

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
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NAME OF PROVIDER OF SUPPLIER <b>MONTROSE SPRINGS SKILLED NURSING &amp; WELLNESS CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP <b>2635 HONOLULU AVE MONTROSE, CA 91020</b>
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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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
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**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 implement interventions to prevent and control the spread of COVID 19 (Coronavirus disease, a mild to severe respiratory illness that spread from person to person) in accordance to the facility's infection control policy and the Mitigation Plan (MP, plan to reduce loss of life and impact of COVID 19 in the facility) for 8 of 8 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, and 8) by failing to: 1. Cohort (group) Residents 1, 2, 3 and 4 who tested positive for COVID 19 in the Red Zone (an area where COVID 19 residents are confined), from Residents 5, 6, 7, and 8 who tested negative for COVID 19 in the Green Zone (an area for residents without signs and symptoms of COVID 19). 2. Hire a full time Infection Prevention Nurse (IPN, a nurse who helps prevent and identify the spread of infectious disease in the healthcare environment) to monitor, prevent and control the spread of COVID-19 in the facility. 3. Ensure the Phlebotomist (PH 1, a laboratory worker trained in drawing blood for testing) wore a gown when she entered the Red Zone to collect specimens (sample of body fluid for medical testing such as blood, urine and saliva swabs for COVID 19 tests) and removed her soiled (used/dirty) gloves prior entering the Green Zone. 4. Ensure Resident 1 wore a mask while sharing the same room with Resident 6 and Resident 7 who both tested negative for COVID 19. 5. Ensure the Red Zone area had designated restroom, breakroom for staffs who takes care of COVID 19 positive residents (COVID staff), and placed signages (postings) to remind staff to wash their hands, to don (put on), doff (take off) Personal Protective Equipment (PPE, such as gown, gloves, mask, face shield) before and after providing care to the residents. These deficient practices had the potential to result in the spread of COVID-19 from Residents 1, 2, 3, 4 and placed Resident 5, 6, 7, 8, other residents, staff at risk for COVID 19 infection that could lead to severe respiratory illness, hospitalization and/or death. On 7/9/20 at 7:10 p.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) were identified in the presence of the Registered Nurse 2 (RN 2) and Director of Staff Development (DSD). The Administrator was not in the facility and the Director of Nursing (DON) was available via telephone calls. The IJ was called in the presence of RN 2 and the DSD (the DON was available through a teleconference) regarding the facility's failure to implement interventions to prevent the spread of COVID 19 infection that threatened the health and safety of the residents and staff. On 7/13/20 at 6:08 p.m., the IJ was lifted after the facility submitted an acceptable plan of action (POA, interventions to correct the deficient practices), the survey team verified and confirmed the implementations of the POA while onsite the by observation, interview, and record review. The survey team removed the IJ situation in the presence of the Administrator and the DSD. The Administrator provided an acceptable POA as follows: 1. On 7/9/20 before 7:15 p.m. Residents 1, 2, 3 and 4 were transferred to the Red Zone. On 7/10/20, the DSD/Interim IPN provided in-service to remind facility staff that those residents who tested positive for COVID 19 must be transferred to the Red Zone as soon as cohort can be established. 2. On 7/9/2020, the facility's DSD was promoted to an Interim IPN, he initiated the Center of Disease Control Infection Prevention training on 7/10/20 and received the certificate on 7/12/20. The IPN was a full-time employee and was spending adequate time in the facility providing in-service to nursing staff regarding management of COVID-19. 3. On 7/9/20, RN 2 educated vendors' staff including lab technician (LT, person who works in the lab) to don appropriate PPE prior to entering the Red Zone. 4. On 7/10/20, the DSD/Interim IPN provided facemasks to Residents 1, 2, 3, 4, 5, 6, 7, 8 and other residents. 