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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055992 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/02/2020 |
| NAME OF PROVIDER OF SUPPLIER WEST COVINA HEALTHCARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 850 S. SUNKIST AVE. WEST COVINA, CA 91790 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to maintain an infection prevention and control program to help prevent transmission of communicable diseases and infection for one of one resident (Resident 1) by failing to: a. Follow the facility's Covid -19 (an illness caused by [MEDICAL CONDITION] that can spread from person to person) mitigation plan to maintain transmission based precautions until a negative test result can be achieved for Resident 1. b. Notify Resident 1's primary physician and resident's responsible party of the pending result of Covid-19 test before the resident was discharged home on [DATE]. c. Provide health teachings to Resident 1's responsible party regarding infection control prevention for Covid-19 while providing direct care at home. These deficient practices had resulted to Covid-19 infection of Resident 1's family members (FM). FM 1 and FM 2 were both tested positive for Covid-19 after providing direct care to Resident 1. Resident 1 was tested positive for Covid-19 as of 7/2/20. Findings: A review of Resident 1's Admission Record (Face Sheet) indicated she was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of the Physician order [REDACTED]. A review of Resident 1's Covid-19 test result dated 7/2/20, indicated Resident 1 was tested positive for Covid-19. During an interview and concurrent record review with the Director of Nursing (DON) on 7/8/20 at 3 p.m., she stated Resident 1 was admitted from the acute hospital on [DATE], with negative Covid-19 test result. Resident 1 was placed on quarantine unit ((yellow zone), an area for persons with undetermined illness) to be monitored for signs and symptoms of Covid-19 for 14 days. The 14 days quarantine would have ended on 7/6/20. DON stated she was aware of pending Covid-19 test result of Resident 1 prior to discharge home order on 7/2/20. DON stated to hold the discharge order due to pending result of Covid-19 is not necessary because there was no history of any resident or staff positive for Covid-19 in the facility. There was no documented evidence the primary physician was informed if the discharge order to home can be delayed due to Resident 1 has not completed her 14 days quarantine with pending test result of Covid-19. Resident 1's responsible party was also not notified of pending Covid-19 test result. Resident 1 was discharged home on [DATE] at 2:30 p.m., and the test result came on 7/2/20 at 10:30 p.m., which indicated positive for Covid-19. DON further stated Covid-19 testing was done to all residents and staff on 6/30/20, per instruction of public health nurse due to three staff were tested Covid-19 positive (6/9/20, 6/12/20 and 6/25/20). During an interview with the Infection Preventionist (IP) on 7/8/20 at 4 p.m., she stated she was aware of Resident 1's discharge order to home on 7/2/20. IP stated she did not inform Resident 1's primary physician if Resident 1 can be discharged to home despite of pending test result for Covid-19. IP stated there was no need to notify the primary physician to delay the discharge order to home because Resident 1 was asymptomatic. IP stated she did not get an informed consent from Resident 1's family to notify them that discharging the resident to home with pending result of Covid-19 would place the family members at risk for Covid-19 infection if Resident 1's test result for Covid-19 was positive. IP stated Covid-19 has no known cure and anyone can possibly die from Covid-19 virus. During an interview on 8/14/20 at 2:46 p.m., FM 1 stated family members (FM 1 and FM 2) were tested positive for Covid-19 after providing direct care to Resident 1. They both did not wear face mask during direct care of Resident 1. FM 1 and FM 2 were not informed of Resident 1's pending test result for Covid-19 before discharging to home on 7/2/20. FM 1 stayed at Resident 1's apartment for four hours on 7/2/20, taking care of the resident. FM 1 did not come back to Resident 1's apartment after 7/2/20. FM 1 stated she started to have fever on 7/5/20, and had symptoms such as coughing, nausea, weakness and diarrhea. FM 1 tested positive for Covid-19 on 7/8/20. FM 1 was [AGE] year old and with [DIAGNOSES REDACTED]. FM 2 provided care to Resident 1 from 7/2/20 through 7/6/20 (5 days). FM 2 started to have fever on 7/6/20. FM 2 tested positive for Covid-19 on 7/16/20. FM 2 was [AGE] year old with no underlying medical condition. A review of the facility's Covid-19 mitigation plan dated 5/28/20 page 12, indicated residents in yellow zone will be treated with contact and droplet precautions until a negative test result can be achieved or the resident meets the time criteria to return to the green zone (resident negative for Covid-19 infection) based on current CDC guidance (Centers for Disease Control and Prevention) for the removal of transmission based precautions.</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.