

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FOOTHILL HEIGHTS CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1515 NORTH FAIR OAKS AVE PASADENA, CA 91103</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 - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and facility P&amp;P review, the facility failed to ensure the appropriate IC practices designed to provide a safe environment and help prevent the development and transmission of infections were implemented. The facility failed to ensure the staff were not wearing the same PPE when entering multiple quarantined resident rooms. This failure created the risk of transmission of COVID-19 and spread of the infection in the facility. Findings: Review of the facility's P&amp;P, titled Infection Control Policies and Procedures 2010, under Section 5 showed quarantine' meant the separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been exposed to prevent the spread of the disease. 1. Medical record review for Resident 1 was initiated on 7/7/2020. Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE]. On 7/7/2020 at 0944 hours, a concurrent observation and interview was conducted with CNA 2 for Resident 1. CNA 2 stated Resident 1 got readmitted the day before and was placed on quarantine. CNA 2 verified there was no signage of PPE or PPE readily available outside of Resident 1's room. CNA 2 was observed in the hallway wearing an isolation gown and a face shield over an N95 mask. CNA 2 entered Resident 1's room wearing the same PPE and picked up a trash bag from Resident 1's room. CNA 2 went out to the hallway, still wearing the same PPE. When asked if a change in PPE was necessary when entering Resident 1's room, CNA 2 stated she did not have to change PPE when entering the rooms of residents placed on quarantine. CNA 2 stated she had donned the mask, gown, and face shield since she entered the building. CNA 2 verified she had been using the same gown, mask, and face shield when entering the residents room. 2. Medical record review for Resident 2 was initiated on 7/7/2020. Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. On 7/7/2020 at 0950 hours, a concurrent observation and interview was conducted with RN 1 and the DSD. A sign with the letter Q dated 6/29- 7/12/20 was posted outside Resident 2's room. RN 1 stated Q stood for quarantine. RN 1 stated Resident 2 was readmitted and placed on quarantine for 14 days. When asked if the staff had to change PPE when entering a Resident 2's room since he was placed on quarantine, RN 1 verified the staff did not change PPE while caring for the readmitted residents. The DSD stated the staff did not need to change or don new PPE when entering the quarantined resident rooms. On 7/7/2020 at 1000 hours, an interview was conducted with the DON. The DON was asked about PPE guidelines for the residents who were readmitted into their facility. The DON stated the residents who were readmitted into their facility were only placed on quarantine and were not on isolation. The DON stated the facility staff could use the same PPE when entering the residents' rooms whether quarantined or not.</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.