

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

PRINTED: 09/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555613	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE GROVE CARE AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 3401 LEMON STREET RIVERSIDE, CA 92501		
(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 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a combined COVID-19 FOCUSED SURVEY FOR INFECTION CONTROL and an investigation of one complaint.</p> <p>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: CA00857931</p> <p>Representing the California Department of Public Health:</p> <p>Health Facility Evaluator Nurse, #43396</p> <p>The inspection was limited to the specific complaint investigated and COVID-19 focused survey for infection control and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was identified for Complaint Number: CA00857931 and the COVID-19 Focused Survey for infection control.</p>	F 000	<p>The Grove Care and Wellness Center makes its best effort to operate in full compliance with both Federal and State law and any applicable standard of practice. Nothing included in this plan of correction is an admission to guilt but is submitted in order to comply with its regulatory obligation to the basis, merits, and/or form of any obligation contained herein. This plan of correction submitted by the Grove Care and Wellness Center is an allegation of compliance.</p>		
F 880 SS=E	<p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>The facility must establish and maintain an infection prevention and control program</p>	F 880			

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

Melna Manab, MD

TITLE

Don

(X6) DATE

9/22/23

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>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> <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> <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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 	F 880			

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F 880	<p>Continued From page 2</p> <p>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> <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 interview and record review, the facility failed to ensure appropriate infection control practices in preventing the transmission of the coronavirus infection (COVID-19 - illness caused by a virus that can be transmitted from person to person) were implemented in accordance with the facility's policy and procedure and Center of Disease Control (CDC) guideline, when:</p> <ol style="list-style-type: none"> 1. Healthcare Personnels (HCP/staff) were not tested for COVID-19 timely; and 2. COVID-19 outbreak (one or more confirmed positive case either resident or staff) was not reported to the state agency within the required 	F 880			

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F 880	<p>Continued From page 3 timeline.</p> <p>These failures had the potential for the spread of infection to the residents and staff in the facility.</p> <p>Findings:</p> <p>On August 25, 2023, at 4:32 p.m., the Administrator reported via e-mail (electronic mail) to the California Department of Health (CDPH) of five residents confirmed to have COVID-19 while at the facility.</p> <p>On August 30, 2023, at 9 a.m., an unannounced visit to the facility to conduct a Focused Infection Control Survey and a complaint investigation.</p> <p>On August 30, 2023, at 9:05 a.m., an interview was conducted with the Administrator (ADM). She stated several residents tested positive for COVID-19 on August 23, 2023. She stated facility conducted testing for all residents immediately on August 23, 2023. However, she stated testing for staff was not done until August 28, 2023.</p> <p>On August 30, 2023, 9:20 a.m., an interview was conducted with the Housekeeper (HK). She stated on August 23, 2023, she had fever and body aches, tested herself for COVID-19 at home prior to coming to work and was positive. She stated she worked in the facility on August 21 to 22, 2023 and cleaned the resident's rooms for the entire facility. She stated she was not wearing any mask when she cleaned the resident's rooms on August 21 to 22, 2023.</p> <p>On August 30, 2023, at 9:22 a.m., an interview was conducted with Licensed Vocational Nurse (LVN) 1. She stated on August 23, 2023, an</p>	F 880	<p>F880: Corrective action for residents found to have been affected by this deficiency:</p> <p>The facility immediately reported the outbreak to the appropriate agency. The facility also conducted broad-based testing for all residents on August 23, 2023, and IP conducted for all resident and staff on August 28, 2023, to assess status of COVID-19 transmission. The four residents that tested positive of COVID-19, were placed under isolation and were monitored for any respiratory issues. No staff tested positive during the August 28, 2023 testing.</p> <p>Corrective action for residents that may be affected by this deficiency:</p> <p>The Infection Preventionist initiated broad-based testing of all resident and staff on August 28, 2023. Four (resident)additional cases were noted and reported. Facility continued twice a week response testing until there are no additional cases. The latest Broad-based testing was conducted 9/21/23 that resulted in one new positive case that had already been isolated, monitored and reported. Broad-based testing will be continued for both residents and staff twice a week. The IP will continue to track COVID-19 cases, testing of all residents and staff twice weekly until there is no new positive cases of COVID-19. The IP will continue weekly reporting to NHSN (National Health Safety Network).</p>		

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F 880	<p>Continued From page 4</p> <p>outbreak of COVID-19 among residents occurred. She stated she was not tested for COVID-19 not until August 28, 2023 (five days after COVID -19 outbreak started). She also stated she worked and cared for residents who were COVID-19 positive prior to and after August 23, 2023.</p> <p>On August 30, 2023, at 9:45 a.m., an interview was conducted with LVN 2. She stated she worked as a treatment nurse and cared for residents who were COVID-19 positive prior to and after August 23, 2023. She stated she had not been tested yet for COVID-19 since her shift started this morning.</p> <p>On August 30, 2023, at 10:31 a.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. He stated he worked and cared for residents on August 23 to 25, of 2023. He stated he was off for several days after August 25, 2023, and returned to work today. He stated he had not been tested for COVID-19 when he worked on August 23 to 25, 2023, and since he started his shift this morning.</p> <p>On August 30, 2023, at 10:45 a.m., the Infection Preventionist (IP) was interviewed. She stated the facility had COVID-19 outbreak started on August 23, 2023. She stated a line listing of residents and staff who were exposed to the COVID-19 positive residents and staff should have been initiated to prioritize testing for COVID-19. She stated there was no documentation a line listing of exposed staff was initiated after the onset of COVID-19 on August 23, 2023. She stated the facility's current COVID-19 testing plan for staff and residents was to be done twice weekly which started on August 28, 2023.</p>	F 880	<p>Cont.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p> <p>The Infection Preventionist, received an in-service from the Infection Prevention Resource on (8/31/23) on current CDC guidance for COVID-19 testing, reporting, and monitoring. The IP will continue to track COVID-19 cases, testing of all residents and staff twice weekly until there is no new positive cases of COVID-19. The IP will continue weekly reporting to NHSN (National Health Safety Network).</p>		

