

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055121</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FLAGSHIP HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>466 FLAGSHIP ROAD NEWPORT BEACH, CA 92663</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></p> <p>Based on observation and interview, the facility failed to implement the infection control practices designed to provide a safe and sanitary environment and help prevent the development and transmission of diseases and infections. * The facility failed to ensure the washable gowns used as personal protective equipment (PPE) were designated only as single-use for the residents on enhanced contact and droplet precautions. Instead, the facility designated one washable gown to be re-used by the same staff member for each resident on contact and droplet precautions throughout the shift. There were no shortages of gowns at the facility. * The facility failed to ensure the washable gowns being re-used were labeled to identify which staff member and resident the gown belonged to. These failures had the potential for cross-contamination and spread of infectious organisms in the facility. Findings: Review of the Centers for Disease Control and Prevention's (CDC) article titled Strategies for Optimizing the Supply of Isolation Gowns revised on 3/17/2020, showed surge capacity refers to the ability to manage a sudden increase in patient volume that would severely challenge or exceed the present patient capacity of a facility. Surge capacity is a useful framework to approach a decreased supply of isolation gowns during the COVID-19 response. Three general levels have been used to describe surge capacity and can be used to prioritize measures to conserve isolation gown supplies along the continuum of care: * Conventional capacity: Measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings. * Contingency capacity: Measures that may be used temporarily during periods of expected isolation gown shortages. * Crisis capacity: Strategies that are not adequate with standard U.S. standards of care but may need to be considered during periods of known gown shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Review of the Orange County Health Care Agency's Recommendations on PPE Use, Patient Placement/Movement, Staffing and Response-Driven Testing for COVID-19 (undated) showed due to limited supplies of disposable gowns, the healthcare facilities are encouraged to purchase long sleeved, washable cloth gowns. Gowns should be single use, being washed or discarded after each use. In periods of severe shortage, the facility can assign one gown per healthcare worker per patient per shift. On 8/20/20 at 0830 hours, an interview was conducted with the Administrator and DON. The DON stated there were 14 residents in the Red Zone and 3 residents (in two rooms) in the Yellow Zone. The DON stated any persons entering these room were required to wear the appropriate PPE, including a N95 mask, goggles or a face shield, gloves and a gown. On 8/20/20 at 0901 hours, an observation of the Yellow Zone was conducted. Two rooms (Rooms A and B) within the Yellow Zone had an Enhanced Droplet and Contact Precautions sign posted by the entrance of their room. Blue washable gowns were observed within the PPE carts by the entrance of the rooms. On 8/20/2020 at 0911 hours, an interview was conducted with CNA 1. CNA 1 was asked about the use of the washable gowns. CNA 1 stated each staff member had one washable gown that was reused for the same resident, for the entire shift. CNA 1 stated the gowns were hung on hooks behind the residents' doors for later reuse. CNA 1 was asked how the staff distinguished the gowns between staff members and between residents who shared a room. CNA 1 stated the staff were supposed to label their gowns with their name and the resident's name. On 8/20/20 at 0917 hours, an interview was conducted with LVN 1. Room A was observed to be occupied by two residents and was on enhanced droplet and contact precautions. Three identical blue washable gowns were observed hanging behind the door of Room A. LVN 1 stated the gowns were being reused by the staff. LVN 1 verified the three gowns were not labeled. LVN 1 stated she did not know which gown belonged to which staff member or which resident. LVN 1 stated the gowns were supposed to be labeled to prevent it from being used by multiple staff and prevent use for different residents to prevent cross-contamination. LVN 1 stated the staff were supposed to label the gowns using tape and a marker that were kept in the PPE cart. However, after inspection, LVN 1 verified the PPE cart did not contain a roll of tape or a marker needed for the staff to label the gowns. On 8/20/20 at 0927 hours, an interview was conducted with CNA 2. CNA 2 stated she was assigned to one of the residents in Room A. CNA 2 verified the washable gowns were being reused. CNA 2 could not identify which of the three gowns hanging on the door of Room A belonged to her. On 8/20/20 at 0954 hours, an observation of the facility's PPE inventory was conducted with the Central Supply Clerk. The Central Supply Clerk stated there were approximately 2,000 washable gowns being circulated for use between the Red and Yellow Zones. The Central Supply Clerk stated there were also approximately 840 brand new washable gowns that were still in unopened boxes and approximately 2,7000 disposable gowns on hand. The Central Supply Clerk stated all laundry services, including of the washable gowns, were completed at the facility. On 8/20/20 at 1038 hours, an interview was conducted with the Administrator and Central Supply Clerk. The Administrator and Central Supply Clerk verified there were no PPE shortages at the facility. When asked if the facility was on Contingency or Crisis capacity for isolation gowns, the Administrator stated no because the facility was not experiencing a PPE shortage.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		(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.