

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER COUNTRY MANOR HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 11723 FENTON AVENUE LAKE VIEW TERRACE, CA 91342	
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 ensure staff perform hand hygiene prior to taking Resident 1's temperature and before leaving Resident 1's room. This deficient practice placed the resident at risk for infection and cross contamination; and had the potential to result in continued spread of Coronavirus Disease 2019 (COVID-19, a [MEDICAL CONDITION] contagious infection that spreads from person to person and affects the respiratory system). Findings: A review of Resident 1's Admission Record (Face Sheet) indicated the facility admitted the resident on 10/23/2019 with [DIAGNOSES REDACTED]. Resident 1 had [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 04/27/2020, indicated Resident 1 was able to make decisions and required limited assistance of one person with personal hygiene. A review of Resident 1's Care Plan developed on 6/16/2020, for the resident's risk for contracting respiratory infection symptoms such as cough, runny nose, sore throat, shortness of breath, difficulty breathing, elevated temperature/fever related to exposure to COVID-19 positive resident. The interventions included personal protective equipment (PPE) will be used when providing care and as necessary. On 7/15/2020, at 8:25 a.m., during an observation tour of the Persons Under Investigation (PUI) area of the facility, Restorative Nursing Assistant 1 (RNA 1) was wearing gloves when exiting Resident 2's room. RNA 1 was carrying a pack of masks, a thermometer, and a paper. RNA 1 proceeded to enter Resident 1's room without removing (doffing) the gloves and without performing hand hygiene. RNA 1 placed the items he was carrying on Resident 1's over-the-bed table. RNA 1 checked Resident 1's temperature with the use of non-contact thermometer. After checking Resident 1's temperature, RNA 1 was observed writing on the paper he placed on the table. RNA 1 proceeded to pick up the items on the table and exited Resident 1's room without doffing the gloves and without performing hand hygiene. The Evaluator intervened before RNA 1 proceeded to enter the next residents' room. During a concurrent interview with the RNA, he stated, I should have washed my hands. On 7/14/2020 at 9 a.m., during an interview, the Infection Preventionist (IP) Nurse stated all staff, including RNA 1, were in-serviced on hand hygiene. The IP stated RNA 1 had completed training on COVID-19. A review of the facility policy and procedure titled, Handwashing/Hand Hygiene revised on August 2014, indicated that all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors; the use of hand washing or alcohol based hand rub shall be used before and after direct contact with residents.</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.