STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555093	A. BUILDING _____ B. WING _____	**10/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST EDNA SUBACUTE AND REHABILITATION CENTER	**1929 N. FAIRVIEW STREET SANTA ANA, CA 92706**

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 facility document review, the facility failed to implement the infection control practices designed to prevent the development and transmission of COVID 19 infection. * Two employees from an outside transportation company (Transport Personnel 1 and 2) failed to don the appropriate PPE upon entering Room B located in the Yellow Zone when the residents were placed on contact and droplet precautions. This failure posed the risk of transmission and of COVID 19 infection throughout the facility. * The facility failed to monitor Resident 5's vital signs and signs and symptoms of COVID-19. This posed the risk of signs and symptoms of Covid-19 not being identified early and could result in delaying the appropriate treatment for [REDACTED]. Findings: 1. According the facility's Mitigation Plan dated 9/16/20, under the section for Designation of Space, it showed the residents who have been in close contact with persons who have COVID-19, newly admitted or readmitted residents, residents with symptoms of possible COVID 19 with pending COVID-19 results, or resident with indeterminate tests will be cohorted in the Yellow Zone. According to the CDC's guidelines titled Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, under the section for Transmission Based Precaution-Contact Precaution, it showed the healthcare personnel had to wear gown and gloves for all interactions with the patient and the patient's environment. On 9/30/2020 at 0859 hours, during the initial tour to the Yellow Zone, a signage was observed outside the residents' room which read Stop, Contact and Droplet Precautions, perform hand hygiene when entering and exiting room, and wear a gown, gloves, and a mask. On 9/30/20 at 0925 hours, two employees from an outside transportation company (Transport Personnel 1 and 2) were observed entering the facility through the door at the end of the Yellow Zone. Transport Personnel 1 and 2 brought Resident 3 to Room B located in the Yellow Zone. Transport Personnel 1 and 2 were observed wearing masks and gloves only, no isolation gowns. Transport Personnel 1 and 2 transferred Resident 3 from the gurney to the resident's bed, then exited the room. On 9/30/20 at 0933 hours, an interview was conducted with Transport Personnel 1 and 2. When asked if they saw the sign about the use of PPE needed when entering Room B, both Transport Personnel 1 and 2 stated they forgot to don the isolation gown prior to entering Room B. On 9/30/20 at 1026, an interview was conducted with LVN 1. LVN 1 was asked about PPE use when entering the residents' rooms in the Yellow Zone. LVN 1 stated all personnel should follow the signs posted on the residents' doors for donning and doffing PPE. LVN 1 stated the transport personnel were required to follow the same isolation precautions and use of PPE when in the facility as facility staff. 2. Review of the facility's P&P titled COVID-19 Facility Mitigation Management Plan revised 9/16/2020, showed the facility had three separate cohorting groups: Red Cohort was for residents who have laboratory-confirmed COVID-19; Yellow Cohort was for residents who were on quarantine due to close contact with COVID-19 or newly admitted or readmitted residents or residents with symptoms of Covid-19 pending test results or residents with indeterminate tests; and Green Cohort was for non-COVID-19 care area. The facility's Mitigation Management Plan, under the section for Testing and Cohorting on Yellow Cohorting, showed all residents within the Yellow Cohort are screened for signs and symptoms of COVID-19 and have their vitals monitored and documented, including oxygen saturation, temperature checks, and respiratory rate every four hours. Medical record review for Resident 5 was initiated on 9/30/20. Resident 5 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of physician's orders [REDACTED]. Review of Medication Administration Record [REDACTED]. Review of Weights and Vital Summary from 9/24 to 9/30/20, showed Resident 5's vital signed were not consistently monitored and documented. Resident 5's vital signs were documented only two to three times a day. On 9/30/20 at 1115 hours, an interview and concurrent medical record review for Resident 5 was conducted with the Quality Assurance Nurse. The Quality Assurance Nurse verified there was no documentation of Resident 5's vital signs being monitored every four hours from 9/23 to 9/30/20. When asked if Resident 5 had to be monitored for COVID-19, which included vital signs being done every four hours per the facility's Mitigation Plan. The Quality Assurance Nurse stated yes; the nurses had to document the vital signs in the MAR indicated [REDACTED]. On 9/30/20 at 1210 hours, during the interview with the DON, the DON verified monitoring signs and symptoms of COVID-19 and vital signs every four hours were not completed.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE