

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER PASADENA CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1640 N. FAIR OAKS AVENUE PASADENA, CA 91103	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to properly prevent the spread of COVID -19 (an illness caused by [MEDICAL CONDITION] that can spread person to person). This failure had the potential to place residents and staff at risk for exposure to COVID-19, or other infectious diseases. Findings: During an observation on 7/7/20 at 11:16 AM, on the PUI (Person Under Investigation, a person who may have been in close contact with a person with confirmed infection requiring quarantine) /Observation Unit escorted by the Infection Preventionist (IP), a sign on the door leading into the unit indicated staff were to wear eye protection and a facemask at all times while in the unit. In addition, the sign indicated that a gown and gloves were to be worn when entering residents' rooms. Inside the PUI/Observation Unit, Resident A was observed in the hallway seated in a wheelchair. Resident A was observed wearing a facemask positioned below his nose. IP went over to Resident A and attempted to adjust Resident A's face mask over his nose. Resident A threw his facemask onto the floor. IP picked up the facemask, folded it into thirds, and held it in her left hand while she pushed Resident A's wheelchair back to his room. IP did not perform hand hygiene, and/or put on gloves before touching Resident A's face mask and assisting Resident A back to his room. IP did not wear a gown when she entered Resident A's room. On 7/7/20 at 2:03 PM, an interview was conducted with IP. The IP stated Resident A was off observation for Covid-19 and was waiting to go to the Covid-19 negative unit. IP stated, I dropped the ball, I should have worn gloves and then after fixing it, hand sanitizer. IP stated there could have been infectious particles in Resident A's face mask. IP stated, Gloves should be worn when touching stuff in a high contact area. A review of the facility's policy and procedure (P & P) titled, Infection Control Policy and Procedure, dated 5/7/20, the P & P indicated. The primary goal of (name of facility) is to prevent COVID-19 from being introduced within our (facility). Prevention efforts include: a. Following Standard Precautions, which are the minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where health care is delivered. These practices are designed to both protect HCP (Healthcare Providers); and prevent HCP from spreading infections among residents. In addition, the P & P indicated, Precautions include - i. Hand hygiene - washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand rub that contains at least 60% alcohol before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including 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.