

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555107	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER VICTORIA CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3541 PUENTE AVENUE BALDWIN PARK, CA 91706	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interviews, record reviews and observations the facility failed to maintain an infection prevention and control program (IPCP) to include these elements: 1).) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted and following accepted national standards. 2). A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. 3). Maintain an infection prevention and control program designed to provide a safe, and sanitary practices to help prevent the development and transmission of communicable diseases and infections. The facilities failed IPCP practices was evident by: 1). On 7/21/2020-7/22/2020 surveyor identified the facility failed to identify three dietary staff that were COVID-19 positive since June 2020. As a result the positive COVID-19 test data was not reported to the Federal, State, and Public Health Department. 2). The facility also failed to conduct infection control surveillance for June and July until requested on 7/21/2020. In addition March 2020, April 2020, and May 2020 infection control surveillance were incomplete. The facility failed to identify patients and contagious disease in order to prevent potential outbreaks or the transmission of infectious diseases. Currently the facility has five residents and undetermined number of employees who are COVID 19 positive. The entire census of 41 residents have been expose to COVID 19 and are under droplet precautions. 3). Multiple direct care staff failed to use PPE appropriately per Center for Disease Control (CDC) guidelines by not changing gowns, gloves, and wash hands between patients who are on droplet precaution. Findings include: 1). During the Kitchen tour on 07/21/2020 at 11:00 AM interviewed Dietary Staff #11 while questioning her about the sick call process, she mentioned the three dietary staff member who were out sick with Coronavirus Disease COVID 19. On 07/21/2020 at 11:45 AM interview conducted with Admin Staff #1 when asked about the total number of staff that were COVID 19 positive in the facility she indicated, Two. When questioned about the dietary staff she indicated, None. Surveyor informed her of the three dietary staff that were tested positive with COVID 19, she stated, According to her data the facility currently only have two nursing staff members out sick with COVID 19. On 07/21/2020 at 11:50 PM conducted a phone interview with the Infection Prevention Nurse (IPN) Staff 7, she indicated being out sick with a fever and cough today and was feeling sick at home Saturday (07/18/20) and Sunday (07/19/20). She stated her completed infection control work was in the infection control binder. When inquired where about the June and July infection control data were placed she stated, All I have is what you see in the infection control binder. Surveyor informed her that June and July data was not in the binder she replied, I do not know. When I questioned her about March, April, and May 2020 infection control data being incomplete she again replied, I do not know. When questioned if she was aware of the three dietary staff with COVID-19 + test results she stated, NO. On 07/21/2020 at 12:30 PM interview conducted concurrent with record review with Admin Staff 2 she indicated the nursing and administration leadership team were not aware of the three dietary staff with positive COVID-19 results and will do an investigation promptly. Admin Staff 2 acknowledged, not knowing all employees with positive COVID-19 results can contribute to the spread of the infections among residents and employees. Admin staff indicated the IPN Staff 7 usually collects and enter all the infection control data in the surveillance log and she was not able to locate any infection control report data for June and July. Admin Staff #2 confirmed although she provides oversight for the IPN Staff 7, she was not aware of the Infection Log Control Surveillance data missing for June and July. On 07/21/2020 at 1:30 PM interview conducted with Admin Staff 3, he further confirmed the facility leadership were not aware of the COVID 19 positive dietary staff. He stated, the Dietary Manager (DM) Staff 5 informed him of the COVID-19 results on 07/21/2020. Admin Staff 3 explained the COVID-19 positive results data are reported weekly and daily per CDC guidelines. He confirmed the information he reported for the past few weeks were inaccurate because he had no prior knowledge of the three dietary staff positive results. Admin Staff 3 acknowledged, not knowing all employees with positive COVID-19 results can contribute to the spread of the infections among residents and employees. Admin Staff 3 stated he is very concern and will conduct an investigation promptly and provide a narrative to surveyor. Additional Admin Staff 3 stated he will also contact the Department of Health and State to report the dietary staff COVID-19 positive results. Conducted a second interview concurrent with record review on 07/24/2020 with Admin Staff 3, he confirmed the COVID-19 and Respiratory Outbreak Line List for LTC, staff COVID-19 positive results began on or near June 20, 2020. The residents COVID-19 positive results began on or near July 3, 2020. Since the start of the pandemic the facilities final count for COVID-19 positive are at 12 residents and 13 staff members. During a 2nd interview on 07/23/20 at 11:45 AM with Admin Staff 2 she confirmed not