

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER THE ORCHARD - POST ACUTE CARE		STREET ADDRESS, CITY, STATE, ZIP 12385 E. WASHINGTON BLVD WHITTIER, CA 90606	
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 adherence to proper infection control policies and procedures related to COVID-19 in accordance to the local health department's guidelines as following: 1. The facility failed to screen two of 12 staff (Staff 1 and Staff 2) for COVID-19 signs and symptoms by not taking the temperature of the staff at the start and end of shift per local health department's guidelines. 2. One of 12 staff (Staff 1) did not know the proper storage of N95 facemasks (disposable respirator used to filter airborne particles) for a reuse. 3. The facility failed to post signages in two of three zones in the facility (Yellow and Red Zones) regarding the type of transmission-based precautions (infection control strategies used to help stop the spread of germs from one person to another) needed and the required Personal Protective Equipment (PPE) on the door or wall outside of the resident room. 4. The facility failed to ensure the necessary PPE is available in carts within the corridors in one of three zones in the facility (Yellow Zone). 5. One of 12 staff (Staff 3) failed to properly wear the N95 facemask while in the Yellow Zone. These deficient practices had the potential to increase the spread of COVID-19 infection within the facility. Findings: On 9/3/2020 at 6:50 a.m., an unannounced onsite visit at the facility to conduct a Focused Infection Control survey. 1. During an interview on 9/3/2020 at 6:55 a.m., Staff 1 stated COVID-19 screening of healthcare workers would be done at the start of shift and after the meal break in the middle of the shift. Staff 1 also stated nursing staff were given five N95 facemasks per week to be used and reused in rotation. Staff 1 stated she would bring her used N95 facemask home after the shift and store it in a clear plastic container and leave it out in the sun to kill any germs. A review of the Centers for Disease Control and Prevention's (CDC's) Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare, last updated on 3/27/2020, indicated used respirators must be kept in a clean, breathable container such as a paper bag between uses. (Source: https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) 2. During an interview on 9/3/2020 at 7:15 a.m., Infection Preventionist 1 (IP 1) stated the night shift Team Leader would screen the oncoming staff at the start of their shift at 10:30 p.m. and around 2:30 a.m. after their meal break. During an interview on 9/3/2020 at 10:05 a.m., Staff 2 stated screening of healthcare staff would be done at the start of shift and after the meal break before the work shift ends. A review of the Novel Coronavirus (COVID-19): Guidelines for Skilled Nursing Facilities, last updated on 8/4/2020, indicated the healthcare facility (HCF) should inquire about symptoms of COVID and do temperature checks of all healthcare providers prior to the start of working their shifts and at the end of their shift. (Source: http://ph.lacounty.gov/acd/ncorona2019/snf.htm) 3. During a concurrent observation on 9/3/2020 at 10:15 a.m. with the Director of Nursing (DON), there were no transmission-based precautions and required PPE signages posted on the resident room door or wall in the Yellow Zone. There were also 2 isolation carts shared by 11 isolation rooms with a total of 25 residents in the Yellow Zone. During an observation on 9/3/2020 at 10:55 a.m. with the DON, there were no transmission-based precautions and required PPE signages posted on the resident room door or wall in the Red Zone. A review of the Novel Coronavirus (COVID-19): Guidelines for Skilled Nursing Facilities, last updated on 8/4/2020, indicated the signs must be posted on the door or wall outside of the resident room that clearly describe the type of precautions needed and the required PPE. (Source: http://ph.lacounty.gov/acd/ncorona2019/snf.htm) 4. During an observation on 9/3/2020 at 10:30 a.m., Staff 3 was wearing a facemask underneath the N95 facemask. During a concurrent interview, Staff 3 stated she would wear a facemask underneath the N95 because It hurts. A review of CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated on 7/15/2020, indicated N95 users must perform a user seal check to ensure proper fit each time an N95 is used. It also indicated that The respirator must fit snugly against the user's face to ensure there are no gaps between the user's skin and the respiratory seal. (Sources: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp018-508.pdf) A review of the facility's mitigation plan, revised 9/2/2020, indicated the following: 1. The facility must screen and document every staff, vendor, and essential visitor for COVID-19 symptoms upon entry to the facility. The mitigation plan did not indicate to screen the staff at the end of shift. 2. Signs must be posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE in accordance with the CDPH guidance. 3. Necessary PPE must be available in carts within the corridors inside the Yellow zone where isolation of resident care is provided. 4. Staff must be trained on selecting, donning, and doffing appropriate PPE and demonstrate competency of such skills during resident care.</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.