

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055818	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER ROYAL GARDENS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</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, sanitary environment to help prevent the development and transmission of communicable disease and infections during the Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis as indicated on the facility's Mitigation Plan by failing to disinfect the glucometer after use in between residents. These deficient practices had the potential to result in the spread of COVID-19 to other residents and staff that could cause respiratory illness that could lead to hospitalization and death. Findings: On 10/16/20 at 11:45 a.m., during an observation, Licensed Vocational Nurse (LVN 1) checked Resident 1's blood sugar. LVN 1 placed the glucometer on the medication tray then proceeded to the medication cart and signed Resident 1's Medication Record. LVN 1 prepared the medication tray, placed two alcohol swabs and a fingerstick on the medication tray then entered Resident 2's room. LVN 1 cleaned Resident 2's fingers with an alcohol swab, checked Resident 2 blood sugar and wiped the finger with the second alcohol swab. LVN 1 placed the glucometer back in the medication tray and went to the medication cart and signed Resident 2's medication record. LVN 1 took the glucometer from the medication tray and placed it inside the medication cart. On 10/16/20, during a follow up interview, LVN 1 stated she should have cleaned the glucometer after using it on a resident in order to prevent infection. LVN stated she should have used a disinfectant wipe to disinfect the glucometer after each use. On 10/16/20 at 3:10 p.m., during an interview, the IP Nurse stated shared equipments/devices such as blood pressure device, glucometers (device used to check blood sugar), shower chairs should be cleaned with a disinfectant approved by the United States Environment Protection Agency (EPA) for COVID-19. A review of Resident 1's Admission Record indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's Admission Record indicated the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of the Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities updated 9/30/20, indicated that the facility must ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings.</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.