

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056360	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER ARBOR GLEN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1033 E. ARROW HIGHWAY GLEN DORA, CA 91740	
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 implement infection control practices and precautions to prevent the spread of COVID-19 (an illness caused by [MEDICAL CONDITION] that can spread from person to person) by failing to: 1. Post signs (visual postings used to convey information or instructions) outside of resident rooms indicating appropriate infection control and prevention precautions and required Personal Protective Equipment (PPE, equipment worn to minimize exposure to hazards that cause illnesses). 2. Have a procedure in place to properly store and label N95 mask (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) for reuse. These deficient practices had the potential to spread [MEDICAL CONDITION] to residents, staff, and essential visitors. Findings: During a tour observation of the facility's Yellow zone (a unit where residents who are suspected to have the COVID-19 virus are monitored and cared for) with the Infection Preventionist (IP, a professional who make sure healthcare workers and patients are doing all the things they should to prevent infections) on 7/17/20 at 2:50 p.m., there were no signs posted immediately outside of resident rooms (Rooms 100, 102, 103, 104 and 200 to 209) to indicate appropriate infection control and prevention precautions and required personal protective equipment (PPE, protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness) . During an interview on 7/17/20 at 2:55 p.m. the IP stated she will place signs outside of the Yellow zone rooms to indicate infection control precautions and required PPE. During an interview on 7/17/20 at 3 p.m., the IP stated staff would reuse their N95 masks for 2 to 3 days. The IP was able to show a log book where staff would log the date they receive a new N95 mask. The IP stated the facility currently had no specific procedure on storing and labeling N95 mask for reuse. The IP stated staff stored used N95 masks in brown paper bags and stored the N95 masks in their lockers or took them home. A review of the facility's undated Coronavirus Disease 2019 (COVID-19) Mitigation Plan for Skilled Nursing Facilities indicated, signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance. A review of Centers for Disease Control and Prevention (CDC, the US agency charged with tracking and investigating public health trends) document titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, dated 7/15/2020, indicated any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.</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.