analysis were the following people: Medical Director, Administrator, Administrator in training, DON, ADON, DSD, Infection Preventionist, Activities Director, QA Coordinator, Maintenance Supervisor, Therapy Director.

When: This inspection was conducted on December 13, 2022.

Where: This inspection occurred at Golden Empire, located at 121 Dorsey Drive, Grass Valley, California, 95945. More specifically, the investigation and findings surrounded the Infection Prevention & Control department.

What: The facility was not in substantial compliance with CFR 483.80 for Long Term Facilities in the following area:

ID PREFIX TAG: #F880- Infection Prevention & Control: 483.73(d)(1)- Based on observation, interview and record review, the facility failed to ensure their infection control program was properly maintained and/or implemented to reduce the spread of COVID-19 when Personal Protective Equipment (PPE, gloves, gowns, eye protection, and masks) was not consistently and correctly used by staff during resident care. These failures had the potential to contribute to the outbreak of COVID-19 at the facility.

FINDINGS:

- During an observation at Hall 600 located at Station II on 11/21/2022 at 11:26 am, room 602, 603, 604 and 605 were occupied with one resident per room. Rooms 602, 604 and 605 had "COVID CONFIRMED " red signages posted outside the room. Room 511 located at Hall 500 Station II contained one resident with "COVID CONFIRMED " red signage posted outside the room.
- During an observation and interview on 11/21/2022 at 11:30 am, Licensed Nurse (LN) 4 was seen without wearing eye protection while providing care to the resident who resided in room 605. LN 4 confirmed that she was wearing her own eyeglasses and she did not wear any eye protection.
- During a concurrent observation and interview on 11/21/2022 at 12:02 pm, Certified Nursing Assistant (CNA) 5 was seen entering room 511 without eye protection and providing lunch service for the resident. CNA 5 confirmed that she should have worn an eye protection per the facility Covid policy, and she confirmed that there was no eye protection equipment inside the

PPE supply cart outside of room 511. She said, "I felt bad, I would go and check all the PPE supply carts now ... "

- During an observation on 11/21/2022 at 12:07 pm, PPE supply cart/bags outside room 602, 604 and 605 were inspected and no eye protection equipment was found.
- During a concurrent observation and interview on 11/21/2022 at 12:08 pm, Speech Therapy (ST) was seen inside room 605 speaking to the resident. She confirmed that she was not wearing a gown, gloves, and eye protection. ST stated that she did not need to wear PPE because she was assessing the resident's cognition.
- During an interview on 11/21/2022 at 12:55 pm, with the Infection Preventionist (IP), she stated that "while caring for Covid positive residents, gown, gloves and face shield were needed for full patient care." She said, "when you were taking care of the resident directly, you do eye shield...I was not sure that they changed the rule..."

WHY: A thorough root cause analysis was conducted with regard to this issue by the interdisciplinary council. Through brainstorming and fishbone diagraming, the team found a lack of knowledge to be at the root of these occurrences. Further, the lack of reliably consistent (and random) audits of staff practices during provision of care to residents in the red zone, yellow zone, and the green zone, was also found to have contributed to this deficiency. Without consistent audits, the knowledge base of staff could not be reliably assessed and maintained optimally.

Suggested implementation of systemic resolution of items specific to #F880:

1. Take immediate steps to rectify this deficit of knowledge, by offering training on the proper use of PPE, to the therapy and nursing staff found above to be deficient in their practice of providing care.
2. Offer educational re-training on the proper use of PPE to ALL staff in order to avoid the reoccurrence of this issue. In order to ensure widespread knowledge, make training available both through multiple in-class orientations, and on-the-floor huddles.
3. Provide all necessary PPE equipment on door-caddies and isolation carts. Designate specific staff to frequently monitor and stock isolation carts and door caddies, as needed.
4. To maintain standard of knowledge, provide training on the proper use of PPE equipment quarterly in huddles at the nurses stations.
5. Conduct random audits of the staff practices during provision of care to residents in the red zone, yellow zone, and the green zone, to ensure that there are no other residents affected by this same deficient practice of the staff not wearing the proper PPE.
6. Finally, the QA department needs to be deeply involved in the carry-through and follow-up of this concern. Through an in-depth quarterly review performed by the QA department, the facility will be able to successfully gauge the continued compliance and sustainability of these actions, as well as follow up as needed with further PDSA cycles if the implemented changes have not held up to scrutiny and systemic analysis.

INFECTION CONTROL LESSON PLAN FOR PPE AND THE SPECIFIC TYPES OF PRECAUTIONS

General Considerations

- Hand hygiene
- Different types of precautions
- Donning/Doffing of PPE
- Standard, Contact and Airborne precautions
- Proper PPE for each type of contact precaution

Key Points for Different Types of Transmission-Based Precautions

Standard vs. Transmission based precautions

Standard precautions – applies to ALL care activities regardless of suspected/confirmed cases

Transmission-Based precautions – added measures to prevent spread of contagion

Types of Transmission-Based Precautions

- Contact Precautions
- Droplet Precautions
- Airborne Infection Isolation

Contact Precautions (eg; c-diff, MRSA)

- Direct contact – contact with patient
- Indirect contact – contact with the patient's environment
- PPE for contact precautions are **HAND HYGIENE PERFORMED, GOWN AND GLOVES AT ENTRY POINT BEFORE CONTACT WITH A PATIENT OR HIS/HER ENVIRONMENT. PPE REMOVED AT THE POINT OF EXIT AND PROMPT HAND HYGIENE**

Droplet Precautions (eg; influenza, pertussis)

- A face mask is worn upon entry to a patients room
- PPE for droplet precautions are **HAND HYGIENE PERFORMED, FACE MASK, GOGGLES OR FACE SHIELD, GOWN AND GLOVES AT ENTRY POINT BEFORE CONTACT WITH A PATIENT OR HIS/HER ENVIRONMENT. PPE REMOVED UPON THE POINT OF EXIT AND PROMPT HAND HYGIENE**

Airborne Infection Isolation (eg; Covid, M tuberculosis)

- Patient is placed into a negative pressure isolation room when possible
- N95 (particulate respirator) worn before entry which will need a proper fit check
- PPE for airborne precautions are **HAND HYGIENE PERFORMED, N95 FACE MASK, GOGGLES OR FACE SHIELD, GOWN AND GLOVES AT ENTRY POINT. PPE REMOVED UPON THE POINT OF EXIT AND PROMPT HAND HYGIENE**

Patient Transport

- For all isolation types: limit transport and movement of patients
- Any infected areas must be contained/covered
- PPE is NOT worn during patient transport