being aware of the dietary staff COVID-19 positive results until surveyor requested information on 07/21/2020. Additionally she indicated being in the process of completing all the March - July infection control surveillance data. Admin Staff 2 further explained, the facility expectation is for license staff and IPN Staff 7 to collect data and log the information daily in the infection control surveillance log. Admin Staff 2 stated she cannot explain why the infection control surveillance information was not documented for June/July and incomplete for March, April and May 2020. During a 2nd telephonic interview on 07/22/2020 at 4:40 PM with IPN Staff 7, she acknowledged not completing the surveillance log per policy. She explained that she had been extremely busy with the COVID 19 positive cases in the facility and failed to complete the data. IPN Staff 7 stated, I am trying to get someone to bring me the books at home and will complete the infection control surveillance log immediately. On 07/23/2020 at 3:00 PM interview conducted with DM Staff 5 she acknowledged being aware of a staff with COVID-19 positive exposure on June 23, 2020. On June 29, 2020 the dietary staff began to experience COVID-19 like symptoms and was tested along with another relative dietary staff. On July 1, 2020 both dietary staff reported a positive COVID-19 test result. The other one dietary staff received her COVID-19 test result on July 2, 2020. DM Staff 7 stated, I reported the dietary staff COVID-19 symptom concerns on June 29, 2020 and the positive test results on July 1 and 2, 2020 to the corporate manager. The corporate manger said he would communicate with the facility administrator. This is the process always. If I have a problem I report it to the corporate office manager and he talks to the administrator. DM staff 7 further explained, I know how contagious COVID-19 is, that why I reported the information immediately to the corporate office manager and he was supposed to call the administrator. When questioned about when she communicated with the facility administrator regarding the three staff that tested COVID-19 positive, she stated, Tuesday July 21, 2020. 2). During a medication administration observation on 07/21/2020 at 12:10 AM LVN Staff 8 observed performing blood glucose test for three residents and administering insulin to one resident. LVN Staff 8 did not wash her hands between the three residents on droplet precaution isolation. LVN Staff 8 acknowledged not washing her hands between resident was not appropriate infection control practice and can contribute to the spread of infections. 3). During the dinning observation on 07/21/2020 at 12:15 PM C.N.A Staff 9 observed delivering trays to six residents on droplet precaution isolation. C.N.A Staff 9 observed setting up the bedside tables, turning and repositioning the residents. C.N.A Staff 9 did not changed his gloves and gown between the six residents. The DON was present in the hall way when she also witnessed the concerns with C.N.A Staff 9 infection control practices. DON intervened and educated C.N.A</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>Staff 9 promptly. C.N.A Staff 9 acknowledged using improper infection control practices with proper use of Personal Protective Equipment (PPE). On 07/21/2020 1:15 PM with Admin Staff 2 she acknowledged LVN Staff 8 and C.N.A Staff 9 used improper infection control practices per policy. She stated, I will retrain the all staff immediately. She further explained the facility expectation is for hand washing between all residents when doing blood glucose monitoring. She provided evidence of the staff in-service with the use of PPE and hand washing practices. On 07/23/2020 reviewed the facility policy titled Infection Control and it revealed: 1). Outcome Surveillance Examples: Collection of sign and symptoms as well as laboratory data and comparing to standard written definitions (criteria) of infections. Review data to detect clusters and trends Review of antibiotics orders and laboratory antibiograms Review newly admitted residents Tracking of prevalence of infections monthly Reporting communicable disease according to the local State and Federal requirements. 2). Standard Precaution: Hand Hygiene - Before and after resident contact and personal care Gloves - Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident. Wash Hands immediately to avoid transfer of microorganisms to other residents or environments. Hand Washing - Employees must wash their hands for at least 20 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after performing invasive procedure (finger stick blood sampling) Before and after entering an isolation precaution setting. Before and after assisting a resident with meals On 07/23/2020 reviewed the facility policy title Temporary Updates to Sick Employee Policy- COVID 19 updated on 3/11/2020 and it revealed: Employees are encouraged to notify their supervisor and stay home if they are sick. Notify us if you develop respiratory symptoms while at work. All employees will be required to have their temperature checked when entering the facility and be required to use hand sanitizer or wash their hands when entering or leaving the facility Practice proper hand washing hygiene. On 07/23/2020 reviewed the dietary contractor infection control policy titled Infection Control Policy and Overview and it revealed: Investigate, Control and prevent infections in the facility Maintain a record of incidents and corrective action plans related to infections by reporting incidents through the facility proper chain of command.</p>		