

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MOUNT SAN ANTONIO GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 E. HARRISON AVE POMONA, CA 91767</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, interviews, and record review, the facility failed to properly prevent the transmission of COVID-19 infections by failing to ensure the facility's staff changing the gown between residents while providing care to eight residents in Villa H unit and 10 residents in Villa T unit, who were in quarantine due to the exposure to the Certified Nursing Assistant 1 (CNA 1) who tested positive for COVID-19 (serious respiratory illness caused by [MEDICAL CONDITION] that can spread from person to person). This deficient practice had the potential to result in cross contamination and spread of COVID-19 between the residents and staff. Findings: On 7/15/20, an unannounced visit was made to the facility to conduct a focused infection control survey. On 7/15/20 at 1:25 pm., an interview was conducted, Director of Nursing (DON) stated that the facility was following the COVID 19 Mitigation Plan and was not experiencing PPE or staffing shortage. DON explained current COVID-19 cohorting (grouping of residents to prevent the spread of [MEDICAL CONDITION]) placement of residents in the facility. DON stated that the Main Building (MB) was non-COVID (residents that have tested negative for [MEDICAL CONDITION] and have not been exposed) and the residents in Villa H unit and Villa T unit were on quarantine because CNA 1 tested positive for [MEDICAL CONDITION] and worked both villas. A review of the facility census dated 7/15/20 indicated that there were 8 residents in Villa H and 10 residents in Villa T. On 7/15/20 at 3:10 pm., DON stated that the facility had experienced disposable gown shortages the past couple of weeks. DON stated that the facility had recovered and was no longer experiencing gown critical needs, but the facility was being cautious by [MEDICATION NAME] gown conservation. DON stated that the staff were using one cloth gown per shift in Villas H and T and the gowns were not changed between residents unless visibly soiled. On 7/15/20 at 3:15 pm., an observation was conducted in Villa T, staff were wearing yellow cloth gowns. On 7/15/20 at 3:17 pm., an interview was conducted in Villa T, Registered Nurse 1 (RN 1) stated that the staff wore one cloth gown per shift and the gown was not changed between residents. RN 1 stated that each villa had a washer and dryer and at the end of the shift, the staff washed all the cloth gowns worn during each shift. On 7/15/20 at 3:23 pm., an observation in Villa T was conducted. RN 1 was wearing a cloth yellow gown and entered Resident 1's room without changing the cloth gown. On 7/15/20 at 3:30 pm., an interview was conducted in Villa T, CNA 2 confirmed facility practice of wearing one cloth gown per shift and no changing of gowns between residents. On 7/15/20 at 4:02 pm., an observation was conducted in Villa H, staff were wearing cloth yellow gowns. On 7/15/20 at 4:34 pm., an interview was conducted, Licensed Vocational Nurse 1 (LVN 1), who worked in Villa H, stated that facility practice entailed wearing one cloth gown per shift without changing the gown between residents. On 7/28/20 at 1:14 pm., an interview was conducted, Infection Preventionist (IP) stated that on 7/12/20, the staff started using cloth gowns to conserve disposable isolation gowns for COVID positive residents. (On 7/15/20, there were no confirmed residents.) IP stated that the facility had 200 cloth/washable gowns and each villa had a washer and dryer. IP stated that facility practice was to use one cloth gown per day without changing gowns between patients, this was the LHD Public Health Nurse (PHN) recommendation. IP stated that after the survey visit, the facility stopped this practice and started using disposable gowns: one gown/resident/encounter. IP stated that facility vendors and LHD were supplying enough gowns. IP stated that RN 1 was responsible for in servicing the staff that worked the villas. IP communicated with RN 1 to ensure staff were being properly trained. IP stated that she also followed DCD, Crisis Capacity Strategies, guidelines and interpreted guidelines to use one cloth gown per day with no change between residents in the quarantine zone. A review of the Proper Donning (putting on)/Doffing (taking off) PPE - conservation of PPE in-service indicated that staff who worked Villas H and T were in-serviced 6/26/20 and 7/10/20. A review of the Donning and Doffing PPE, Reusable Gowns, Conservation of PPE lesson plan dated 6/26/20 to 6/28/20 indicated the learning objectives included: proper way to don and doff PPE and the reason for reuse of gowns was to conserve PPE. The lesson plan indicated that crisis capacity strategy included: extended use of isolation gowns and re-use of cloth gowns. The goal of re-using cloth gowns was to minimize exposure to (staff) and not necessarily prevent transmission between patients. The lesson plan indicated that when no disposable gowns were available, reusable/washable gowns could be considered. Reusable gowns could be safely laundered according to routine procedures and laundry operations may need to be augmented to facilitate additional washing loads and cycles. A review of CDC: Crisis Capacity Strategies updated 3/17/20 indicated extended use of isolation gowns such that the same gown is worn by the same staff when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html</a> A review of the facility's policy and procedure titled, COVID-19 Infection Control developed on 6/12/20 and revised 7/24/20 indicated that the purpose of the policy was to protect residents, staff, and others who may be in the facility from harm during emergency events. To accomplish this, we have developed procedures for infection prevention and control to manage a COVID-19 outbreak. The policy indicates that the guidelines the infection preventionist will follow and will be heavily influenced from the local health department (LHD), California Department of Public Health (CDPH), and Centers of Disease Control (CDC). According to Los Angeles County Publichealth Guidance from SNF revised on 6/17/20 regarding Special PPE (personal protective equipment) Consideration in Cohort Areas, gowns should ideally be changed between patients if adequate supplies are available. The same gown may be worn in the Red Cohort (infected residents) as long as there are no other contact pathogens that require changing between patients. In Yellow Cohort (unknown in quarantine area) gowns and gloves should be changed, and hand hygiene performed between all patients.</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.