

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CALIFORNIA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2299 NORTH INDIAN CANYON DRIVE PALM SPRINGS, CA 92262</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to implement proper infection control practices in preventing transmission of the [MEDICAL CONDITION] infection (Covid-19 - virus causing respiratory symptoms), when: 1. There was no sign posted outside of the resident's room considered as person under investigation for COVID 19 (PUI- person with possible exposure to COVID 19 and has unknown COVID 19 status) to indicate the appropriate infection control and prevention precautions and required personal protective equipment (PPE-equipment worn by an individual for the protection against infectious material) in providing care for residents with unknown Covid-19 status; and 2. There was no necessary PPE readily available outside of the resident's room for staff to use in caring for residents with unknown Covid-19 status. These failures had the potential to result in the spread of Covid-19 infection to residents and staff. Findings: On July 22, 2020, at 9:30 a.m., a focused survey was conducted to investigate facility compliance on appropriate infection control and prevention practice. On July 22, 2020, at 9:58 a.m., Licensed Vocational Nurse (LVN) 1 was interviewed. She stated the residents considered as PUIs for COVID 19 were roomed in Rooms 1 through 12. LVN 1 stated the designated rooms for PUIs would have signs posted on the door, indicating the isolation precaution and the required PPE in providing care for the residents of unknown COVID 19 status. Concurrently, an initial tour of the resident's rooms was conducted with LVN 1, and the following were observed; a. Rooms 1 through 9 had no signs posted on the door for isolation precautions; b. Rooms 10 had a sign posted indicating contact precaution (interventions used to prevent transmission of infectious agents which are spread by direct or indirect contact); c. rooms [ROOM NUMBERS] had no signs posted for isolation precautions; d. Rooms 13 through 20 had no signs posted to indicate the required isolation precaution. On further observation, there was no PPE readily available outside the resident's rooms for staff to use prior to entering the rooms for the PUIs for COVID 19. On July 22, 2020, at 10:29 a.m., an interview was conducted with the Director of Nurses (DON). She stated the facility currently had 15 residents who have been tested positive for Covid-19. She stated the facility had 16 residents who were PUIs for COVID 19. She stated the residents who were PUIs were in Rooms 9 through 20. On July 22, 2020, at 10:40 a.m., a facility tour was conducted with Registered Nurse (RN) 1, and the following were observed: a. room [ROOM NUMBER]-Droplet Isolation precaution (interventions used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing) sign posted on the door, no PPE available outside the resident's room; b. room [ROOM NUMBER]- Droplet Isolation sign posted on the door, and there was no PPE available outside the resident's room; c. room [ROOM NUMBER]-Droplet Isolation sign posted on the door, there was PPE available inside the room; d. room [ROOM NUMBER]-Droplet Isolation sign posted on door, and there was no PPE readily available outside of the resident's room; e. room [ROOM NUMBER]-no isolation precaution sign, and no PPEs available outside the resident's room; f. room [ROOM NUMBER]-no isolation precaution sign posted, and had no PPE available outside the resident's room; and g. room [ROOM NUMBER]-Droplet Isolation sign posted and there was a PPE hanging by the door. On July 22, 2020, at 10:50 a.m., RN 1 was interviewed, and stated there should be PPEs available outside of the resident's isolation room for staff to use. She stated there should be isolation signs outside the resident's room considered as PUIs for COVID 19. On July 22, 2020, at 11 a.m., an interview was conducted with the DON. She stated residents who are PUIs should have isolation signs indicating the need for precautions. She stated several of the residents under investigation had moved rooms and the signs were not posted. The DON stated she understood the importance of the isolation precautions for Covid-19 and the proper use of PPE. On July 22, 2020, at 12:10 p.m., a follow up interview was conducted with LVN 1. LVN 1 stated when conducting the facility tour earlier, there was no isolation precaution signs posted outside the resident's rooms for PUIs and there was no PPE available. She stated there should have been signs to indicate the residents were on isolation and the proper PPE should have been readily available. On July 22, 2020, at 12:15 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated there were no isolation precaution signs posted in the room during the initial tour of the rooms for the residents considered as PUIs. He stated the staff needed to wear full PPEs which included, mask, gown, gloves and face shield, for providing care to the residents' of PUIs status. He stated there was no PPE available outside the resident rooms during the tour. On July 22, 2020, at 12:18 p.m., an interview was conducted with CNA 2. She stated the staff taking care of the residents who were PUIs should wear full PPEs including gown, mask, gloves and face shields. She stated there was no PPEs available outside the resident's rooms during the tour, and there was no isolation precaution signs posted on the resident's room for PUIs. On July 24, 2020, at 11:35 a.m., a telephone interview was conducted with the Staffing Coordinator (SC). The SC stated for residents who are PUIs, the staff should wear full PPE including N95 respirators (a mask used to filter particles), face shields, gown, and gloves. She stated PPE supplies should be stocked and available outside the resident's room. She stated the staff responsible for central supply should be posting the isolation precaution signs and providing the PPE supplies; however, the nursing staff were responsible in making sure the signs were posted correctly and the proper PPE was available. She stated there should have been isolation precaution signs posted on the door of the residents who were PUIs. The SC stated there should have been PPEs available for staff to use outside the resident's rooms. The facility document titled Infection Prevention Quality Control Plan, dated May 20, 2020, was reviewed. The document indicated, Personal Protective Equipment (PPE) .Provide the right supplies to ensure easy and correct use of PPE. -Post signs on the door or wall outside of the resident's room that clearly describe the type of precautions needed and required PPE -Make PPE, including facemasks, eye protection, gowns and gloves available immediately outside the resident room .Ensure isolation carts with isolation supplies and isolation signs are outside the room. Include signage of how to don and doff PPE .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.