

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056330</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>REO VISTA HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6061 BANBURY ST. SAN DIEGO, CA 92139</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to follow their written policies to ensure a certified nursing assistant (CNA 1), assigned to provide care and services in the yellow zone unit, (isolation rooms for persons under investigation for [MEDICAL CONDITION] Disease (COVID-19)), was provided in-service, or training, on infection prevention and control related to COVID-19. This failure had the potential to increase the transmission and spread of infection, resulting in illnesses of the residents living in the facility. Findings: On 7/10/20, a complaint was received related to the transmission of COVID to residents who were previously tested negative for COVID. On 7/10/20 at 4:14 P.M., an interview with the administrator (ADMIN) was conducted. The ADMIN stated, the residents who were under investigation for COVID-19 exposure were in the yellow zone unit, located in the back hallway, to the right. On 7/10/20 at 4:27 P.M., an observation of the yellow zone unit, was conducted. There was a white plastic drape covering the entryway into the yellow zone unit. The first two resident rooms on the right each had a green sign labeled, droplet precautions. A licensed nurse, wearing a facemask, a face shield, a gown, and gloves, was providing medication pass to a resident in the first room. On 7/10/20 at 4:31 P.M., an observation of resident room (Rm) 130 and CNA 1, was conducted. CNA 1 was observed inside Rm 130, wearing a facemask, a face shield, and gloves, but no gown. CNA 1 proceeded to provide direct care to the resident in the second bed of Rm 130. A green sign, labeled droplet precautions, was posted outside the door of Rm 130. On 7/10/20 at 4:41 P.M., an interview with CNA 1 was conducted. CNA 1 stated the green droplet precautions sign meant staff were required to wear a facemask, a face shield, a gown and gloves. CNA 1 stated she did not put on a gown before entering into Rm 130 to provide direct patient care. CNA 1 further stated she was not trained on the current personal protective equipment (PPE) because she was per diem (employee working variable work hours based on the needs of the employer), and she was not at the facility when infection control training was provided. CNA 1 stated she had been working in the facility for two years, and the last time she worked in the facility was on 7/8/20. On 7/10/20 at 5:37 P.M., an interview with the director of staff development/infection prevention nurse (DSD/IPN) was conducted. The DSD/IPN stated, the green droplet precautions sign required staff to wear facemask, face shield, gowns and gloves before entering the resident's room. The DSD/IPN stated she was not able to provide infection prevention and control training to the per diem staff. The DSD/IPN stated it was important to train all the staff on infection control to stop the further spread of infection and to contain the infection. A review of the facility's Inservice Training/Seminar Reports, related to COVID-19, from 6/9/20 to 7/10/20, was conducted: - Signs &amp; Symptoms of COVID-19 and How to Prevent from Spreading, dated 6/9/20; - Reviewed Infection Control Practices ,dated 6/16/20; - Inservice CalMat Donning &amp; Doffing, dated 6/27/20; - COVID-19 S/Sx Infection Control, dated 6/29/20; - Review of Covid Related PPE's - Facility Assessment Results, dated 7/6/20; - Facility Assessment Results. Review of Covid Required PPE's, dated 7/6/20; - COVID-19 PPE Donning &amp; Doffing, User Seal Check, dated 7/7/20; - COVID-19 PPE, dated 7/7/20; - Facility Assessment Results. - Review of Covid Required PPE's, dated 7/7/20. There was no evidence of CNA 1 attending these in-services and trainings related to COVID-19. A review of the facility's policy, titled Coronavirus (COVID-19) , , undated, indicated, . Provide workers with information and training on infectious disease risks, infection control practices, including use of personal protective equipment . A review of the facility's policy titled, Coronavirus (COVID-19) Guidelines . , undated, indicated, . Facilities have provided HCP (health care provider) with required education and training . with any PPE ensemble that is used to perform . patient care . A review of the facility's policy, titled Employee Training on Infection Control, dated 2012, indicated, . Personnel are required to attend and participate in task and job-specific infection control training programs . , and . The Infection Preventionist . will identify those disciplines or individuals who need task- or job-specific infection control training . A review of the facility's policy titled, Infection Prevention and Control Program, dated 2018, indicated, . Those with potential direct exposure to blood or body fluids are trained in and required to use appropriate precautions and personal protective equipment. On 7/13/20 at 10:29 A.M., a phone interview with the director of nursing (DON) was conducted. The DON stated, in the yellow zone unit, staff were expected to protect each resident and themselves by wearing gloves, facemasks, face shields, and gowns. The DON stated staff were to wear a new gown for each resident. The DON stated she expected staff to know what to do, and expected all the facility staff to be trained, and in-serviced on COVID-19 infection control. The DON stated the DSD/IPN was in charge of providing in-services to all the staff. The DON stated it was important to train all staff to protect the residents and the staff, especially in the presence of [MEDICAL CONDITION] agents.</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.