

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER ROYAL VISTA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 909 W. SANTA ANITA AVE SAN GABRIEL, CA 91776	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure safe infection control practice was implemented. Licensed Vocational Nurse 1 (LVN 1) was observed walking out of a resident room with gloves on, took off her gloves but did not use alcohol base hand sanitizer (ABHS) nor wash her hands and proceeded to walk down the hallway. This deficient practice had the potential to spread infection in the facility. Findings: During an observation on 8/5/20, at 12:15 p.m., LVN 1 was observed walking out of an occupied resident's room with gloves on, proceeded to remove her gloves, walked passed the alcohol based hand sanitizer dispenser and continued to walk down the hall without washing or sanitizing her hands. During an interview on 8/5/20 at 12:16 p.m., LVN 1 stated she completed providing care to a resident and should have removed her gloves, used hand sanitizer or washed her hands prior to leaving the resident's room to prevent the spread of infection. During an interview on 8/5/20 at 12:17 p.m., the facility's Infection Control Preventionist (ICP) stated hand hygiene is essential before leaving the resident room. ICP stated hand hygiene is essential to stop the spread of infection. A review of the facility's policy titled Handwashing/Hand Hygiene, revised 4/2012, indicated employees must wash their hands for at least 20 seconds using antimicrobial soap after removing gloves or apron; hand hygiene with ABHS after removing gloves.		

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.