

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055685</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIGHTON PLACE SPRING VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9009 CAMPO ROAD SPRING VALLEY, CA 91977</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to implement quarantine (separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick) of new admission residents (admitted within the last 14 days) for COVID-19, when seven of eight new admissions were placed in rooms outside of the facility's designated quarantine, or new admission area, per the facility map (Residents 2, 3, 4, 5, 6, 7, and 8). This failure had the potential for the spread of infection within the facility. Findings: On 6/12/20 at 9:30 A.M., an interview was conducted with the Administrator (Admin) and Director of Nursing (DON). The Admin and DON stated new admissions to the facility were placed on a 14-day quarantine, in the facility's designated new admit area. A map with designated areas and a census for 6/12/20 was provided, listing all residents, their room assignment, and their admitted . On 6/12/20 at 10:20 A.M., a joint observation and interview was conducted of the facility, with the DON. Resident names were posted by the door in the new admit area, but no signs indicated the rooms were for new admissions or quarantine. Per the DON, four of the residents in the quarantine, or new admission area were not new admissions. The DON stated new admissions were placed in rooms throughout the building, and not only in the new admission area. The DON stated new admission residents who were at risk of falling needed to be placed closer to the nurses station, and not in the facility-identified new admission area. On 6/15/20 at 10:54 A.M., a telephone interview was conducted with the Infection Preventionist (IP). Per the IP, the facility did not have COVID positive residents, so there was no need for new admissions to be placed into a specific quarantine or new admission area. The IP stated some of the facility's long-term residents were housed in the new admit area since they mostly stayed in their rooms. The IP stated hand hygiene and social distancing for residents was adequate for containment of COVID. On 6/15/20, a record review was conducted of the facility census. Per the census: Resident 2 was admitted on [DATE] (day 3 of admission) to a room in the non-quarantine area with a roommate whose date of admission was 6/28/19 Resident 3 was admitted on [DATE] (day 2 of admission) to a room in the non-quarantine area with a roommate whose date of admission was 8/30/17 Resident 4 was admitted on [DATE] (day 7 of admission) to a room in the non-quarantine area with two roommates, admitted s of 12/16/19 and 12/24/19 Resident 5 was admitted on [DATE] (day 6 of admission) to a room in the non-quarantine area with two roommates, admitted s of 12/11/18 and 6/5/20 Resident 6 was admitted on [DATE] (day 10 of admission) to a room in the non-quarantine area with one roommate, whose date of admission was 12/11/18 Resident 7 was admitted on [DATE] (day 10 of admission) to a room in the non-quarantine area Resident 8 was admitted on [DATE] (day 8 of admission) to a room in the non-quarantine area with one roommate, whose date of admission was 6/2/20 On 6/18/20 at 11:17 A.M., a telephone interview was conducted with the Admin and DON. The DON stated Residents 2, 3, 4, 7 and 8 were placed in their particular rooms because there were no rooms available in the rooms set aside for quarantined residents. The DON stated Residents 5 and 6 were placed outside of the quarantine area due to concerns regarding their risk of falling and needed to be near the nurses station. The Admin stated the long-term residents housed in the quarantine area did not want to move, so there were not enough rooms available to place the new admissions. Per AFL 20-53, dated May 22, 2020 with the subject line, Coronavirus Disease 2019 (COVID-19) Mitigation Plan Recommendations for Testing of Health Care Personnel (HCP) and Residents at Skilled Nursing Facilities (SNF), .Residents admitted from the hospital should be tested prior to admission and if they test negative, should be quarantined(1) for 14 days and then retested . If negative, the resident can be released from quarantine .(1) CDC Defines quarantine as separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick. <a href="https://www.cdc.gov/quarantine/index.html">https://www.cdc.gov/quarantine/index.html</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.