

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/16/2020
NAME OF PROVIDER OF SUPPLIER PINE GROVE HEALTHCARE & WELLNESS CENTRE, LP		STREET ADDRESS, CITY, STATE, ZIP 126 N. SAN GABRIEL BLVD. SAN GABRIEL, CA 91775	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection practices were followed for 1 of 11 rooms (room [ROOM NUMBER]) in the yellow (quarantine, residents are placed here when in question whether they have contracted [MEDICAL CONDITION]) zone as evidenced by Certified Nursing Assistant 1 (CNA 1) exit room [ROOM NUMBER] while wearing a disposable gown and removed the gown in the hallway, and no trash bins placed inside and near the exit of 11 rooms in the yellow zone. This deficient practice had the potential to result in cross contamination and spread of COVID-19 (an illness caused by [MEDICAL CONDITION]) that can spread from person to person) between the residents and staff. Findings: On 8/19/20 at 1:15 pm., a facility visit was conducted to investigate a new COVID-19 outbreak reported to The Department. On 8/19/20 at 2:48 pm., during a walkthrough observation of the yellow zone, CNA 1 was observed exiting room [ROOM NUMBER] wearing a disposable isolation gown. CNA 1 then removed the isolation gown and placed it inside a trash bin with a lid. The yellow zone has 11 resident rooms. No trash bins were observed inside or near the exit of the 11 resident rooms in the yellow zone for safe and proper disposal of contaminated (soiled, stained, or infected) personal protective equipment (PPE, any device or appliance designed to be worn or held by an individual for protection against one or more health and safety hazards not limited to gowns, gloves, and masks). On 8/19/20 at 2:51 pm., during an interview, CNA 1 stated her usual practice was to wear Personal Protective Equipment (PPE) in front of the resident's room (includes putting on disposable isolation gown). CNA 1 stated that she would come out of a resident's room after providing care, walk down the hallway, remove her contaminated gown in front of the trash bin with a lid and discard the contaminated gown inside the trash bin with a lid. CNA 1 stated that a trash bin inside the residents' rooms were too small to discard contaminated PPE. CNA 1 stated that placing trash bins with lids inside each resident room would be a better practice. On 8/19/20 at 2:58 pm., during an interview, the Administrator stated the facility's practice to remove contaminated disposable gowns entailed removing the gown inside the resident's room, bagging the gown, tying the bag, and disposing the bag in the trash bin with a lid located in the hallway. A review of the Centers for Disease Control and Prevention/Transmission-Based Precautions revised 1/7/16, indicated that these precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions (basic) for patients who may be infected with certain infectious agents for which additional precautions are needed to prevent infection transmission. The appropriate use of PPE includes wearing gloves and gowns for all interactions that may involve contact with patients or their environment. Putting on PPE upon entry and properly discarding before exiting the patient's room is done to contain pathogens. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html</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.