

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER ST JOHNS PLEASANT VALLEY HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 2309 ANTONIO AVE CAMARILLO, CA 93010	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control and prevention precautions for 13 of 13 residents admitted to the observation area (yellow zone) for possible COVID 19 infection. This facility failure had the potential to spread COVID 19 infection to residents and staff within working in the facility. Findings: The facility policy and procedure titled Infection Prevention and Control, revised 6/27/19, indicated in part, the facility will implement a prevention and control program designed to minimize infection hazards, implementation of actions taken to minimize the risk of infection when storing and disposing of infectious waste The facility policy and procedure titled Isolation Precautions, dated 8/10, indicated in part, Donning and removal of PPE in isolation . Gown outside patient room, glove outside patient room, remove all PPE in regular trash at the door The facility COVID 19 Mitigation Plan undated, indicated in part, 1. Designation of space - The facility has dedicated spaces (zones) within the facility to ensure separation of infected residents and for eliminating movement of health care personnel among those spaces to minimize transmission risk. Residents with COVID 19 confirmed infection will be placed in a dedicated positive unit (red zone). Residents who are newly admitted and readmitted with unknown COVID 19 status will be placed in a separate observation unit (yellow zone), while residents who are not suspected to have COVID 19 infection will be in units that do not include confirmed or suspected cases (green zone). 2. A staffing plan will be implemented to limit transmission, including an established policy to minimize the number of staff interacting with each resident. 3. Signs are posted immediately outside the residents room indicating appropriate infection control and prevention precautions and required PPE, and trash disposal bins are positioned as near as possible to the exit inside of the residents room to make it easy for the staff to discard PPE after removal, prior to exiting the room for those residents in the yellow zone on isolation precautions During an observational tour of the facility yellow zone rooms (five dedicated rooms on the first floor, and eight dedicated rooms on the second floor) on 8/27/20 at 4:05 PM, observed the following: 1. Protective personal equipment (PPE) including disposable gowns and gloves were not available outside the resident rooms. No isolation carts containing supplies were located outside the room. 2. Signs were not posted outside the resident's room to indicate appropriate infection precautions to be taken and required PPE to be used. 3. Trash bins were positioned far from the exit inside of the resident rooms for disposal of PPE. 4. Nursing staff were assigned to rooms in both the yellow zone and rooms that are designated as tested free from COVID infection (green zone). During a concurrent interview with a licensed nurse (LN 1) on 8/27/20 at 4:05 PM, with the facility director of nursing present, LN 1 verified the above findings. LN 1 acknowledged that PPE for the yellow zone was stored inside the resident rooms, and should not be. LN 1 indicated facility staff are regularly assigned to residents in both the yellow and green zone. During a review of the daily schedule for staff and residents dated 8/27/20, it was noted that for staffing on the first floor, a team consisting of a licensed nurse (LN) and a certified nursing assistant (CNA) were assigned a resident in the yellow zone, and also assigned to care for six residents in the green zone. Another LN and CNA team were assigned a resident in the yellow zone along with five residents in the green zone. On the second floor a LN and a CNA were assigned a resident in the yellow zone, along with five residents in the green zone. Another LN and CNA were assigned a yellow zone resident along with five residents in the green zone, while another LN and CNA were assigned three residents in yellow zone along with three residents in the green zone. During an interview with a facility Supervisor (LN 2) on 8/27/20 at 4:30 PM, LN 2 confirmed the facility assigns staff to provide care to residents in both the yellow and green zone rather than group the yellow zone residents and assign to one team to decrease possible risk of transmission of COVID 19 if yellow zone resident was positive.</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.