

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER SHARP CHULA VISTA MED CTR SNF		STREET ADDRESS, CITY, STATE, ZIP 751 MEDICAL CENTER COURT CHULA VISTA, CA 91911	
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 use Personal Protective Equipment (PPE- equipment protect potentially infectious resident when providing care) for a new admission with unknown Covid-19 (Coronavirus disease is an infectious disease, spread from person to person via respiratory droplets) status. In addition, a staff had skin abrasions (scrapes) to the right hand that was not covered and was caring for a resident (1). As a result, there was a potential for an infectious disease to be spread or for Resident 1 to be exposed to an infection. Findings:</p> <p>Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On 6/16/20 at 10:38 A.M., Resident 1 was observed with Physical Therapy (PT) 1 in the resident's room. Resident 1's mask was on but it did not cover her nose. PT 1 did not wear PPE such as face shield or goggles, gloves, and gown. Resident 1 was in a sitting position and complained of dizziness. PT 1 left the room to get a blood pressure (BP) machine from the hallway but did not sanitize the equipment and went back to Resident 1's room. PT 1 then applied the BP cuff to Resident 1's arm, assisted Resident 1 back to bed and left the BP machine inside Resident 1's room. On 6/16/20 at 10:56 A.M., PT 1 stated Resident 1 was considered a new admit and the PPE to wear upon entering the resident room was just a mask. PT 1 further stated the staff were doing universal (all staff are required to wear) face mask in the facility. During an interview, PT 1 was observed with two skin abrasions on her right hand with redness to the surrounding edges, one was the size of a nickel along the backside side of the hand and the other one was the size of a pea along the edge of the fifth finger. PT 1 stated she should have covered the abrasions when she provided treatment to the resident to prevent the spread of infection. PT 1 stated since the Covid-19 pandemic, the precaution training for new admissions was to wear a mask and perform hand hygiene only and was not instructed to use any other PPE. On 6/16/20 at 12:03 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated she would recommend the PT to cover the non-intact skin with a bandage or wear gloves to protect themselves from an infectious disease. In addition, the DON stated the facility had no issues with their PPE supply and the training provided to the staff about the use of PPE was for staff and residents to wear mask only, and not complete (to wear goggles or face shield, mask, gown, and gloves) PPE. The DON then stated after a discussion the importance of wearing complete PPE was to ensure and prevent the spread of Covid-19. The DON stated the facility did not have a policy and procedure about PPE usage for newly admitted residents during the Covid-19 pandemic. Per the All Facility Letter, AFL 20-53, dated 5/22/20, Subject: Coronavirus Disease 2019 (Covid-19) Mitigation Plan Recommendations for Testing Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF), .SNF must understand that testing does not replace or preclude other infection prevention and control intervention, including .use of recommended personal protective equipment . Per the Centers for Disease and Control, dated 5/19/20, titled Preparing for COVID-19 in Nursing Homes, .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown .HCP (healthcare personnel) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these 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.