5. On 7/9/2020 at 7:15p.m., the DSD/Interim IPN immediately placed the signages for handwashing, donning and doffing of PPE in-front of rooms with positive COVID 19 residents. Administrative staff expanded the Red Zone to include designated restroom and breakroom for COVID staff. Findings: A review of Resident 1's admission record indicated the facility admitted the resident on 3/22/17 with [DIAGNOSES REDACTED]. A review of Resident 1's laboratory (lab/test) result, dated 7/6/20, indicated the resident tested positive for COVID 19. Laboratory Technician 1 (LT 1) reported the positive result to the facility on [DATE] at 12:14 a.m. A review of Resident 2's admission record indicated the facility admitted the resident on 5/22/20 with [DIAGNOSES REDACTED]. A review of Resident 2's lab result, dated 7/7/20, indicated the resident tested positive for COVID 19 on 7/7/20 and LT 1 reported the positive result to the facility on [DATE] at 12:14 a.m. A review of Resident 3's admission record indicated the facility admitted the resident on 3/25/20 with [DIAGNOSES REDACTED]. A review of Resident 3's lab result, dated 7/7/20, indicated the resident tested positive for COVID 19 on 7/7/20 and LT 1 reported the positive result to the facility on [DATE] at 12:14 a.m. A review of Resident 4's admission record indicated the facility admitted the resident on 5/6/16 with [DIAGNOSES REDACTED]. A review of the Resident 4's lab result, dated 7/5/20, indicated the resident was tested positive for COVID 19 and LT 1 reported the result to the facility on [DATE] at 12:11 a.m. A review of Resident 5's admission record indicated the resident admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 5's lab result indicated the resident tested negative for COVID 19 on 7/2/20, and LT 2 reported the result to the facility on [DATE] at 12:04 a.m. A review of Resident 6's admission record indicated the facility admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. On 7/9/20 resident 6 tested positive for COVID 19 and LT 2 reported the positive result to the facility on [DATE] at 9:25 p.m. A review of Resident 7's admission record indicated the facility admitted the resident on 6/11/20 with [DIAGNOSES REDACTED]. A review of Resident 7's lab result indicated the resident tested negative for COVID 19 on 6/18/20. A review of Resident 8's admission record indicated the facility admitted the resident on 3/25/19 with [DIAGNOSES REDACTED]. A review of Resident 8's lab result indicated the resident tested negative for COVID 19 on 7/2/2. A review of Resident 8's most current lab result indicated the resident tested positive for COVID 19 on 7/9/20 and LT 1 reported the positive result to the facility on [DATE] at 1:24 a.m. 1. During the tour of the Green Zone and a concurrent interview with Registered Nurse 1 (RN 1) on 7/9/20 at 3:25 p.m., she stated the DON instructed her to transfer all positive COVID 19 residents (Residents 1, 2, 3, 4 and other residents who had been transferred before the onsite visit) to designated COVID 19 facilities (Skilled Nursing Facilities that admitted positive COVID 19 residents). RN 1 stated these residents remained in the Green Zone with their roommates who tested negative for COVID 19. During a review of Resident 1's 2's 3's and 4's laboratory results and concurrent interview with RN 2 on 7/9/20 at 3:50 p.m., she stated RN 1 informed her that the DON received a positive COVID 19 lab results on 7/9/2020 via email from 12: 11 a.m. to 12:14 a.m. for Residents 1, 2, 3, and 4. RN 2 stated she and RN 1 did not move Resident 1, 2, 3, and 4 to the Red Zone since these residents would be transfer to designated COVID 19 facilities. During a tour of the facility and a concurrent interview on 7/9/20 at 4: 10 p.m., the DSD stated Resident 5, 6, 7 and 8 tested negatives for COVID 19. During a concurrent observation of the Green Zone and interview with the DSD on 7/9/20, at 4:30 p.m., he stated while waiting to be transferred to COVID designated facilities, positive COVID 19 residents were staying in the Green Zone and sharing the same room with negative COVID 19 residents. The locations for these residents are as follow: a. Resident 1 (Bed C) who tested positive for COVID 19 remained in the same room with Resident 6 (Bed A), Resident 7 (Bed B) and Resident 8 (A room next to Resident 1's room and sharing the same bathroom with Resident 1) who tested negative for COVID 19. b. Resident 2 (Bed C) and Resident 3 (Bed D) both tested positive for COVID 19 remained in the Green Zone. c. Resident 4 (Bed C) who tested

