

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055960	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER LA CRESCENTA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3050 MONTROSE AVE LA CRESCENTA, CA 91214	
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 safe infection control practices were provided for Resident 1: a. During an observation, Certified Nurse Assistant 1 (CNA 1) was observed not wearing eye protectant while providing perineal care (cleaning the private areas of a patient) for Resident 1. b. During observation, CNA 1 and CNA 2 were observed doffing (remove) their personal protective equipments (PPE) gown first prior to removing their gloves after providing perineal care for Resident 1 who had a bowel movement. This deficient practice had the potential to worsen or spread the infection to an already compromised resident. Findings: a. A review of a face sheet indicated Resident 1 was readmitted to the facility from an acute hospital on [DATE], with a [DIAGNOSES REDACTED]. A review of Resident 1's physician's orders [REDACTED]. On 7/24/20, at 12:09 pm, during an interview, the Director of Nursing (DON) stated staff members who were assigned to isolation residents must wear full PPE's (gown, gloves, mask and face shield). On 7/24/20, at 1:15 pm, during an observation with the infection control preventionist (ICP), CNA 1 was observed providing perineal care for Resident 1. CNA 1 was wearing gloves, gown and a mask, but was not wearing face shield or eye protectant. On 7/24/20, at 1:16 pm, during an interview, CNA 1 stated she was suppose to wear her face shield but forgot to put it on. CNA 1 further stated the face shield is suppose to protect her from any infection Resident 1 may have. On 7/24/20, at 1:17 pm, during an interview, the ICP stated CNA 1 should have been wearing her face shield as part of her PPE when giving care to a resident in the YELLOW or (+) COVID (RED) zones. b. During the same observation on 7/24/20, at 1:15 p.m., CNA 1 and CNA 2 were observed removing their gowns prior to removing their soiled gloves used to provide perineal care to Resident 1. On 7/24/20, at 1:25 pm, during an interview, CNA 1 stated she was supposed to take off her gloves before removing her gown. On 7/24/20, at 1:26 pm, during an interview, CNA 2 stated she forgot to remove her gloves with her gown. CNA 2 also stated she was suppose to remove the gown then the gloves, wash her hands then remove her face shield. On 7/24/20, at 1:28 pm, during an interview, ICP stated the staff was supposed to remove the PPE in the proper order: remove the gown, gloves, hand hygiene, then remove face shield/goggles. ICP further stated the gown can also be removed with the gloves and it was important for safe infection control practices. A review of the facility's Mitigation Plan (MP), signed 6/1/2020, indicated How to take off (Doff) PPE Gear: 1. Remove gloves, 2. Remove gown, 3. May exit the room, 4. Perform hand hygiene, 5. Remove face shield or goggles, 6. Remove mask and 7. Perform hand hygiene.</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.