

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER RIO HONDO SUBACUTE & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 273 E BEVERLY BOULEVARD MONTEBELLO, CA 90640	
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 - 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 assure that five staff followed hand hygiene practices. This deficient practice had the potential for the spread of contagious infections to the residents and staff they worked with. Findings include: During a tour of the facility beginning on 7/22/2020 at approximately 11 AM, staff were observed lined up to wash their hands with soap and water at the sink in Nurse 's Station 1. The Director of Nursing (DON) and Infection Preventionist (IP) were present. Staff 6 turned on the faucet with handles on top of the sink. She washed her hands with soap for 20 seconds, rinsed her hands and turned off the water faucet with her thumb, then dried her hands with a paper towel. Staff 25 turned on the faucet with handles on top of the sink. She washed her hands with soap for 20 seconds, rinsed her hands and turned off the water faucet with her hand, then dried her hands with a paper towel. Staff 14 turned on the faucet with handles on top of the sink. She washed her hands with soap for 20 seconds, rinsed her hands and obtained a paper towel from the dispenser next to the sink. She wiped the droplets of water off the counter top around the sink and then turned off the faucet with the wet paper towel. When asked if they saw the staff washing their hands, the DON and IP stated they had. The IP stated the staff should have obtained a clean, dry paper towel to turn off the faucet. While observing the Quarantine Unit at 11:55 AM, Staff 6 came out of room [ROOM NUMBER] without gown on and did not sanitize her hands. The DON and IP observed this as well. When asked about this, Staff 6 stated she forgot to put on the gown and she should have sanitized her hands after exiting the room. The DON stated Staff 6 was new but had been trained to use PPE and hand hygiene. While observing meal delivery on Unit 4 at approximately 12:30 PM, Staff 13 did not sanitize her hands after coming out of a resident 's room and before touching the meal cart. The IP stated she should have sanitized her hands before touching the cart. At Nurse 's Station for Unit 4 Staff 17 was observed washing his hands. He turned on the faucet, put soap on his hands, rubbing with soap for approximately 5 seconds, rinsed and dried his hands completing the process in approximately 10 seconds. The IP stated hand washing should be done for 20 seconds with soap and water then rinse. On 7/22/2020 at approximately 2 PM, review of the Infection Prevention and Control Program (IPCP) was conducted with the IP. When discussing the findings of breaks in IPCP process, the IP stated for the Quarantine Unit staff should put on (don) masks, gown and gloves when entering resident rooms. They should take off (doff) PPE before exiting the room and sanitize or wash their hands prior to coming out of the room or immediately after they exit the room. She provided the following Policies and Procedures (P&P) related to the deficient practice: Review of the CDC Sequence for Putting On and Taking off PPE handout for training provided by the IP revealed the following pertinent part: CDC Sequence for Putting on PPE read as follows: The type of PPE used will vary based on the level of precautions required such as standard, contact, droplet or airport infection isolation precautions . 1. Gown .2.Mask .3. Goggles or face shield .4. Gloves. At the bottom of the page is the following reminder: Keep hands away from face. Limit surfaces touched. Change gloves when torn or heavily contaminated. Perform Hand Hygiene. Review of the Policy and Procedure (P&P) titled IC 203 Hand Hygiene review date 11/15/2020 read in pertinent part as follows: Adherence to hand hygiene practices is maintained by all Center personnel .Purpose: to improve hand hygiene practices and reduce the transmission of pathogenic microorganisms .Process .2. Hand Hygiene techniques: 2.1 To wash hands with soap and water: Wet hands with warm .water, apply soap to hands, and rub hands vigorously outside the stream of water for 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel. Use clean, dry disposable towel to turn off faucet .</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.