STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056117	A. BUILDING _____ B. WING _____	**10/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE ROWLAND	**330 W. ROWLAND STREET COVINA, CA 91723**

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 0584 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** Based on observation and interview, the facility failed to provide a safe and functional environment for the residents, staff, and public, regarding an unapproved drape to minimize the transmission risk of an infectious disease from one area to another area. This deficient practice of an improper safety process had the potential to have negative effects to the safety, welfare and health of the residents, staff and public. Findings: On September 2, 2020, at 1:05 p.m., a complaint investigation was conducted at the facility and the administrator was informed of the visit. Between 1:10 p.m. and 3:15 p.m., a general observation of the facility was conducted. During this observation, it was noted that the facility had two zones; a Yellow Zone and a Red Zone (The Yellow Zone is the area where residents reside who are waiting for the test results to determine if they have COVID-19 or not. The Red Zone is the area where COVID-19 positive residents reside and prevent the spread of the disease.). At 2:50 p.m., while standing in the corridor next to the North nurses station, it was observed that there was a plastic drape to prevent occupants to continue down the corridor (to Rooms 201 through 216), which separated the Yellow Zone from the Red Zone. This drape (which measured 9 feet high and 30 feet long) was held in place by duct tape that went up both corridor walls, and across along the ceiling. In the center of this drape were two vertical zippers to allow nursing staff to enter the Red Zone. There was one sign posted on this drape that stated, In case of fire, plastic barrier can be torn down. A closer observation revealed there was no tag or signage to indicate that this drape was made of a fire retardant material (According to the California Code of Regulations, Title 19, Flame Retardant Regulations, Chapter 8, Division 1, Article 7, Section 1325, states that no drape, hanging, curtain, or similar decorative material which has been treated by a registered flame-retardant application or is made from a registered approved fabric shall be installed after the effective date of these regulations in any place, unless such drape, hanging, curtain, or similar decorative material shall be labeled as required by Section 1324. Section 1324 states that the treated flame-retardant material shall be labeled with the name and registration number, the chemical used on the material, the date the chemical was applied and the Seal of Registration of the State Fire Marshall.) At 3:30 p.m., an interview was conducted with the administrator regarding the plastic drape between the Yellow Zone and the Red Zone. During this interview, it was mention that the drape was the unapproved type of drape. The administrator stated that he thought this drape was the approved type. When asked for the package that the drape came in, the administrator stated he did not have the package to read the label. It was pointed out that an approved barrier could be the corridor doors kept closed, or tight-fitting material (such as a fire-retardant plastic drape) from floor to ceiling and from wall to wall, that is properly secured to all four surfaces to prevent air flow from passing from one zone to another zone. The administrator was informed of the finding that the facility failed to provide a safe and functional environment for the residents, staff, and public, and this was a violation of a Federal regulation.
F 0725 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.** Based on observation, interview, and record review the facility failed to ensure that there were an adequate staff to provide care and services to meet individual resident needs and in accordance with the facility's mitigation plan, by failing to; -Ensure that there were adequate nursing staff in the red zone (an area of residents confirmed positive COVID 19, a respiratory illness that can spread from person to person) to provide care for the residents. -Ensure to designate adequate COVID team staff that could be assign to cover when other staff were out sick. This deficient practice had the potential for residents in the red zone not to receive care and services to meet the residents needs. Findings: During an interview and review of the facility's daily census on 9/2/20 at 12:55 PM, with the Administrator, the facility has 66 residents. The Administrator stated, there were 20 residents in the red zone and 46 residents in the yellow zone (residents under observation, new admission, and suspected exposure to confirmed positive COVID 19, and tested negative for COVID 19 but exhibiting symptoms characteristic of COVIOD 19 infection). During an interview and review of the facility's staffing assignment on 9/2/20 at 1:52 PM, the Infection Preventionist (IP, responsible for establishing and overseeing the active surveillance and monitoring of infection), stated she was responsible for ensuring adequate staffing in the red zone. The IP stated there was one Licensed Vocational Nurse (LVN) from the staffing agency and three Certified Nursing Assistants (CNAs) scheduled to work on the day shift; one LVN and three CNAs scheduled for the night shift. During an interview with the IP, on 9/2/20 at 2:05 PM, she stated the Director of Nursing (DON) was out sick and the facility staff refused to work in the red zone due to concern of exposure to COVID. The IP stated she had hard time looking for staff who would work in the red zone because sometimes the staffing agencies could not provide staff. The IP stated the designated facility staff designated in the red zone were quarantined. During concurrent interview and review of the facility's Schedule for COVID Area Red Zone on 9/2/20 at 2:10 PM, the IP stated one LVN and three CNAs scheduled for the red zone on 9/3/20 day shift, one RN, one LVN, and four CNAs, scheduled for the night shift. The IP stated she has not secure staffing for the red zone for the weekend, 9/4/20 to 9/6/20, and for next week, from 9/7/20 to 9/13/20 due to the staffing agencies would confirm the staff first before she can put on the schedule. During an interview on 9/2/20 at 3:20 PM, with the Registered Nurse 1 (RN 1), stated he would not go inside the red zone due to concern of exposure to COVID. The RN 1 stated the red zone has no supervisor. RN 1 stated he communicated with the staff in the red zone through the facility telephone. The RN 1 stated, when the resident in the red zone had a change of condition, the staff would pushed the resident on the bed next to the exit door to conduct an assessment. During an interview with the Administrator (ADM), on 9/2/20 at 3:38 PM, stated he had no other option and plan on mitigating the staffing shortage. The ADM stated, the staff refused to work in the red zone and he would not force them. The ADM stated the facility utilizing the staffing agencies for the red zone. The ADM stated the DON worked remotely and available for consult about nursing care and nursing services if needed. The ADM could not response when asked on what plan and option the facility had if the DON would not able to work remotely. During an interview with the ADM, on 9/2/20 at 5:03 PM, stated the DON was on quarantined due to COVID 19. The ADM stated he did not designate RN to cover for the DON while on quarantine, to supervise the care provided to the residents. The ADM stated he would communicate to the RNs who would accept and assumed the role of temporary DON. During an interview on 9/3/20 at 3:10 PM, the Assistant Administrator (AADM) stated, the ADM and the DON were out sick and would not be able to come to the facility. The AADM stated the facility staff designated for the red zone were quarantined. The AADM nursing staff worked in the red zone were from staffing agencies because the facility staff refused to work in the red zone.