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F 880	<p>Continued From page 5</p> <p>The current CDC guidance for testing of staff after an outbreak was identified was reviewed with the IP. In a concurrent interview with the IP, she stated the staff should have been tested for COVID-19 24 hours after exposure to a COVID-19 positive case, 3rd day post exposure and another one on the 5th day post exposure.</p> <p>On August 30, 2023, at 11 a.m., an interview was conducted with CNA 2. She stated she worked and cared for residents who were COVID-19 positive prior and after August 23, 2023. She stated she got tested for COVID -19 on August 28, 2023.</p> <p>On August 30, 2023, a review of the undated document titled "COVID-19 Testing Information, " was conducted. The documented indicated the following:</p> <ul style="list-style-type: none"> Residents A, B, C, D, and E tested positive for COVID-19 on August 23, 2023. Resident F tested COVID-19 positive on August 24, 2023. <p>There was no documented evidence testing for healthcare personnel was conducted after August 23 or 24, of 2023.</p> <p>On August 30, 2023, an interview was conducted with the Director of Nursing (DON) and the Infection Preventionist (IP). The DON and the IP stated the HK tested positive for COVID-19 on August 23, 2023 and worked several days prior to testing positive. The DON stated one or more confirmed positive case of COVID-19 either for residents or staff must be reported to the California Department of Public Health (CDPH)</p>	F 880	<p>Cont.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>The IP will continue to track COVID-19 cases in the facility, and submits COVID-19 data to the Department of Health and Human Services (DHHS) via the Centers for Disease Control and Prevention's (CDC's) National Health Safety Network (NHSN) system, weekly. The Administrator/designee will follow-up and ensure that weekly submission of the COVID-19 data was completed. In addition, the Administrator/designee will review infection control log on COVID-19 cases maintained by the IP for completeness related to testing, tracking, and reporting of COVID-19 outbreak to the appropriate state agency weekly. Any findings will be reported during the Quality Assessment and Assurance Committee meeting for evaluation and recommendation to ensure continued compliance on a monthly basis for three months.</p> <p>Completion date: To be determined when facility has no new positive cases for two consecutive weeks in the broad-based testing.</p>		

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F 880	<p>Continued From page 6</p> <p>within 24 hours from the time the outbreak in the facility was identified. The DON stated this was not done according to the facility's policy and or according to the state requirement for reporting of an outbreak in the facility.</p> <p>The DON and IP stated testing for healthcare personnel was not done until August 28, 2023 (five days after initial outbreak in the facility on August 23, 2023). The DON and IP stated testing of healthcare personnel (HCP) should have been started immediately and 24 hours from the time outbreak in the facility was identified. The DON and IP stated this was not done according to the facility's policy of adhering to the current CDC's guideline for testing requirements for HCP during COVID-19 outbreak.</p> <p>The facility's policy and procedure titled, "Infection Prevention and Control Program, " dated May 2023, indicated, " ...Reporting: When and to whom possible incident of communicable disease or infections should be reported. It is the policy that the facility will follow state reporting requirements on which communicable disease will be reported to the local/state authorities ... "</p> <p>The facility's policy and procedure titled, "COVID-19 Testing," dated October 2022, was reviewed. The document indicated, "...It is the policy of this facility to provide or obtain laboratory testing services for residents and staff to assist in the identification and management of SARS-CoV-2 (COVID-19) infections and/or outbreaks. This testing will be performed according to current to current local/state health departments and Centers for Disease Control and Prevention guidelines ..."</p>	F 880			

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F 880	Continued From page 7 According to the Center of Disease Control (CDC) guideline titled, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," dated May 8, 2023, indicated, "...Responding to a newly identified SARS-CoV-2-infected HCP or resident ...A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility have been exposed...Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad approach, regardless of vaccination status. Testing is recommended immediately (but not earlier than 24 hours after exposure) and, if negative, again 48 hours after first negative test and, if negative again, again in 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.	F 880			

Date: 8/31/23 From: _____ To: _____ Length: _____

Presented by: CATHERINE NASOL, LUN IP resource
Print Name, Signature and Title

In-service: Attach Lesson Plan with behavioral objectives, core curriculum, method(s) of teaching, method of evaluation

[illegible]

Lesson Plan

Program: Infection Prevention and Control	Location: The Grove Care and Wellness
Class Title: Covid Testing, Reporting and Monitoring	Length of Time: 1 hr
Instructors:	Audience: <input type="checkbox"/> All Staff <input type="checkbox"/> Nursing <input type="checkbox"/> C.N.A <input type="checkbox"/> Other:

Performance Standard / Objective	Course Content	Teaching Methods	Evaluation
Participants will be able to: - Understand the Process of Covid Testing, Reporting and Monitoring	<ol style="list-style-type: none"> Admission testing in nursing homes is now at the discretion of the facility per the most recent CDC guidance. Diagnostic testing should be considered for all people with symptoms of or exposure to Covid-19. Asymptomatic patients with close contact with someone with Covid-19 infection should have a series of three viral tests. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Residents who have tested positive on Covid-19 will be placed on Contact isolation for 10days, monitored and treated for signs and symptoms. Facility will follow AFL 23-08 which indicates facility will report outbreaks (one or more) and unusual infectious disease occurrences to the local public health office and their respective district office. Broad-based testing will continue until the facility has no new positive case for two consecutive weeks. 	Lecture/ Discussion	Question and Answer