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>positive for COVID 19 remained in the same rooms with Resident 5 (Bed A) who tested negative for COVID 19. During a telephone interview with the DON/IPN on 7/9/20 at 5:40 p.m., in the presence of the DSD and RN2, he stated facility's staff were able to cohort the residents in the Red Zone, but he decided to transfer the residents to the COVID 19 designated facilities to ensure residents received immediate respiratory care and rehabilitation services as needed. The DON stated on 7/9/2020, at around midnight, he received the lab results from the LT, and at 9:15 a.m. he instructed his staff to leave positive COVID 19 residents the same room in Green Zone. The administrator stated he instructed his staff to keep the residents' doors closed and to ensure the residents wear masks while waiting for to be transferred. During a record review of the resident line listings affected by COVID 19 and a concurrent telephone interview with the IPN on 7/14/20 at 10 a.m., he stated two residents Resident 6 (who shared room with Resident 1), and Resident 8 (who was in the adjacent/next room and shared the same restroom with Resident 1) tested positive for COVID 19 on 7/9/20 due to exposure to COVID 19 residents.</p> <p>The DSD stated Resident 6 and 8 previously tested negative for COVID 19. A review of the facility's policy and procedure, undated, titled Designation of Areas to Contain the Spread of COVID-19, indicated residents who positive for COVID-19 are confined to Red Zone. A review of the facility's COVID 19 Mitigation Plan, dated 5/29/20, indicated the facility will maintain a safe and secure environment for residents, staffs and visitors by designation of space that can safely isolate COVID 19 positive residents without posing a risk to the life and safety of other residents or staffs. The MP indicated facility's staff will cohort the residents in three distinct areas: Green Zone, Yellow Zone (an area who are under investigation) and Red Zone. The MP indicated residents who tested positive for COVID 19 should be separated from all residents who tested negative and all residents under investigation. Resident who tested positive for COVID 19 should be separated from all residents who tested negative and will not share common area or bathrooms. 2. During a concurrent observation of the facility's resident care area and interview on 7/9/20 at 3:50 p.m., the facility's IPN was not present in the facility. RN 2 stated the facility's IPN resigned (quit) two-month ago and the DON had assumed the responsibilities of the IPN while performing the duties of the DON at the same time. RN 2 stated the DON/IPN was on quarantine (on isolation due to illness or exposure to contagious disease) and was not available at the facility to perform the responsibilities of the IPN. RN 2 stated the DON/IPN did not give clear direction to move positive COVID 19 residents to the Red Zone and the residents who was exposed (had contact with) to positive COVID 19 residents to the Yellow Zone for further monitoring. During a telephone interview on 7/9/20 at 5:40 p.m., with the DON/IPN in the presence of the DSD and RN2, he stated he was a certified IPN, but he was unable to perform the IPN's duties since 7/7/20 due to illness. The DON stated there was no full-time certified IPN at the facility at this time. A review of the facility's COVID 19 Mitigation Plan, dated 5/29/20, indicated the facility has a full time IPN. The MP indicated the IPN shall spend adequate time in the facility focused on activities dedicated to infection control infection. The infection control lead and the DON will evaluate the cohort daily and implement or adjust the group according to the surveillance. The infection Control Preventionist will monitor and improve infection control practices based on local, health and federal. 3. During an observation on 7/9/20 at 5:11 p.m., PH 1 unzipped the tarp barrier (plastic barrier dividing Zed Zone from Green Zone) from the Red Zone, entered the Green Zone and removed her contaminated (used/dirty) gloves. A concurrent interview was conducted; the PH 1 stated she entered the Red Zone to picks up the specimens in the refrigerator. PH 1 stated she had a clean gown in her bag, but she did not wear it. The Phlebotomist did not give an explanation to why she did not wear a gown when she entered the Red Zone to collect specimens and did not doff her contaminated gloves before entering the Green Zone. According to the California Department of Public Health (CDPH) guidance, dated 4/14/2020, www.cdph.ca.gov, indicated the use of PPE is crucial for healthcare workers that have prolonged, close direct contact with patients/residents with possible or confirmed COVID 19 infection or their bodily fluids. 4. During an observation in Room Resident 1's room with the DSD on 7/9/20 at 4: 33 p.m., Resident 1 was sitting in the wheelchair trying to enter the bathroom and the resident was not wearing a mask. A concurrent interview was conducted; Resident 1 stated he had been waiting to be transferred to a COVID designated facility since 9 a.m., when RN 1 informed him that he had COVID 19 infection. Residents 6 and 7 (Resident 1's Roommates) were lying in bed without wearing masks. During a telephone interview on 7/9/20 at 5:40 p.m., with the DON/IPN in the presence of the DSD and the RN2, he stated at 9:15 a.m., he instructed his staff to keep Residents, 1's, 2's, 3's and 4's room doors closed and to ensure the residents wear masks while awaiting to be transferred. A review of the facility's policy and procedure, dated 6/6/20, titled COVID 19 Infection Control Manual, indicated facility's staff will follow the CDC's, Local Health Department's guidance in recognition and management of COVID 19 and ensure residents wear facemasks. 