STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056166	A. BUILDING _____ B. WING _____	**08/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AFFINITY HEALTHCARE CENTER	**7039 ALONDRA BLVD PARAMOUNT, CA 90723**

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	**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 maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 11 of 12 residents (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12) by: The facility did not follow the Criteria for Return to Work for Healthcare Personnel related to Coronavirus disease 2019 ((Covid 19) a highly contagious respiratory disease) that indicated to self-quarantine (a method of slowing the spread of infection through staying at home and away from other people) COVID-19 positive staff member for a minimum of 10 days. This failure potentially exposed Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 to a staff member who was positive for COVID-19. To ensure three staff members properly don (wear) the Personal Protective Equipment ((PPE) protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection) to protect themselves, residents and other staff members from potential exposure to COVID-19. To ensure staff wore proper PPEs when cleaning COVID-19 positive resident rooms. To provide dedicated restroom and breakroom for staff caring for COVID-19 positive area in a location limited only for COVID-19 staff. These deficient practices had the potential for increased risk in the transmission of COVID-19 within the facility and the community. Findings: a. During an observation on 8/21/2020 at 11:40 a.m., Licensed Vocational Nurse (LVN 2) was observed coming out from room [ROOM NUMBER]. During a concurrent interview LVN 2 stated she was the dedicated staff assigned to room [ROOM NUMBER], 41, 42, 47 and 48. LVN 2 explained that transitional rooms were for new admissions or where the residents stayed after they were readmitted from hospital. LVN 2 stated those residents have COVID-19 negative status but were still being monitored for signs and symptoms of COVID-19. LVN 2 stated she was assigned to Person Under Investigation ((PUI) suspected for COVID-19) in room [ROOM NUMBER] and 46. LVN 2 stated that those rooms were for the residents who had COVID-19 positive roommates or who were exposed to staff that tested positive. LVN 2 stated she was also assigned to room [ROOM NUMBER] and 45 and the residents there were confirmed COVID-19 positive. During a telephone interview with LVN 2 on 8/21/2020 at 4 p.m., stated she tested positive for COVID-19 on 8/12/2020. During interview LVN 2 stated she was scheduled to work 7 a.m.-7 p.m. every Wednesday, Thursday and Fridays and her first day back to work was on 8/21/2020. During a telephone interview with Public Health Nurse (PHN 1) on 8/21/2020 at 4:05 p.m, stated that Infection Preventionist (IP nurse) consulted with him if to see if it was recommended for COVID-19 positive staff member, who was asymptomatic (showed no symptoms), to continue to work in a COVID-19 unit. During interview PHN 1 stated she recommended it was deemed acceptable if there was a staffing shortage. PHN 1 stated that COVID-19 positive staff could work in the healthcare setting if there was severe worker shortage and asymptomatic staff were permitted to work with COVID-19 positive patients only. PHN 1 stated there was no report of staffing shortage and facility did not discuss any problems regarding COVID-19 positive staff member returning to work without completing a 10 day home isolation. During a telephone interview and concurrent record review of the facility's Mitigation Plan with Director of Nursing (DON) on 8/22/2020 at 5:58 p.m., stated the plan indicated that facility will follow Local Health Department and Center for Disease Control and Prevention return to work criteria for healthcare worker with confirmed COVID-19. The DON confirmed the facility's mitigation plan was for asymptomatic Healthcare Personnel (HCP) with laboratory confirmed COVID-19 to exclude staff from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test. The DON stated in case of staffing shortages, facility may allow asymptomatic HCP with laboratory-confirmed COVID-19 to continue to work as long as they were assigned to the residents who had confirmed and were positive for COVID-19. DON acknowledged the facility did not have a staffing shortage and had not reported any staffing shortage. During an interview with IP on 8/14/2020 at 6:12 p.m., stated he consulted with Public Health Nurse (PHN) to ensure if positive staff could work in a COVID-19 unit. The IP stated PHN confirmed that positive staff could work in COVID-19 unit during staffing shortage. However, IP stated he did not specifically ask if LVN 2 could return to work but inquired in general and did not discuss the details when LVN 2 tested positive for COVID-19 on 8/12/2020 and had failed to complete the home isolation requirements. The IP stated there currently there was no reports of staffing shortage. A record review of Index