STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555605	A. BUILDING _____ B. WING _____	07/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GLENHAVEN HEALTHCARE	212 WEST CHEVY CHASE DRIVE GLENDALE, CA 91204

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 -** Immediate jeopardy **Residents Affected -** Some	**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 maintain a safe, sanitary environment to help prevent the spread of infections during the Coronavirus ((COVID-19) an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis for 32 of 37 Non-COVID-19 residents, staff members, and visitors by failing to ensure: 1. Staff and/or visitor did not pass by the clean area (Non-COVID-19) after going to the dirty area (COVID-19). 2. There was a physical barrier separating the COVID-19 area from the Non-COVID-19 area. 3. Staff correctly donning and doffing Personal Protective Equipment (PPE). 4. Dedicated staff assigned to work only in the COVID-19 area. 5. The doors of the residents in isolation room remained close. 6. Areas for breakroom, restroom and charting areas were designated for the staff taking care of residents that are COVID-19 positive. 7. Dedicated entrance and exit for the COVID-19. These deficient practices caused an increased risk in the development and transmission of communicable disease and infections which could result in death due to COVID-19 crisis. On 5/24/19 at 10:34 a.m., an Immediate Jeopardy (IJ, a situation in which the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified in the presence of the facility's Administrator (ADM) and the facility Director of Nursing (DON) for the facility's failure to implement measures to prevent infections that threatened the health and safety of 32 residents, all staff and all visitors. On 5/27/20 at 12:30 p.m., after the facility submitted an acceptable plan of action (POA), the survey team verified on-site the implementation of the POA by observation, interviews, and record review and confirmed the removal of the immediate jeopardy in the presence of the Administrator. The Administrator provided an acceptable POA as follows: A. Location of the residents that are currently affected were consolidated to rooms 1 & 2 which is isolated to a specific wing of the facility 5/24/2020. B. rooms [ROOM NUMBERS] doors are kept closed since 5/24/2020. C. A zipper wall barrier will be installed diagonally to accommodate and include room [ROOM NUMBER] which will separate the COVID-19 area on 5/25/2020. D. room [ROOM NUMBER] will be used by assigned staff for area lunch and charting area to prevent mingling of assigned staff from Non-CoViD19 area. E. CNA 1 and all nursing staff were provided in-service training by DON re: infection control, handwashing, donning and doffing and how to remove N95 masks with gloves starting 5/24/2020 and completed by 5/25/2020. F. Dedicated staff has been assigned for COVID and Non-COVID area separately. COVID staff can enter and exit thru section of COVID area. G. All CoViD19+ patients were moved to consolidate the area for which COVID-19 patients will be cared for and was completed on 5/24/2020. H. All nursing staff were provided inservice training by DON re: infection control, handwashing, donning and doffing and how to remove N95 masks with gloves starting 5/24/2020 and completed by 5/25/2020. I. The facility will continue to use room [ROOM NUMBER] as a dedicated area for COVID19 staff charting and lunch area. J. The Director of Nursing Service (DON) and DSD Infection Preventionist (IP) Nurse will conduct daily checks of the compliance of the COVID-19 unit and staffing to ensure continuation of separation of staff assigned for the COVID and Non-COVID Unit. Any non-compliance will be brought up to DSD IPNurse for further follow up and training needs. K. Hand hygiene, donning and doffing competencies will be completed at least once a week by the DON/DSD IPNurse to ensure that staff is compliant with practices. L. Staff will no longer use the lab coats, instead going to the COVID unit, staff will use the washable gown, then going inside the patient's room using the disposable gown. (330 in house and 150 at the Corporate). In-service will be done by the DSD IP Nurse on 5/26/2020, completed on 5/27/2020 for staff regarding using the disposable gowns when entering the residents room to provide care. M. The Staff working in the COVID Positive area will be provided a new N95 mask daily at the beginning of the shift. The DSD IP Nurse will in-service the staff to get a new N95 mask each day at the beginning of their shift on 4/26/2020, completed on 5/27/2020. The N95 mask will be available at the entrance of the COVID area at all times. Findings: A review of the facility's census, dated 5/24/20, indicated the facility had 37 residents residing in the facility. A review of facility's document indicated the facility had 5 COVID-19 positive residents and 32 COVID-19 negative residents. 1. During an observation on 5/24/20 at 10:50 a.m., the COVID-19 isolation area (rooms for COVID positive residents) had no barrier (a device used to differentiate a hallway area) or separation from the Non -COVID area (rooms for COVID negative residents). When the staff/visitors entering and exiting the facility, they will pass the COVID-19 area before going to the non-COVID-19 area. Two of three rooms in the isolation area (room [ROOM NUMBER] and room [ROOM NUMBER]) were observed with the door open. During an interview, on 5/24/20 at 10:50 a.m., Registered Nurse 1 (RN 1) stated that everyone uses the front door to come in the facility and passing through the COVID-19 area in order to get to the Non-COVID-19 area. RN 1 said the isolation room doors were supposed to be close. RN 1 also stated the facility had limited supply for gowns and they used washable long sleeve lab coats. 