

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055845	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER LEISURE GLEN POST ACUTE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 330 MISSION ROAD GLENDALE, CA 91205	
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 - Immediate jeopardy Residents Affected - Some	<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 implement interventions to prevent and control the spread of COVID-19 (Coronavirus disease, a severe respiratory illness caused by virus and spread from person to person) in accordance to the facility's infection control policies and the Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) for 12 of 12 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12) by failing to:</p> <ol style="list-style-type: none">1. Place a physical barrier to separate the COVID-19 area (Red Zone, area for residents who tested positive for COVID-19) from the suspected COVID-19 area (Yellow Zone, area for persons undetermined illness).2. Dedicate Licensed Vocational Nurses 1 (LVN 1) to care for confirmed COVID-19 residents (Residents 1, 2, 3, 4, 5, and 6) and negative COVID-19 residents (Residents 7, 8, 9, 10, 11, and 12) at the same time.3. Screen Surveyor 1 (S 1) and Physician Assistant 1 (PA 1) for signs and symptoms of COVID-19, history of travel and contact with positive COVID-19 persons upon entering the facility.4. Place signages in front of the residents' rooms in the Yellow and Red Zone to remind staff to wash their hands, don (put on) and doff (take off) Personal Protective Equipment (PPE - gown, gloves, mask and face shield) before and after providing care to the residents. These deficient practices had the potential to result in the spread of COVID-19 from Residents 1, 2, 3, 4, 5, 6, 7 placing Residents 8, 9, 10, 11, 12, and staff at risk for COVID-19 infection that could lead to severe respiratory illness, hospitalization and/or death. On 8/13/20 at 5:10 p.m., an Immediate Jeopardy (IJ, a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm impairment or death to a resident) was identified in the presence of the Director of Nursing (DON) and Infection Control Nurse 1 (ICN 1- a nurse who helps prevent and identify the spread of infectious disease in the healthcare environment). The IJ was called in the presence of the Administrator (ADM), DON and ICN 1 regarding the facility's failure to implement interventions to prevent the spread of COVID-19 infection that threatened the health and safety of the residents and staff. On 8/14/20 at 5:50 p.m., the IJ was lifted after the facility submitted an acceptable Plan of Action (POA, interventions to correct the deficient practices); the surveyor verified and confirmed the implementations of the POA while onsite by observation, interview and record review. The IJ was removed in the presence of the ADM, DON, ICN 1 and Registered Nurse Consultant (RNC). The ADM provided an acceptable POA as follows: 1. On 8/13/20 at 6:00 p.m., facility's staff placed a plastic barrier for the purpose of separation of COVID and Non-COVID residents. 2. The facility's ADM followed the Acute Communicable Disease Control Manual ([DIAGNOSES REDACTED]-M) updated on 8/11/20 to dedicate a single staff if possible and should refrain from moving staff back and forth between cohorts. If staff does need to move between cohorts, they should organize their work schedule so that they move from the Green Zone (Non COVID area for residents tested negative for COVID-19) to the Yellow Zone and to the Red Zone, but never the other way around. PPE must be changed per each resident contact. 3. ICN 1 provided an in-service to Greeter 1 (GR1-person who screens staff and visitors) on 8/13/20 at 6:10 p.m., which included asking staff and visitors for signs and symptoms of respiratory illness, contact with positive COVID-19 persons and history of travel. 4. On 8/13/20 at 6:10 p.m. facility's staff placed signages for donning/doffing PPEs and hand hygiene/washing in the hallways and by the doors in the YELLOW and RED zones. Findings: A review of Resident 1's Face Sheet indicated the facility admitted the resident on 7/16/20 with [DIAGNOSES REDACTED]. A review of Resident 1's laboratory (lab/test) result, dated 7/9/20, indicated the resident tested positive for COVID-19. A review of Resident 2's Face Sheet indicated the facility admitted the resident on 7/29/20 with [DIAGNOSES REDACTED]. A review of Resident 2's lab result, dated 7/21/20, indicated the resident tested positive for COVID-19. A review of Resident 3's Face Sheet indicated the facility admitted the resident on 7/29/20 with [DIAGNOSES REDACTED]. A review of Resident 3's lab result, dated 7/19/20, indicated the resident tested positive for COVID-19. A review of Resident 4's Face Sheet indicated the facility admitted the resident on 7/31/20 with [DIAGNOSES REDACTED]. A review of