History and Contact Identification indicated LVN 2 was tested for COVID-19 on 8/12/2020 and received the positive result on 8/13/2020. A record review of COVID-19 laboratory test dated 8/12/2020 indicated LVN 2 was confirmed positive for COVID-19. A record review of Resident 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10's COVID-19 laboratory test results for the month of August 2020 indicated COVID-19 was not detected and were negative. A review of the facility's Mitigation Plan indicated the following rooms were currently in dedicated as COVID-19 units. The skilled nursing facility (SNF) confirmed COVID-19 rooms were as followed: 44A & B, 45A & B. SNF PUI/Suspected rooms: 43A & B, 46A & B. Subacute (SUA) confirmed COVID-19 rooms: 34A & B. SUA PUI/Suspected rooms: 24A & B 25A & B. A review of the facility's Mitigation Plan indicated that Transition Unit/Observation Area were where new admissions or re-admissions (with no laboratory confirmed COVID-19 or no clinical suspicion for COVID-19) were to be placed in a transition unit/observation unit for 10 days to actively monitor for signs and symptoms of COVID-19. The following rooms were designated units: SNF: 40A & B, 41A & B, 42A & B, 47A & B, 48A & B SUA: 16A & B, 17A & B, 18A & B, 19A & B, 20A & B, 21A & B, 22A & B, 23A & B A review of staffing assignment indicated that LVN 2 was assigned to rooms 40, 41, 42, 43, 44, 45, 46, 47, and 48. During a review of Skilled Nursing Facility (SNF) urgent need dashboard dated June 1, 2020 until August 21, 2020, there was no urgent need reported for staffing shortage. A review of an undated Facility's Mitigation Plan indicated the facility will follow Local Health Department and Center for Disease Control and Prevention return to work criteria for hcp with suspected or confirmed COVID-19. The plan indicated for testing staff and HCP return to work criteria, the time-base strategy for asymptomatic HCP with laboratory confirmed COVID-19 is to exclude staff from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming that staff have not developed symptoms since their positive test. The plan for guidance of Local Health Department indicated that in case of staffing shortages, facility may allow asymptomatic hcp with laboratory-confirmed COVID-19 to continue to work as long as they are assigned to residents who have confirmed COVID-19. b. During an observation on 8/21/2020 at 11:10 a.m., Licensed Vocational Nurse (LVN 1) was observed wearing surgical face mask covering her mouth but the nose was exposed. LVN 1 was observed attempting to fix her mask 5 times in the hallway while being interviewed. LVN 1 touched the front of her face mask to reposition the mask, however the mask kept sliding down. The strap on the facemask was loose and it did not fit properly. During observation LVN 1 did not change the face mask to ensure it was properly fitted and entered Resident 11's room to perform wound dressing change. During an interview with LVN 1 on 8/21/2020 at 11:25, stated she received an in service on how to wear PPEs but did not recall performing return demonstration. LVN 1 stated she thought she was wearing the face mask correctly but stated she did not know why the face mask kept sliding down, exposing her nose. LVN 1 stated she wore a face mask to protect herself and others from getting COVID-19. LVN 1 stated that if face mask was not worn properly there was a potential of risking herself and others from getting the COVID-19 virus. During an observation and concurrent interview on 8/21/2020 at 11:40 a.m., LVN 2 was observed wearing N95 (a mask that can filter very small particles) respirator with only 1 strap placed behind the ear and the other

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 -** Minimal harm or potential for actual harm **Residents Affected -** Some	(continued... from page 1) strap was hanging in front of the face. LVN 2 was also wearing surgical face mask on top of the N95 respirator. During concurrent LVN 2 stated Infection Preventionist (IP) had demonstrated to her how to properly wear the N95 she performed a return demonstration. LVN 2 stated she was not fit tested but she knew how to perform seal check to ensure that she was wearing the N95 respirator correctly. LVN 2 stated she was not wearing the N95 respirator correctly because the 2nd strap was not behind her head. During interview LVN 2 immediately placed the second strap on the back of her head below the ears. LVN 2 acknowledged if she was not wearing the N95 respirator correctly there was a possibility of becoming infected and transmitting virus to the residents, other staff members, and the community. c. During an observation on 8/21/2020 at 11:55 a.m., housekeeper (HK1), wearing only a surgical mask walked into room [ROOM NUMBER], which had a sign that indicated 'Droplet Precautions. There was a poster with directions on how to properly don and doff (take off) the PPEs posted outside of the room [ROOM NUMBER]. HK 1 was observed mopping and cleaning the room. During an interview on 8/21/2020 