STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055480	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE CALIFORNIAN-PASADENA	**120 BELLEFONTAINE STREET PASADENA, CA 91105**

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 record review, the facility failed to follow infection control practices by failing to perform hand hygiene before and after direct contact with two of three sampled residents (Resident 1 and 2), as indicated in the facility's policy and procedure. The Director of Nursing (DON) touched Resident 1's left side of her face and hands and fingers with her bare hands. The DON did not perform hand hygiene before and after direct contact with Resident 1 and then touched Resident 2's face and linen. This deficient practice exposed the residents to potential infection. Findings: A review of Resident 1's Admission Record indicated the facility admitted the resident on 1/22/20, with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set ((MDS), a resident assessment and care-screening tool), dated 7/30/20, indicated the resident was cognitively intact for daily decisions (the ability to make decisions) and required extensive assistance for bed mobility and personal hygiene. A review of Resident 1's untitled care plan dated 3/24/20, indicated the resident was at risk for exposure and severe respiratory infection due to COVID-19 (([MEDICAL CONDITION] 2019 a contagious virus that causes mild to severe upper respiratory infection) and the approach was to encourage frequent hand hygiene daily. A review of Resident 2's Admission Record indicated the facility admitted the resident on 7/3/20, with [DIAGNOSES REDACTED]. A review of Resident 2's MDS dated [DATE], indicated the resident was moderately impaired for daily decision making and required extensive assistance for bed mobility and personal hygiene. A review of Resident 2's untitled care plan dated 7/7/20, indicated the resident was at risk for exposure and severe respiratory infection due to COVID-19 and the approach was to encourage frequent hand hygiene daily. During an observation and concurrent interview, on 8/5/20, at 12:31 p.m., Resident 1 and Resident 2 were lying in their beds. The DON touched Resident 1's left side of her face, hands and fingers with her bare hands. The DON did not perform hand hygiene before and after she had direct contact with Resident 1's intact skin. The DON then proceeded to touched Resident 2's face and linen. The DON stated, she did not perform hand hygiene after she touched Resident 1's skin and before she touched Resident 2's skin. The DON and the facility's Director of Staff Development (DSD)/Infection Preventionist (IP, Infection Preventionist nurse, a nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment), both stated hand hygiene was important to prevent the spread of infection. A review of the facility's policy and procedure titled, Handwashing/Hand Hygiene, revised 8/2015, indicated the facility considered hand hygiene the primary means to prevent the spread of infections. The policy indicated all personnel should follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. The policy indicated to use alcohol based hand rub containing or alternatively, soap and water before and after direct contact with residents and after contact with a resident's intact skin. References: According to the Centers for Disease Control and Prevention (CDC), [MEDICATION NAME] hand hygiene is a simple yet effective way to prevent infections. Cleaning the hands can prevent the spread of germs. Retrieved from: https://www.cdc.gov/handhygiene/index.html According to the CDC, hand hygiene is an important part of the United States (U.S.) response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role. Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE