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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555259</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                         | (X3) DATE SURVEY COMPLETED<br><b>08/27/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MAINPLACE POST ACUTE</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>1835 WEST LA VETA AVENUE<br/>ORANGE, CA 92868</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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Few</b>              | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and facility P&amp;P review, the facility failed to implement the infection control practices designed to provide a safe and sanitary environment and help to prevent the development and transmission of disease and infections. * LVN 2 failed to perform hand hygiene after doffing the PPE and prior to exiting the contact and droplet precaution resident's room. * The Housekeeping Supervisor and Housekeeper 1 failed to don the proper PPE prior to entering the isolation precaution resident's room. These failures had the potential for cross-contamination and spread of infection. Findings: 1. Review of the facility's P&amp;P titled Standards Precautions revised 11/2007 showed the staff have to perform hand hygiene after removing gloves and between resident contact. On 8/27/2020 at 0835 hours, LVN 2 was observed wearing the facemask, gown, and gloves in the hallway. LVN 2 then entered Room A and removed her gown and gloves. LVN 2 did not perform hand hygiene. LVN 2 exited Room A, went to the medication cart, obtained the blood pressure cuff and stethoscope, and donned a new pair of gloves. Without performing hand hygiene, LVN 2 entered Room B. LVN 2 took Resident 4's blood pressure and pulse. LVN 2 exited Room B and doffed the gloves. Without performing hand hygiene, LVN 2 was observed preparing the injectable medication. LVN 2 donned a new pair of gloves (without performing hand hygiene), entered Room B, and administered the injectable medication to Resident 4. On 8/27/2020 at 0911 hours, an interview was conducted with LVN 2. LVN 2 stated she forgot to remove her PPE after providing care to the resident in Room A. LVN 2 acknowledged she should have removed her gown and gloves before leaving Room A. When asked performing hand hygiene, LVN 2 stated she should perform hand hygiene after removing the gloves, after contact with the medical equipment, when administering the medications, and before and after contact with the resident's skin. LVN 2 verified the findings.</p> <p>2. Review of the facility's COVID 19 Mitigation Plan dated 7/13/2020, showed five different designated resident room colors as Green, Yellow, Pink, Orange, and Red Zone/Rooms. The section titled COVID 19 Procedural Steps showed the following: * Yellow Zone/Room: identify the residents who have been exposed to COVID-19. Everyone is required to wear gloves, an N95 or a surgical mask, a gown when the staff are performing direct resident care such as feeding, bathing or touching the resident and a face shield was optional. * Pink Zone/Room: identify COVID-19 symptomatic residents * Orange Zone/Room: identify the residents who are recovered from COVID-19 * Red Zone/Room: identify COVID-19 positive residents For the Pink, Orange, and Red Zone/Rooms, everyone is required to wear an N95 or a surgical mask, a face shield, a gown, and gloves. * Green Zone/Room: identify the COVID-19 negative residents. On 08/27/2020 at 0857 hours, an observation was conducted in the facility's Pink Zone. The Housekeeping Supervisor and Housekeeper 1 entered Room C without donning the isolation gown and gloves. The Housekeeping Supervisor and Housekeeper 1 did not perform hand hygiene. The pink colored sign posted by Room C showed, isolation precaution, staff had to don a face mask, face shield, an isolation gown, and gloves before entering room. Housekeeper 1 was observed talking to the resident in Room C. The Housekeeping Supervisor was observed fixing the resident's drawers in Room C. On 8/27/2020 at 0905 hours, an interview was conducted with Housekeeper 1. Housekeeper 1 stated Room C was in the Pink Zone and PPE had to be worn prior to entering the room. Housekeeper 1 stated she should have worn the required PPE prior to entering Room C. On 8/27/2020 at 1312 hours, an interview was conducted with the Housekeeping Supervisor. The Housekeeping Supervisor stated he was in hurry when he entered Room C. The Housekeeping Supervisor acknowledged he had to wear appropriate PPE before entering Room C.</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.