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 0725 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1)
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 provide a safe, sanitary environment to help prevent the spread of infections during the Coronavirus-19 (COVID-19, a respiratory illness that can spread from person to person) by failing to; 1. Ensure the house keeping staff remove the gloves before exiting the resident's room in the yellow zone (an area/unit in the facility designated for resident suspected and under observation for sign and symptoms relating to COVID 19). 2. Ensure there were designated entrance/exit and personal protective equipment (PPE - gown, gloves, mask, and face shield worn to minimize exposure to COVID) donning (putting on) and doffing (taking off) areas for the staff providing care to residents confirmed COVID 19 positive. 3. Ensure that there was PPE cart (supplies of PPE) for the staff prior to entering the resident room and for immediate access. 4. Ensure to place signage and posters of PPE donning and doffing on each resident entrance door. These deficient practices had the potential for further spread of infection to other residents, staff, and visitors. Findings: During observation on 9/2/20 at 2:30 PM, Housekeeping staff (HS) seen exiting room [ROOM NUMBER] with disposable gloves on. HS was observed wearing two disposable gloves on each hand and was applying hand sanitizer on his disposable gloves outside the room. During an observation and interview with HS on 9/2/20, at 2:32 PM, he stated that he was cleaning the room. He stated he did not touch anything in the room and did not remove his gloves. Housekeeping staff continued rubbing his gloved hands together with hand sanitizer. He went to South Nursing Station, got a paper towel and rubbed his gloved hands on the paper towel. During interview with housekeeping staff on 9/2/20, at 2:35 PM, he stated there were no shortage in gloves at the facility. HS staff removed his gloves and placed them in his pant pocket. During an observation and an interview on 9/3/20, at 5:35 PM, with the Infection Preventionist (IP - a licensed nurse designated by the facility to help prevent and identify the infectious agent like bacteria [MEDICAL CONDITION] in the healthcare environment), the IP stated the staff enters and exit on the same door in the red zone (an area/unit in the facility designated for the residents confirmed COVID 19 positive). The IP stated the there was only one entrance and exit for the staff and ambulance personnel in the red zone. The IP stated she would discuss with the Administrator for other option. During concurrent observation and interview on 9/3/20, at 5: 36 PM, with the IP stated the staffs don their PPE outside and behind the door before entering the red zone. The IP stated the facility did not have space for the staff to don and doff the PPE. The IP stated she would discuss to the Administrator the need of space and an area for donning and doffing. During an observation and an interview on 9/3/20, at 5:36 PM, the IP stated there were no PPE cart/supplies on each resident room in the red zone. The IP stated the staff would have to go to the designated nursing station to get the PPE before entering the resident room. The IP stated the facility already ordered PPE cart to place on each resident's room entrance door for immediate access. During an observation and an interview on 9/3/20 at 5:36 PM, the IP stated the red zone has no signage and poster immediately on the resident door to indicate infection precaution. The IP stated there were no donning and doffing poster from where the staff don and doff their PPE. A review of the facility's policy and procedure titled Policies and Practices - Infection Control dated 7/2014 indicated, that the facility intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. A review of the facility's Mitigation Plan dated 6/19/2020 indicated, that the signs are posted immediately inside of resident rooms indicating appropriate infection control and preventions and required PPE in accordance with the CDPH guidance. Necessary PPE is immediately available outside of the resident rooms in the yellow zone and in the red zone. According to the Center for Disease Control and Prevention (CDC) guidance in preparing nursing homes for COVID 19 updated 6/25/2020 indicated, provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices. Hand Hygiene Supplies: Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Unless hands are visibly soiled, an alcohol-based hand sanitizer is preferred over soap and water in most clinical situations. Make necessary PPE available in areas where resident care is provided. Considerations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19. Place signage at the entrance to the COVID-19 care unit that instructs HCP they must wear eye protection and an N95 or higher-level respirator (or facemask if a respirator is not available) at all times while on the unit. Gowns and gloves should be added when entering resident rooms. This a repeat deficiency from CA 475