STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056331	A. BUILDING _____ B. WING _____	**09/08/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BEACON HEALTHCARE CENTER	**919 N SUNSET AVE WEST COVINA, CA 91790**

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 -** Some	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to implement interventions to prevent and control the spread of COVID 19 (Coronavirus disease, a mild to severe respiratory illness that spread from person to person) in accordance to the facility's infection control policy by failing to: Ensure to have designated staff who are only assigned for residents in the yellow zone (area for residents who are newly admitted and/or readmitted to the facility and deemed suspected or under investigation for possible COVID 19 infection) and designated staff who are only assigned for residents in the green zone (area for residents who have tested negative for COVID 19 infection). This deficient practice had the potential to spread the COVID 19 infection. Findings. During an observation and concurrent interview on 7/24/20, at 2:27 p.m., the Director of Nursing (DON) stated the tape on the floor served as a divider between the green zone and the yellow zone. During an interview on 7/24/20, at 2:32 p.m., in the green zone, Licensed Vocational Nurse 1 (LVN 1) stated, he was assigned to do treatments for residents in both the green and yellow zones. LVN 1 stated, after he completed the treatments for the residents in the yellow zone he returned to the green zone. A review of the facility's undated policy and procedure titled, Infection Prevention Quality Control Plan, indicated the yellow zone was staffed separately with designated healthcare providers to care for the residents and the green zone residents have their own separate staff.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE