

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055508</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>JACOB HEALTH CARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4075 54TH ST. SAN DIEGO, CA 92105</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure staff were wearing a face shield upon entering the room of a resident with suspected Covid-19 (Coronavirus disease- is an infectious disease that spread from person to person via respiratory droplets). In addition, staff were not trained to use the poncho as Personal Protective Equipment (PPE - equipment used to protect staff and residents from potentially infectious diseases) and staff did not remove the poncho according to the facility's procedure, for 1 of 2 sampled residents (1). As a result, there was a potential to spread infections. Finding: Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/15/20 at 8:25 A.M., Licensed Nurse (LN) 1 was observed to have applied a poncho and entered Resident 1's room with the same face mask used in the hallway and without a face shield. After LN 1 conducted her assessment, LN 1 removed the poncho by reaching at the back, pulling and ripping the back part of the poncho, and discarded it in the trash. LN 1 exited Resident 1's room with the same face mask. On 6/15/20 at 8:30 A.M., Respiratory Therapist (RT) 1 was observed to have applied a poncho and entered Resident 1's room with the same face mask used in the hallway and without a face shield. After RT 1 conducted her treatment, RT 1 removed the poncho by reaching the back, pulling it away, but the poncho did not rip apart. With dirty gloves, RT 1 then reached in the front of the poncho and attempted to rip it, but the poncho only ripped halfway off her body. RT 1 had to step over the poncho to successfully remove the poncho off her body. RT 1 discarded the poncho in the trash and exited Resident 1's room with the same face mask. On 6/15/20 at 11:44 A.M., an interview was conducted with the Director of Staff Development (DSD) and the Infection Control Preventionist Nurse (ICPN). The DSD stated the expectation was for the staff to wear a face shield and new face mask when entering a resident's room with signs and symptoms of Covid-19. The ICPN stated the staff were expected to wear complete (mask, face shield or goggles, gown or poncho, and gloves) PPE when entering a resident's room with signs and symptoms of Covid-19. The DSD stated there were two ways to remove the ponchos properly. The DSD stated the staff should have asked someone to cut the back of their poncho with scissors or the staff could have rolled the poncho from the bottom-up to avoid self-exposure to the infectious disease. On 6/15/20 at 1 P.M., an interview was conducted with RT 1. RT 1 stated Resident 1 was under Covid-19 precautions and staff should wear complete PPE. RT 1 stated she did not wear a face shield and she should have to protect herself from sputum or droplets. RT 1 stated she had difficulty and stumbled to remove the poncho. RT 1 further stated she was not trained on how to use the poncho. On 6/15/20 at 1:34 P.M., the DSD stated in-services were provided to staff on how to use the poncho starting on 4/30/20 but were unable to provide a competency skill check for LN 1. On 6/15/20 at 1:46 P.M., an interview was conducted with LN 1. LN 1 stated before entering Resident 1's room, staff should use droplet precaution (when a resident has suspected infection that can be spread to others by talking, sneezing or coughing). LN 1 further stated the staff should wear a face shield and poncho, since the facility had no yellow gowns. LN 1 stated she should have used a face shield before entering Resident 1's room. LN 1 stated she was trained on how to remove the poncho sometime in May but could not remember what was taught. LN 1 stated she thought she removed the poncho correctly by grabbing the back part of the poncho. LN 1 stated it was important to remove the poncho properly to avoid contaminating yourself. On 6/15/20 at 2:30 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated staff should wear PPE when caring for a resident with suspected Covid-19. The DON further stated she was surprised that the staff did not know how to remove the poncho. Per the undated, Competency Assessment Personal Protective Equipment- Using Poncho Gowns When Isolation Gowns Run Out, .Procedure for DONNING (applying) PPE .4. Put your arms into the sleeves of the Rain Poncho .7 .use a facemask .10. Put on Face shield or goggles .Procedure for DOFFING (removing) the PPE: Buddy System 1. When removing the Rain Poncho avoid touching the otter (sic) surface .3. With the gloves on, the buddy standing at 2-3 feet away from the DOFFER will roll out and up the bottom portion of the rain poncho .Procedure for DOFFING the PPE: Buddy System with Scissors 1. When removing the Rain Poncho avoid touching the otter (sic) surface .3. With gloves on the buddy standing at the back (2 to 3 feet away,) will cut the poncho .</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.