

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF MENIFEE		STREET ADDRESS, CITY, STATE, ZIP 27600 ENCANTO DRIVE SUN CITY, CA 92586	
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	<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 implement proper infection control practices in preventing the transmission of the [MEDICAL CONDITION] infection (COVID 19- virus causing respiratory symptoms), when: 1. The facility's strategies for optimizing the supply of N95 respirator (a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) masks were not in accordance to the Centers for Disease Control and Prevention (CDC) guidelines; and 2. The facility staff were not screened before entering the facility for signs and symptoms of COVID-19. These failures had the potential to result in the spread of COVID 19 infection to the residents and staff. Findings: On September 2, 2020, at 9:20 a.m., an unannounced focused infection control survey was conducted to investigate the facility infection control practices. 1. On September 2, 2020, at 10:10 a.m., during an interview with the Director of Nursing (DON), the DON stated the facility staff were required to wear N95 respirator mask when in the resident care area and when providing direct resident care, due to the COVID-19 outbreak. She stated each staff would be given one N95 respirator mask to be used for five consecutive days. The DON stated each staff was given a brown paper bag to store their N95 respirator mask during their break time or at the end of their shift. She stated each staff would be given a new N95 respirator mask after the fifth (5th) day of using the same mask, or when the mask got soiled. The DON stated the used N95 would be sent out for sterilization (the process of making something free from bacteria or other living microorganisms). She stated the nurses would be able to reuse the N95 for another five (5) days after the respirators were sterilized. On September 2, 2020, at 10:20 a.m., during an interview with a Licensed Vocational Nurse (LVN), she stated a staff member received one N95 to use for five days. The LVN stated that the nurses would be given a brown bag for storing the N95 by the end of the shift, ready for reuse the following day. On September 2, 2020, at 12:30 p.m., an interview was conducted with the Administrator. The Administrator stated she was responsible for monitoring and ordering of the personal protective equipment (PPE-equipment worn by an individual for protection against infectious material) supplies. The Administrator stated the facility has supplies of N95 respirator mask for the staff to use and they currently have no shortage. In a concurrent interview with the DON, she stated the facility did not have a policy on the re-use of N95 respirator mask. The DON stated the facility uses the CDC guideline for optimizing the supply of N95 respirator mask. A review of the web article from CDC titled, Strategies for Optimizing the Supply of N95 Respirators, updated June 28, 2020, indicated, .Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve N95 respirator supplies along the continuum of care .Contingency capacity: measures that may be used temporarily during periods of expected N95 respirator shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies .CDC ' s optimization strategies for N95 respirator supply offer a continuum of options for use when PPE supplies are stressed, running low, or exhausted. Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially. As N95 respirator availability returns to normal, healthcare facilities should promptly resume conventional practices .Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., housed on the same hospital unit) .When [MEDICATION NAME] extended use of N95 respirators, the maximum recommended extended use period is 8-12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. N95 respirators should be removed (doffed) and discarded before activities such as meals and restroom breaks . A review of the web article from CDC titled, Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators, updated August 4, 2020, . Because crisis capacity strategies are not compatible with US standards of care, crisis capacity strategies should only be implemented when there are known shortages of N95 FFRs and only after conventional and contingency strategies have been implemented . 2. On September 2, 2020, at 10:55 a.m., an interview with the Director of Nursing (DON) was conducted. She stated the staff would enter through the designated entrance near the dietary and the rehabilitation area, and would proceed to their own department area where the staff would be screened for COVID-19. The DON stated the nurses would proceed to the nurse station (located in the middle of the patient care area) to conduct the COVID 19 screening. The DON stated she was aware the staff were not being screened for COVID-19, prior to entering the facility. She stated a staff, who had symptoms consistent with COVID-19, had the risk of spreading [MEDICAL CONDITION] to the residents and staff when not screened for COVID-19, before entering the facility. In a concurrent observation of the designated entry way for the staff, the following was observed: a. There was no screening station to screen the staff before entering the facility; b. There was no thermometer available for the staff to take their temperature; c. There was no log for the staff to document the screening of every individual entering the facility for COVID 19-symptoms; d. There was no supplies for respiratory hygiene and cough etiquette provided, including alcohol-based hand sanitizer, mask, and no-touch receptacles for the trash; and e. There was no signage posted regarding COVID-19 and measure to prevent spread of [MEDICAL CONDITION]. A review of the facility policy and procedure (P & P) titled, Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2), last revised date August 28, 2020, indicated .All associates will be actively screened at the beginning of their shift in accordance with current guidance from CDC, CMS (Centers for Medicare and Medicaid Services), and local and state health departments. This screening will include questions about COVID-19 symptoms, and if they work in another location where COVID-19 has been identified. The associate must also have their temperature actively taken to rule out fever . A review of the web article from the Centers for Disease Control and Prevention (CDC) titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic, updated July 15, 2020, indicated .Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19. Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with [DIAGNOSES REDACTED]-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility. Post visual alerts at the entrance .to provide instructions (in appropriate languages) about wearing .facemask for source control and how and when to perform hand hygiene. Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins. Limit and monitor points of entry to the facility. Consider establishing screening stations outside the facility to screen individuals before they enter. Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with [DIAGNOSES REDACTED]-CoV-2 infection and ensure they are [MEDICATION NAME] source control. Actively take their temperature and document absence of symptoms consistent with COVID-19 .</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.