

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER ADVANCED REHAB CENTER OF TUSTIN		STREET ADDRESS, CITY, STATE, ZIP 2210 E. FIRST STREET SANTA ANA, CA 92705	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and facility P&P review, the facility failed to follow the infection prevention and control guidelines with regard to visitors permitted inside the facility. The facility allowed the music band members inside the facility who played their musical instruments. This had the potential transmission of communicable disease to vulnerable residents. Findings: According to the CDPH All Facilities Letter 20-22.4 titled Guidance for Limiting the Transmission of COVID-19 in Long Term Care Facilities dated 8/25/2020, showed Long Term Care Facilities are to temporarily modify their visitation policies in accordance with CMS and CDC COVID-19 guidance to protect the health and safety of residents, staff, and the public. Review of the facility's P&P titled COVID-19 Visitor Screening dated 5/2020 showed the facility restricted the visitors entering the facility; they could consider exceptions based on end-of-life situations or when a visitor is essential for the resident's emotional well-being and care. On 6/18/2020, a complaint was received about the facility allowing several music band members into the facility. The band members played their musical instruments and were not consistently wearing a face mask or face covering. On 6/29/2020 at 1435 hours, a telephone interview was conducted with the Ombudsman. The Ombudsman stated she received a telephone call from a family member of a resident who was in the facility. The family member informed her the band members entered in the facility and played their trumpet music instruments without wearing a face mask. The Ombudsman stated the incident happened on 6/17/2020. On 7/1/2020 at 1045 hours, an interview was conducted with Resident A. Resident A confirmed the music band members were inside the facility and played their music instruments. Resident A stated she had seen one member of the music band playing the trumpet with his face mask under his chin. On 7/1/2020 at 1324 hours, an interview was conducted with the Activity Director. The Activity Director stated the visitation restriction was implemented and no visitors were allowed in the facility. However, the Activity Director did confirm there was a Mariachi band who was the facility and played music for the residents on 6/17/2020. The Activity Director stated the band members walked in the hallways playing music. The Activity Director stated the band members should not be allowed inside the facility. On 7/1/2020 at 1400 hours, an interview was conducted with Resident B. Resident B stated he was outside the patio and heard music coming from inside the facility; he stated he recognized the sound of a trumpet. Resident B stated he then observed the band members playing music while walking in the hallways. Resident B stated in reference to the trumpet player, I don't think he could play loudly if he was wearing a mask. On 7/1/2020 at 1530 hours, an interview was conducted with Social Services Director. The SSD stated the visitation restriction was implemented and the facility informed the family members and residents of the restriction. The SSD verified there was a Mariachi band who visited the facility to play for the residents and walked in the hallways. The SSD stated the music band members should have stayed outside on the patio to play and be not allowed to come inside the facility. On 7/1/2020 at 1630 hours, an interview and concurrent review of the facility's P&P was conducted with the Administrator. The Administrator stated the visitation restriction was implemented but confirmed the Mariachi band was permitted inside the facility. The Administrator verified the above findings and stated the music band should not be permitted inside the facility.</p>		
<p>F 0921</p> <p>Level of harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, medical record review, and facility P&P review, the facility failed to clean and disinfect one of five resident shower rooms. Resident 1 refused to have a shower in Shower room [ROOM NUMBER] due to the presence of a black colored spots on the tile grout shower floors and side walls. This had the potential risk of affecting the residents' health conditions. Findings: Review of the facility's P&P titled Shower & Tub Room Cleaning dated April 2015 showed the shower and tub rooms are cleaned daily to provide the residents with safe and sanitary place to bath. On 7/1/2020 at 0925 hours, observation of the facility's five shared shower rooms and concurrent interview was conducted with the Maintenance supervisor and Housekeeping Supervisor. Shower room [ROOM NUMBER] was observed with the black colored spots on the tile floors and tile walls. The Maintenance Supervisor and Housekeeping Supervisor stated the black spots looked like mold and it needed to be clean. The Housekeeping Supervisor stated they cleaned and disinfected the shower rooms twice a day and deep cleaned once a month. Closed medical record review for Resident 1 was initiated on 7/1/2020. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE]. On 7/1/20 at 1500 hours, an interview was conducted with CNA 1. CNA 1 stated she provided a shower to Resident 1; however, Resident 1 refused to have a shower in Shower room [ROOM NUMBER] because it was dirty and there was mold on the floor. CNA 1 used another shower room to shower Resident 1. CNA 1 stated she reported the black spots to housekeeping staff on the same day. On 7/1/2020 at 1545 hours, a follow-up interview was conducted with the Housekeeping Supervisor. The Housekeeping Supervisor stated he inspected all the shower rooms. Housekeeping Supervisor stated he inspected the rooms everyday and he entered his findings in the computer after his inspections. He was asked to review the cleaning log for Shower room [ROOM NUMBER]. The Housekeeping Supervisor was unable to provide a cleaning log for the shower rooms. On 7/1/2020 at 1600 hours, the Administrator informed of above findings.</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.