

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055906	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER RINALDI CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 16553 RINALDI ST GRANADA HILLS, CA 91344	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices for three of three sampled residents (Residents 1, 2, 3) by: 1. Lacking infection control signs for precautions or isolation for Residents 1 and 2. 2. Certified Nurse Assistant 1 (CNA 1) not wearing personal protective equipment (PPE - such as: gloves, gowns, masks, face/eye shields designed to protect the wearer's body from infection) while in Resident 1's isolation (separation and confinement of a resident known or suspected to be infected with a contagious disease agent to prevent further infection) room. 3. CNA 1 not performing appropriate hand hygiene after leaving Resident 3's room and prior to entering Resident 4's room. These deficient practices has the potential for the spread of infection and cross-contamination. Findings: a. A review of Resident 1's Admission Record, indicated the facility readmitted Resident 1 on 1/24/2019, with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set - (standardized assessment and care-screening tool) dated 1/30/2020, indicated Resident 1 had some memory problems and required extensive assistance with bed mobility, transfers, dressing, personal hygiene, and toilet use. A review of Resident 1's physician's orders [REDACTED]. During an observation on 2/20/2020, at 4:45 p.m., there was a small cart with PPE (which are used for residents on isolation) was outside Resident 1's room. There was no sign at the door to indicate to staff and visitors the type of isolation precaution needed and the PPE to wear. On 2/20/2020, at 4:45 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 was on isolation for ESBL in urine and there should be an isolation sign. b. A review of Resident 2's Admission Record, indicated the facility readmitted Resident 2 on 5/16/2019 with [DIAGNOSES REDACTED]. A review of Resident 2's physician's orders [REDACTED]. On 2/20/2020, at 4:46 p.m., during an observation and concurrent interview with LVN 1 outside Resident 2's room, LVN 1 stated there was no isolation sign posted on the door. On 2/20/2020, at 5:03 p.m., during an interview, the Director of Nurses (DON) stated for residents on isolation with ESBL should have a stop sign/isolation sign which will alert visitors/staff to ask nursing staff for instructions before entering a resident's room. c. A review of the Admission Record, indicated the facility admitted Resident 3 on 1/30/2020 with [DIAGNOSES REDACTED]. Diff- type of intestinal bacteria) infection. A review of Resident 3's MDS dated [DATE], indicated Resident 3 required extensive assistance with bed mobility, transfers, dressing, personal hygiene, and toilet use. A review of Resident 3's Care Plan for [DIAGNOSES REDACTED] infection in stool dated [DATE]20 included in the interventions maintaining contact isolation and handwashing. During an observation on [DATE]20, at 5:39 p.m. outside Resident 3's room, there was an isolation cart outside the door and a stop sign at the door. Certified Nurses Assistant 1 (CNA 1) entered Resident 3's room without donning (applying) PPE. At 5:41 p.m. CNA 1 exited Resident 3's room without performing handwashing or hand hygiene. CNA 1 proceeded to enter Resident 4's room without washing hands or performing hand hygiene. On [DATE]20, at 5:45 p.m., during an interview, in the presence of the DON, CNA 1 stated Resident 3 was on isolation but she did not wear a gown and gloves and did not wash her hands. During an interview with Infection Preventionist (IP), on [DATE]20 at 5:51 p.m., he stated contact precautions should be observed with resident who have ESBL urine and [DIAGNOSES REDACTED]. Staff should wash hands and wear the proper PPEs, gown and gloves, before entering the resident's room. IP further stated stop signs on doors of residents who are on isolation are important to help prevent the spread of the particular microorganism. A review of the undated policy and procedure titled Isolation Measures: General Policy Statement, indicated the facility utilizes a disease-specific system of isolation precautions in addition to standard precautions. Hand washing is required before and after resident care. It is important for all health care workers whether or not resident is infected. The policy continues to indicate to ensure appropriate communication of isolation precautions, a stop sign will be posted on the resident's door directing individuals to report to the Nurse Station for further information. A review of the undated policy and procedure titled Infection Control: [MEDICAL CONDITION], undated, indicated all healthcare providers should wash their hands with soap and water after every contact with resident/and his environment who has [DIAGNOSES REDACTED]. Protective equipment needed: While a resident is in isolation for [DIAGNOSES REDACTED], gloves and gown should be worn when giving direct care or having contact with the resident's environment. Hand washing should be performed immediately.</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.