

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2020
NAME OF PROVIDER OF SUPPLIER BALDWIN GARDENS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780	
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 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe and functional environment for the residents, staff, and public, regarding an unapproved drape to minimize the transmission risk of an infectious disease from one area to another area. This deficient practice of an improper safety process had the potential to have negative effects to the safety, welfare, and health, of the residents, staff and public. Findings: On 8/5/20, at 1:05 p.m., a complaint investigation was conducted at the facility and the administrator was informed of the visit. On 8/5/20, at 1:15 p.m., a general observation of the facility was conducted with the Infection Preventionist (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment). The facility had two zones; a Yellow Zone (area where residents reside who are waiting for the test results to determine if they have COVID-19 ([MEDICAL CONDITION] 2019, a contagious virus that causes mild to severe upper respiratory infection) or not) and a Red Zone (the area where COVID-19 positive residents reside, to prevent the spread of the disease). On 8/5/20, at 1:40 p.m., while standing in the corridor next to room [ROOM NUMBER], it was observed that there was a plastic drape to prevent occupants to continue down the corridor into the Red Zone (rooms [ROOM NUMBERS]). The drape separated the Yellow Zone from the Red Zone. The drape (measured 8 feet wide and 9 feet high) was nailed to an 1-inch by 2-inch wooden boards, that went up both corridor walls, across along the ceiling. In the center of the drape was a vertical zipper to allow nursing staff to enter the Red Zone). There were two signs posted on the drape: one sign stated, Red Zone. Red Zone only. and the second sign stated, In case of fire, plastic barrier can be torn down. An inspection of the drape revealed there was no tag or signage to indicate that this drape was made of a fire retardant material (According to the California Code of Regulations, Title 19, Flame Retardant Regulations, Chapter 8, Division 1, Article 7, Section 1325, states that no drape, hanging, curtain, or similar decorative material which has been treated by a registered flame-retardant application or is made from a registered approved fabric shall be installed after the effective date of these regulations in any place, unless such drape, hanging, curtain, or similar decorative material shall be labeled as required by Section 1324. Section 1324 states that the treated flame-retardant material shall be labeled with the name and registration number, the chemical used on the material, the date the chemical was applied and the Seal of Registration of the State Fire Marshall.) On 8/5/20, at 2:20 p.m., an interview was conducted with the Administrator and the Maintenance Supervisor regarding the plastic drape between the Yellow Zone and the Red Zone. The Administrator stated, he thought the drape was the approved type. When asked for the package that the drape came in, the Maintenance Supervisor stated he had the package and would retrieve it. It was pointed out that an approved barrier could be the corridor doors kept closed, or tight-fitting material (such as a fire-retardant plastic drape) from floor to ceiling and from wall to wall, that is properly secured to all four surfaces to prevent air flow from passing from one zone to another zone. A review of the plastic drape package label, indicated, Warning: Flammable. On 8/5/20, at 4:10 p.m., the administrator was informed of the finding that the facility failed to provide a safe and functional environment for the residents, staff, and public, and this was a violation of a Federal regulation.</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.