2. During an observation on 5/24/20 at 11:35 a.m., the staff who worked in the green zone (Non-COVID-19) and the red zone (COVID-19) were having meals in the same breakroom. During an interview on 5/24/20 at 11:35 a.m., RN2 stated the staff, who are assigned to green zone duties, should not eat in the red zone breakroom. RN 2 did not know why the staff did not follow this rule. During an interview on 5/24/20 at 11:35 a.m., Certified Nursing Assistant (CNA) 1 stated the facility has designated green and red zone breakrooms, but the refrigerator for the employees is in the COVID-19 area breakroom. CNA 1 further stated all staff members enter the COVID-19 breakroom to get food from the refrigerator and sometimes stay and eat in that break room. CNA1 also stated there is only one charting area for both COVID-19 and non-COVID-19 staff members. 3. During an observation on 5/24/20 at 11:40 a.m., CNA 2 entered isolation room, (room [ROOM NUMBER]), with no gown and no face shield. CNA 2 was exiting the room with her mask N95 still on and then removed it without gloves. During an interview on 5/24/20 at 11:45 a.m., CNA2 stated she was assigned to both COVID-19 (rooms 2, 3, 4) and Non-COVID-19 (room [ROOM NUMBER]) residents. CNA2 stated she was not wearing an isolation gown because she had a lab coat that she hangs inside the residents' door and she dons inside the room. She said some of the lab coats are too small for her and will not close, but that she still wears it. When asked if she could get a coat that would fit her, she said that sometimes they are not washed or ready for her to wear. She said that the coats are not disinfected after each use, are used for one shift, and then disposes it in the dirty clothes hamper for cleaning. She said sometimes the N95s are too small for her and they do not fit her. She said she has not had an N95 fit test. 4. During an interview on 5/24/20 at 2:45 p.m., the Director of Nursing stated she tries to assign staff for COVID-19 only but if not, then they need to start caring for the residents in the green zone (Non-COVID-19) first, then the red zone (COVID-19). She said the staff put on the lab coat inside the resident's rooms. During an interview, on 5/25/20 at 10:33 a.m., Licensed Vocational Nurse 1 stated that she administers medication to the non-COVID-19 residents first and then goes to the COVID-19 area to administer medication to the residents with COVID-19 positive. 5. During an observation on 5/24/20 at 2:46 p.m., Visitor 1 walked inside the facility pass through the COVID-19 isolation area into the Non-COVID-19 area. Resident 1, who was wearing a surgical mask that was not covering her nose, passed the isolations (rooms [ROOM NUMBERS]) with open doors. During an interview, on 5/25/20 at 11:21 a.m., the Director of Staff Development stated that he in-serviced the staff to Don (to put on) isolation gear inside the residents' rooms so long as they didn't touch anything. He stated that he told them to reuse the lab coats because they were short on PPE, and he told them to have one lab coat per room and dispose it at the end of

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.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) the shift. On 5/25/20, the facility did not submit an acceptable plan of action (POA) to the Department. The Department informed the ADM the IJ was not lifted. On 5/25/20 at 3:45 pm, the DON and Nurse Consultant were notified that the POA was not accepted. During an observation on 5/26/20 at 2:45 p.m., the barrier for the COVID-19 isolation unit was not sealed along the top and bottom edge of the barrier. During an interview on 5/26/20 at 2:45 p.m., the DON stated she could see the gaps in the barrier on the top and bottom edges. She said the barrier should be reinforced and sealed. During an interview on 5/26/20 at 2:15 p.m., LVN2 stated that she uses reusable gowns when entering the isolations rooms. She said that she puts one on top of the gown she is wearing and then takes the top gown off when exiting the room. She said she puts in in the hamper in the corridor and if she has to go back into the room she gets new, reusable gown. She said she does not have access to disposable gowns. When asked about N95 mask, she stated that she gets one N95 mask for three days use. She said she stores in it in a plastic bag and reuses it for three days unless it is visibly dirty or wet. When asked about what the direction for extended us of N95, she said she didn't know, but she just puts in it a plastic bag until the next shift. During an interview, on 5/26/20 at 2:30 p.m., CNA3 stated that she uses one N95 mask for three days and puts it in a plastic bag. She stated that she gets a new one every three days. When asked about procedure to extend the use of N95, she said she did not know. A review of the facility's Mitigation Management Plan dated 5/28/20 indicated the following: The facility has a dedicated space within the facility to ensure separation of infected patients and for eliminating movement of health care practitioner (HCP) among those spaces to minimize transmission risk. All residents with COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, will be separated from residents who are not infected or have unknown infection status are placed in dedicated COVID-19 positive wings. Residents that are COVID-19 positive will be placed and cohorted either using in single-occupancy rooms or cohorted into a multi-occupancy room with other confirmed cases. Symptomatic residents with suspected COVID-19 infection may remain in their room (if multi-occupancy room, with 6 feet, or as far as possible, between beds and curtains closed) while testing is pending. The facility has implemented a staffing plan to limit transmission which includes: Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive. Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day. An established policy to minimize the number of staff interacting with each resident. The SNF has policies in place to address HCP shortages, including contingency and crisis capacity strategies. The facility has personal protective equipment (PPE) plan for adequate provision of PPE, including types that will be kept in stock, duration the stock is expected to last. Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with CDPH guidance. Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided. Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents. PPE are also available for all visitors and are provided upon screening.