at 12:02 p.m., HK 1 stated the room had a sign for droplet precautions and the sign meant that there was a resident who was infected, so she needed to wear PPEs. HK 1 stated she did not read the sign prior to entering the room. HK 1 stated she was not wearing a gown and face shield because she was not sure what type of infection the resident had and thought the resident was recovered from COVID-19. HK 1 stated that if the resident was COVID-19 positive she needed to wear a gown, mask, gloves and face shield to protect herself and others. HK 1 acknowledged if she did not wear the proper PPEs there was a risk she would get infected with COVID-19 virus. HK 1 stated she was aware the facility had a COVID-19 positive unit but it was located on the Subacute side of the facility and those residents were only persons under investigation. HK 1 stated that no one communicated with them about the transmission precautions for those residents. During an interview on 8/21/2020 at 11:39 a.m. with LVN 3 stated room [ROOM NUMBER]B was designated as COVID-19 positive room and staff were required to wear a gown, face shield, gloves and masks when entering a COVID-19 rooms to protect staff and prevent spreading [MEDICAL CONDITION]. During an interview with IP on 8/21/2020 at 11:40 a.m., stated the staff were not required to wear PPE in the hallway of COVID-19 positive designated area (red and yellow zones) but needed to wear PPEs inside the resident's room. During interview IP stated the staff needed to wear gowns, gloves, face shields and masks. The IP stated the staff received in services regarding wearing PPEs for each type of transmission precautions. A review of Resident 12's COVID-19 laboratory test dated 8/12/2020 indicated the resident received a positive result. A review of the mitigation plan indicated the facility requires all HCP to wear all recommended PPE while in COVID 19-designated rooms: N95 or higher (preferred), facemasks (acceptable), eye protection (face shield, goggles), disposable gowns (isolation, surgical), disposable gloves. d. During an observation on 8/21/2020 at 11:30 a.m. at the breakroom located at the green zone (designated area where residents who are not infected with COVID-19 are cohorted), there was a sign posted at the front door of the breakroom that indicated for COVID-19 designated staff breakroom. During an observation on 8/21/2020 at 11: 32 a.m., Certified Nursing Assistant (CNA 1) was observed walking out of the COVID-19 designated breakroom, passed by the green zone, passed by the yellow zone (designated area where residents who are suspected for COVID-19 were cohorted), opened the plastic barrier, and went inside the red zone (designated area where residents who are positive for COVID-19 were cohorted). During an interview with LVN 3 on 8/21/2020 at 11:42 a.m., stated she took her lunch at the COVID-19 designated break room. During interview LVN 3 stated the designated COVID-19 break room was on the skilled nursing facility side, located in front of the nurses station. LVN 3 stated COVID-19 dedicated breakroom was located in the green zone. During an interview on 8/21/2020 at 11:47 a.m. with LVN 2 stated there was a tent with a table, and porta potty (portable restroom) outside the facility that could be used by COVID-19 designated staff. LVN 2 stated she did not use the breakroom outside, took lunch breaks in her car, and used the bathroom that was located in front of the nurses station, which was located in the green zone, because it was hot outside. During an interview on 8/21/2020 at 12:14 p.m. with CNA 1 stated there was a COVID-19 designated breakroom and porta potty outside the facility by the parking lot but she took her break and used the designated COVID-19 bathroom and breakroom designated for the staff working in the green zone. During an interview with IP on 8/21/2020 at 12:30 p.m., stated the breakroom in front of the nurses station was designated for staff assigned in COVID-19 unit. IP stated there was also a tent and porta potty located in the parking lot that was designated for COVID-19 positive staff. IP nurse stated the designated COVID-19 breakroom and bathroom in front of the nursing station was located in the green zone. IP acknowledged and confirmed an in services will be provide to staff to only use the breakroom and bathroom provided outside of the facility. A review of the Mitigation Plan indicated the SNF had implemented a staffing plan to limit transmission, including limiting clinical and other staff who have direct resident contact to specific floor or wings. The plan indicated the facility has dedicated nursing staff assigned to take care of COVID-19 positive residents. These staff are not assigned to any other unit or wing as they are consistently assigned to the COVID-19 unit. A unit that is separated from the rest of the facility designated to contain suspected and confirmed COVID-19 residents. These staff also have their dedicated breakroom and restrooms. There was no other staff allowed to go into these areas.