

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2020
NAME OF PROVIDER OF SUPPLIER RECHE CANYON REGIONAL REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 1350 RECHE CANYON RD COLTON, CA 92324	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to implement their infection control program for COVID-19 (an illness caused by [MEDICAL CONDITION]) when: 1. The facility failed to implement the CDC (Center for Disease Control) recommendation and their facility policy and procedure for the cohorting of Residents, using a color code to separate those residents with active disease (red zone) from those who were exposed (yellow zone) or negative (green zone). 2. The facility did not follow infection control guidelines for isolation precautions (barriers between people and germs) on July 31, 2020 at 2:47 PM, when there were 4 yellow reusable PPE (personal protective equipment such as gowns, goggles) gowns, hanging outside of the isolation room that were unlabeled. These failures had the potential to place all 137 Residents in the facility at increased risk for exposure to COVID-19 by not following CDC guidelines for infection control. Findings: 1. During an observation on July 31, 2020, at 1:00 PM, the facility had not implemented a division of residents using color coded designated signs to identify the three levels of isolation for COVID-19: red = positive and symptomatic; yellow = exposed and green = negative. During an interview with the Licensed Vocational Nurse 1 (LVN 1), on July 31, 2020, at 1:19 PM, LVN 1 stated he did not know about the color coded zones. He stated they did not use that practice in their facility. During an interview with the DON (Director of Nursing), on July 31, 2020, at 1:29 PM, the DON stated she was not aware of the color coded zones. She confirmed that they did not implement this because she was unaware. During an interview with the House Keeping Supervisor (HK 1), on July 31, 2020, at 1:40 PM, HK 1 confirmed she was not aware of the color coded zones. The HK 1 stated we do not do that at this facility. During an interview with the Environmental Services (ES 1), on July 31, 2020, at 1:40 PM, ES 1 confirmed that he did not know what the color coded zones are. He stated they did not use that method in the facility. During an interview with the Certified Nurse Assistant (CNA 1), on July 31, 2020, at 4:00 PM, she stated she did not know about the color coded zones she just learned about it and hour ago. During an interview with the CNA 2, on July 31, 2020, at 4:03 PM, CNA 2 stated that he was new and had been working there for one month. He confirmed he did not know what the color coded zones meant. During a phone interview with the Assistant Director of Nursing (ADON), on August 3, 2020, at 11:39 AM, the ADON confirmed that she was able to find the color coded zones on the mitigation plan and was not aware of the zones until the surveyor arrived at the facility on July 31, 2020. During a review of the facility's policy and procedure (P&P) titled, Novel Coronavirus (COVID-19)/ guidelines for skilled Nursing Facilities revised on June 17, 2020, indicated page (7) .a. If their tests is positive for COVID-19, they should be moved into the Red Cohort. b. Newly admitted and readmitted patients must stay in quarantine in the Yellow Cohort for 14 days. They must be tested on admission and again at the end of quarantine. A negative post quarantine results permits the residents to be transferred to the Green Cohort (nonCOVID-19) Cohort . 2. During an observation on July 31, 2020, at 2:47 PM, there were 4 yellow reusable gowns hanging on the wall outside of room [ROOM NUMBER] not labeled with the staff's name. In the cart located outside of the room where PPE was to be stored, there was one drawer with 3 compartments with no PPE's available. During an interview with a Licensed Vocational Nurse 2 (LVN 2) on July 31, 2020, at 2:49 PM, LVN 2 stated she was assigned to care for both Residents in room [ROOM NUMBER]. LVN 2 confirmed that the gowns that are hanging on the wall did not belong to her and stated, The gowns should have our names on them with a piece of tape. LVN2 confirmed the drawers were empty and should have a supply of PPEs for staff to use when caring for the residents in isolation. During a concurrent interview with the DON, on July 31, 2020, at 2:58 PM, the DON confirmed the gowns that are hanging on the wall were not labeled with names. The DON stated, The nurses do not need to put their names on the PPE gowns, the nurses should know which gowns they are using. I will just discard them myself. During an observation of the gowns hanging outside the isolation room and of the isolation cart and a interview with the LVN 3, on July 31, 2020, at 4:45 PM, LVN 3 confirmed that the gowns located outside of the isolation were not labeled. LVN 3 stated the gowns, are supposed to be labeled with our names on a piece of tape. LVN 3 also confirmed the drawers in the isolation cart which should be stocked with PPEs were empty. During an observation of the isolation cart and concurrent interview with the Certified Nursing Assistant 3 (CNA 3), on July 31, 2020, at 4:50 PM, CNA 3 confirmed the yellow reusable gowns outside of the isolation were not labeled, and did not know which staff member they belonged to. CNA 3 also observed that the drawers outside of the isolation room were empty and stated I just go down the hall and grab a yellow gown. CNA 3 confirmed that the drawers should not be empty. An observation of the isolation cart and concurrent interview with the Housekeeper (K 1), was conducted on July 31, 2020, at 4:55 PM. HK 1 confirmed that the drawer outside of the isolation room was empty. HK 1 stated, If the drawers are empty the nurses need to call us and let us know. HK 1 further stated, If the drawers are empty the nurses can just walk down this hall and grab a yellow gown from another drawer. An interview and observation of the gowns hanging outside the isolation room and isolation cart was conducted with the DON, on July 31, 2020, at 5:00 PM. The DON confirmed that the yellow gowns hanging outside the isolation room were not labeled. The DON also confirmed that the drawer in the isolation cart was empty. The DON stated, The nurses can just walk down this hallway and grab a yellow gown from another drawer. During a interview with the Assistant Director of Nurses (ADON), on July 31, 2020, at 5:07 PM, the ADON confirmed that all yellow PPE gowns should be labeled with the nurses name with a piece of tape. When they discard the yellow gown the nurses are supposed to remove the piece of tape. The ADON also stated the drawer that is in the cart to store PPEs located outside of the isolation room should never be empty. The ADON stated, The nurses need to call housekeeping to fill the drawer. We had an in-service with the nurses about reusable gowns. During a review of the facility's policy and procedure (P&P) titled, Novel Coronavirus Prevention and Response dated March 2020, indicated page (2) .(f). Promote easy and correct use of personal protective equipment (PPE) by . (i). Posting signs on the door or wall outside of the resident room that clearly describes the type of precautions needed and required PPE. (ii). Make PPE, including face mask, eye protection, gowns, gloves, available immediately outside of the Residents room. (iii). Position a trash can near the exit inside any resident room to make it easier to discard PPE. During a review of the facility's Education In-Service titled, Format Lesson Plan Infection Control Isolation Precautions, undated indicated the course instructor was LVN 4, and the course content . Staff to sign out 1 gown for the day when coming onto shift Staff members who have isolation rooms will have additional gown for each isolation room. Always label isolation gowns (label gown with name tape). Make sure to discard isolation gowns in blue solid linen at the end of your shift to be cleaned and sanitized (make sure to remove labels) . During a review of the facility's In-service/Education titled, New info regarding COVID-19, dated May 18, 2020 and May 19, 2020, indicated the course instructor was LVN 5 and the course content . New COVID symptoms to review on the AFL 20.51. Gowns will be at the front entrance again. Use until soiled or end of shift. Then place in soiled bin. Please remove tape or badges before discarding.</p>		
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.