STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555806	A. BUILDING _____ B. WING _____	**09/04/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GLENBROOK	**1950 CALLE BARCELONA CARLSBAD, CA 92009**

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 documentation review, the facility failed to ensure COVID (A highly contagious respiratory disease) infection prevention practices were followed when: - Certified Nursing Assistant (CNA) 2 wore the same gown to enter multiple resident rooms on the patient under monitoring (PUM - residents being monitored for COVID) unit. - Licensed Nurse (LN) 1 exited a resident's room wearing a used gown. These deficient practices had the potential to spread infections amongst residents and staff. Findings: On 9/4/2020 at 9:00 A.M., an interview was conducted with the Director of Nursing (DON) who stated they have no issues with personal protective equipment (PPE - wearable gear that minimizes one's exposure to sources of illness and helps inhibit the spread of infection to others) at this time. The DON stated facility's central supply and the Director of Staff Development, (DSD)/Infection Preventionist (IP), staff monitor the PPE supplies weekly. The DON stated, if there was a shortage of PPE supplies, they have sister facilities that could provide them with PPE supplies. On 9/4/2020 at 9:35 A.M., an observation was conducted on the facility's PUM unit. CNA 2 donned (put on) full PPE, (cloth gown, N-95 respirator (a respiratory protective device designed to achieve a close facial fit and effective filtration of airborne particles), gloves, face shield), before entering resident room [ROOM NUMBER] A/B. License Nurse (LN) 1 donned on full PPE before entering room [ROOM NUMBER] A/B. CNA 2 exited room [ROOM NUMBER] A/B wearing all PPE (Cloth Gown, face shield, N-95 mask, gloves) that she initially put on before entering room [ROOM NUMBER] A/B and placed a resident's meal tray on a cart located in the hallway. Then, CNA 2 went inside an empty resident room (across from room [ROOM NUMBER] A/B) disposed her gloves and washed her hands. CNA 2 exited the empty room with the same gown worn in room [ROOM NUMBER] A/B and proceeded down the hallway to enter another resident room. LN 1 exited room [ROOM NUMBER] A/B and stopped in the hallway outside of the room while wearing the used cloth gown. On 9/4/2020 at 9:40 A.M., an interview was conducted with CNA 2 and LN 1. LN 1 stated used cloth gowns were removed after being used on a resident. LN 1 stated a new cloth gown would be worn prior to entering another resident's room. CNA 2 stated she was taught that one cloth gown could be used when caring for multiple residents in the PUM unit, as long as the cloth gown was not visibly soiled. LN 1 agreed with CNA 2's statement and stated a used cloth gown could be used when caring for multiple residents. On 9/4/2020 at 11:01 A.M., an interview was conducted with the DSD/ IP. The DSD/IP stated it was acceptable for staff to use one cloth gown to go into multiple rooms on the PUM unit as long as the staff changes the cloth gown when it becomes soiled. The DSD/IP stated the facility did not have a policy related to the use of cloth gowns. The DSD/IP's infection control binder was reviewed. The DSD/IP was unable to locate any documentation of staff education on the use and reuse of cloth gowns. On 9/4/2020 at 12:44 P.M., the DON stated staff should not use the cloth gown on multiple residents. The DON stated her expectation for the staff was to hang the used gown on a hook in the resident's room once care was completed before exiting.

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.