5. During an observation on 7/9/20 at 5:14 pm with Licensed Vocational Nurse 1 (LVN 1), the entrance door to the Red Zone was blocked by a bed. The entrance had no signage to indicate the area was a Red Zone. There was no signage to remind staff to perform handwashing, donning and doffing of PPE for infection control precautions. During the observation of the Red Zone on 7/9/20 at 6: 15 p.m., there were no designated restroom, breakroom for COVID staff in the Red Zone. A concurrent interviewed was conducted; the DS stated staff from the Red Zone and Green Zone were using the same breakroom and restroom. The DSD stated there were no designated restroom, breakroom for staff in the Red Zone. A review of the facility's Mitigation Plan, dated 5/29/20, indicated signage shall be posted immediately outside resident rooms with pictures of appropriate donning and doffing of PPE and appropriate infection control and preventions precautions and required PPE in accordance with the CDPH guidelines. The MP indicated residents who tested positive of COVID 19 should be separated from all residents who tested negative and will not share common area or bathrooms. Cohorting should be done with as such separation as possible with clear signage to separate the area. A review of the facility's policy and procedure, undated, titled Designation of Areas to Contain the Spread of COVID-19, indicated a separate break area for employees working in Red Zone should be identified. If possible, Red Zone should have a dedicated employee restroom.</p>		
F 0921  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to provide a safe and functional environment for the residents, staff and the public, regarding the unapproved drape to minimize the transmission risk of an infectious disease from one area to another area. This deficient practice of an improper safety procedure had the potential to have negative effects to the safety, welfare and health of the residents, staff and the public. Findings: During the general observation of the facilities with the maintenance supervisor between 3:20 p.m. and 4:10 p.m., there were two zones: a Red Zone (area for COVID-19 (mild to severe respiratory illness that spread from person to person) positive residents) and a Green Zone (area for COVID-19 negative residents). During an observation on 7/9/2020, at 3:30 p.m., while standing in the corridor next to room [ROOM NUMBER], there was a plastic drape to prevent occupants to continue down the corridor. This drape (which measured 8 feet wide and 9 feet high) was tape down to the corridor walls, corridor ceiling and corridor floor, and had a sign that stated, Stop. Authorized Personnel Only. Red Zone. In the center of this drape, there was a plastic doorway (which measured 5 feet wide and 8-1/2 feet high) with two vertical zippers to allow nursing staff to enter the Red Zone. A closer observation of this drape revealed that the area around this entry (which measured 1 foot wide on the left side, 6 inches on the top and 2 feet wide on the right side) was not fire retardant (According to the California Code of Regulations, Title 19, Flame Retardant Regulations, Chapter 8, Division 1, Article 7, Section 1325, states that no drape, hanging, curtain, or similar decorative material which has been treated by a registered flame-retardant application or is made from a registered approved fabric shall be installed after the effective date of these regulations in any place, unless such drape, hanging, curtain, or similar decorative material shall be labeled as required by Section 1324. Section 1324 states that the treated flame-retardant material shall be labeled with the name and registration number, the chemical used on the material, the date the chemical was applied and the Seal of Registration of the State Fire Marshall.) During an interview with the Maintenance Supervisor on 7/9/2020, at 4:15 p.m., regarding the plastic drape that separates the Red Zone and the Green Zone was not a fire retardant barrier, he stated he had the drape's package to show that the drape was fire retardant. During an interview with the Maintenance Supervisor on 7/9/2020, at 4:18 p.m., he stated that the plastic drape that surrounded the doorway was not fire retardant. During an interview with the Maintenance Supervisor on 7/9/2020, at 4:35 p.m., he stated that he had placed an order for [REDACTED].</p>		