Resident 4's lab results, dated 7/27/20, indicated the resident tested positive for COVID-19. A review of Resident 5's Face Sheet indicated the facility admitted the resident on 8/7/20 with [DIAGNOSES REDACTED]. A review of Resident 6's Face Sheet indicated the facility admitted the resident on 7/31/20 with [DIAGNOSES REDACTED]. A review of Resident 6's lab result, dated 7/24/20, indicated the resident tested positive for COVID-19. A review of Resident 7's Face Sheet indicated the facility admitted the resident on 8/12/2020 with [DIAGNOSES REDACTED]. A review of Resident 8's Face Sheet indicated the facility admitted the resident on 7/28/20 with [DIAGNOSES REDACTED]. A review of Resident 8's lab result, dated 8/3/20, indicated the resident tested negative for COVID-19. A review of Resident 9's Face Sheet indicated the facility admitted the resident on 7/28/20 with [DIAGNOSES REDACTED]. A review of Resident 9's lab result, dated 8/3/20, indicated the resident tested negative for COVID-19. A review of Resident 10's Face Sheet indicated the facility admitted the resident on 7/31/20 with [DIAGNOSES REDACTED]. A review of Resident 11's Face Sheet indicated the facility admitted the resident on 8/6/20 with [DIAGNOSES REDACTED]. A review of Resident 11's lab result, dated 7/15/20, indicated the resident tested negative for COVID-19. A review of Resident 12's Face Sheet indicated the facility admitted the resident on 8/7/20 with [DIAGNOSES REDACTED]. A review of Resident 12's lab result, dated 8/10/20, indicated the resident tested negative for COVID-19. 1. During the initial observation with ICN 1 on 8/13/20, at 11:10 a.m., Residents 1's, 2's, 3's, 4's, 5's, 6's, 7's, 8's, 9's, 10's, 11's, and 12's Rooms were located in the same hallway of Unit 100, designated as Red and Yellow Zones. There was no physical barrier to separate the Red and Yellow Zones. A concurrent interview was conducted; ICN 1 stated there was no physical barrier to separate the Red and Yellow Zones. ICN 1 stated Residents 1's, 2's, 3's, 4's, 5's, 6's, and 7's rooms with opened doors are in Yellow Zone. ICN 1 stated Residents 8's, 9's, 10's, 11's and 12's rooms with closed doors and a red sticker are in the Red Zone. During an observation of the Yellow and Red Zones on 8/13/20, at 11:25 a.m., LVN 1 walked out of Resident 2's room (Red Zone) into Resident 11's room (Yellow Zone). LVN 1 spoke with Resident 11, then walked back to the Nursing Station 1, in front of Resident 2's room. A concurrent interview was conducted; LVN 1 stated there was no barrier or separation between the Yellow and the Red Zones. LVN 1 stated the facility used the residents' room doors as barriers. LVN 1 stated residents' rooms in the Yellow Zone had opened doors while residents' rooms in the Red Zone had closed doors. During a telephone interview on 8/13/20 at 2:10 p.m., Public Health Nurse 1 (PHN 1, local public health nurse who was assigned to work with the facility) stated she did not know facility's staff were using residents' room doors as a barrier between Yellow and Red Zone. PHN 1 stated closing of the residents' room doors is not enough as barriers. PHN 1 stated she recommended for the facility's Administrator to place clear barriers between the Yellow, Green, and Red Zones. During a review of the PHN's recommendation, dated 4/28/2020, indicated based on the Health Officer Order (HOO, measures taken to preserve the health of the public) residents who tested positive for COVID-19 or displayed symptoms associated with COVID-19 must be physically separated from those who do not have confirmed or suspected COVID-19. During an interview with the Administrator on 8/13/20 at 2:40 p.m., she stated Residents 1's, 2's, 3's, 4's, 5's, 6's 7's rooms are designated for confirmed COVID 19 residents (Red Zone). The Administrator stated Residents 8's, 9's 10's, 11's 12's and other rooms' in the same hallway were designated for the Yellow Zone. The ADM stated he assumed closing residents' room doors was enough to use as a barrier between the Yellow and Red Zones. During an interview		
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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>with the DON on 8/14/20 at 4:50 p.m., she stated a barrier should have been placed to separate the Yellow from the Red Zone. The DON stated separation is needed to avoid the spread of infection and for residents' safety. The DON stated a barrier or divider is needed to distinguish the different zones to prevent intermingling (mixing) of the positive COVID-19 residents (Red Zone) from the non-COVID-19 residents (Green Zone) and the suspected COVID-19 resident (Yellow Zone). A review of the facility's undated Mitigation Plan, under the section Designation of Space for COVID-19 Positive and Suspected for COVID-19, indicated for the facility to have a designated space (COVID Unit) to care for residents with confirmed COVID-19. The designated space ideally will be self-contained and easily definable by its barriers (e.g. Fire Doors). The MP indicated the barriers are used to limit movement in and out of COVID area to other non-COVID areas. 2. During an observation of the Yellow and Red Zones on 8/13/20, at 11:25 a.m., LVN 1 walked out of Resident 2's room (Red Zone) into Resident 11's room (Yellow Zone). LVN 1 spoke with Resident 11, then walked back to the nursing station in front of Resident 2's room. A concurrent interview was conducted; ICN 1 stated LVN 1 was assigned to care for residents in both Yellow and Red Zones. During an interview on 8/13/20 at 11:35 a.m., LVN 1 stated she was assigned by the DON to care for all residents in Unit 100 where both Yellow and Red Zones are located. LVN 1 stated Unit 100 housed Residents 1, 2, 3, 4, 5, 6, 7 who tested positive for COVID-19 and Residents 8, 9, 10, 11, and 12, who tested negative for COVID-19. During a telephone interview on 8/13/20 at 2:10 p.m., PHN 1 stated she recommended to the facility's Administrator that there should be no sharing of staff between COVID and Non-COVID residents. A review of the facility's Shift Assignment, dated 8/14/20, indicated one LVN was assigned to Unit 100 to take care of residents from both Yellow and Red Zones per each shift. During a review of the facility's Shift Assignment, dated 8/14/20 and a concurrent interview with the Administrator on 8/14/20 at 4:50 p.m., she stated LVN1 was assigned to care for both suspected COVID and confirmed COVID residents. The ADM stated mixing staff can be a source of spreading infection to the residents who had not yet confirmed with COVID-19. A review of the facility's undated Mitigation Plan, under section Designation of Space for COVID-19 Positive and Suspected for COVID-19, indicated the facility will have a designated Health Care Provider to work in COVID Unit. The MP indicated staffing with at least a nursing assistant and a Licensed Nurse will be assigned to care for the residents. A review of the facility's policy, titled Facility Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus (COVID-19) in Skilled Nursing Facility, dated 4/13/2020, indicated for facility to have assigned staff specially to care for only suspected or confirmed COVID-19 residents. 3. During an observation at the facility's entrance area on 8/13/20 at 11:00 a.m., Greeter 1 (GRT1) requested Surveyor 1's name and type of visit. GRT 1 checked Surveyor 1's temperature and did not screen for signs and symptoms of COVID 19. GRT 1 then proceeded to take PA 1's temperature who was next person in line. A review of the facility's Visitor Log, dated 8/13/20 for the 7 a.m. - 3 p.m. shift, indicated screening questions for signs and symptoms of COVID-19 including respiratory illness, fever, chills, contact with positive COVID-19 residents, international travel, were left blank for Surveyor 1 and the PA 1. During an interview on 8/14/20 at 3:30 p.m., GRT 1 stated she filled out the blank sections on the Visitor Log dated 8/13/20 from the 7 a.m. -3 p.m. shift later although she did not ask the screening questions because she did not want to get in trouble. GRT1 stated she was aware that she should carefully screen staff and visitors prior to entering the facility. During an interview with ICN 1 on 8/14/20 at 4:30 p.m., she stated GRT 1 need to ask all visitors and surveyors the screening questions prior to entering the facility. ICN 1 stated careful screening is a source of control of who comes in and out of the facility to prevent COVID 19 and or other diseases from spreading in the facility. A review of the facility's undated job description for Health Screener/Greeter indicated the health screeners need to check temperature and ask basic health screening questions to all employees and visitors before they enter the facility daily. 4. During initial tour of the Yellow and Red Zones on 8/13/20 at 11:10 a.m., there were no signages posted to remind facility's staff to perform hand washing, don and doff PPEs for infection control precautions. A concurrent interview was conducted; ICN 1 stated there were no signages in front of the resident's room in the Yellow and Red Zones. During an interview on 8/13/20 at 2:35 p.m., ICN 1 stated residents in the Yellow or Red Zones are on contact and droplet isolation (used for diseases or germs that are spread in tiny droplets caused by coughing and sneezing). ICN 1 stated signages or reminders are important for staff to help control the spread of infection. A review of the facility's undated Mitigation Plan, titled Designation of Space for COVID-19 Positive and Suspected for COVID-19, indicated for COVID Unit to have clear signages at the entrance and exit to instruct HCP to don and doff proper PPE and perform hand washing or apply Alcohol-Based Hand Sanitizer Procedures.</p>		