STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555775	A. BUILDING _____ B. WING _____	08/12/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BROOKDALE RANCHO MIRAGE	**72-201 COUNTRY CLUB DRIVE RANCHO MIRAGE, CA 92270**

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 implement proper infection control practice in preventing transmission of the [MEDICAL CONDITION] infection (COVID-19- virus causing respiratory symptoms), when: a. The facility was not using the extended use and reuse strategy in optimizing respirator (personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents))in accordance to Centers for Disease Control (CDC) guidelines; b.1 One licensed staff failed to demonstrate proper donning (to put on) and doffing (to remove) of Personal Protective Equipment (PPE); b.2 One licensed staff failed to disinfect the face shield after using the reusable PPE in providing resident care; and c. The facility staff were using respirator mask not approved by the National Institute for Occupational Safety and Health (NIOSH) as a PPE. These failures had the potential to result in the spread of COVID-19 infection to residents and staffs. Findings: a. On August 12, 2020, at 10:30 a.m., the Director of Nursing (DON) was interviewed regarding the facility's strategy of reusing respirators. The DON stated the staff would use one N95 for the entire shift, and the used N95 would be stored in a paper bag by the end of the shift. She stated the staff would reuse the same N95 the following day. The DON stated this process of reusing the respirator would be repeated for up to five days before changing to a new N95. The DON stated that the facility follows the CDC guidelines for reusing respirators. On August 12, 2020, at 2:40 p.m., the Infection Preventionist (IP) was interviewed. The IP stated the facility policy and procedure on reuse of N95 was based on CDC guidance as outlined in their mitigation plan. She stated the last time she searched for an update on the reuse of N95 was three weeks ago. The IP stated she should have obtained updates more frequently, like on a weekly basis. The CDC website document titled, Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators,updated August 4, 2020, indicated, .CDC's Strategies for Optimizing the Supply of N95 FFRs were written to follow a continuum using the surge capacity approach in the order of conventional (everyday practice), contingency (expected shortages), and crisis (known shortages) capacities. N95 FFRs are meant to be disposed after each use .Limited FFR reuse is just one of several strategies available for addressing an N95 FFR crisis capacity situation when there is a known shortage of devices after conventional and contingency capacity strategies have been implemented. It should only be considered during a crisis capacity situation during a declared public health emergency. When an N95 FFR crisis situation no longer exists, limited FFR reuse should not be utilized. Before deciding to implement FFR reuse, facilities should explore opportunities to switch to respirators that are designed to be decontaminated and reused (e.g., [MEDICATION NAME] respirators or powered air-purifying respirators) to reduce demand for FFRs and the need for crisis capacity strategies .A limited reuse strategy to reduce the risk of self-contamination. One strategy to reduce the risk of contact transfer of pathogens from the FFR to the wearer during FFR reuse is to issue five N95 FFRs to each healthcare staff member who care for patients with suspected or confirmed COVID-19. The healthcare staff member can wear one N95 FFR each day and store it in a breathable paper bag at the end of each shift with a minimum of five days between each N95 FFR use, rotating the use each day between N95 FFRs. This will provide some time for pathogens on it to die off during storage (8). This strategy requires a minimum of five N95 FFRs per staff member, provided that healthcare personnel don, doff, and store them properly each day . b1. On August 12, 2020, at 11:30 a.m., Registered Nurse (RN) 1 was observed outside of room [ROOM NUMBER] in the yellow zone (observation unit for newly admitted residents with unknown COVID 19 exposure). RN 1 was observed donning PPE prior to entering the resident's room in the following sequence: Mask, face shield, gown, and gloves. After putting on the gloves, RN 1 was observed to not have cuffed gloves over the sleeves of the gown. At this time, RN 1 was asked if the gloves should be cuffed over the sleeves and she agreed. RN 1 then corrected herself by cuffing both gloves over the sleeves. At 11:35 a.m., RN 1 entered the room and assisted the patient to the bathroom. At 11:40 a.m., RN 1 was observed near the door doffing PPE in the following sequence: gloves, face shield mask and gown. b2. On August 12, 2020, at 11:40 a.m., RN 1 was observed exiting the room carrying the same face shield in her hand and walked to the green zone (non-droplet precaution/ general population) and placed the uncleaned face shield in the medication cart. A concurrent interview was conducted with RN 1 and she was asked to verbalize the proper sequence for donning and doffing of PPE. However, RN 1 was not able to verbalize the proper sequence. When RN 1 was asked if she knew where to find the facility's resources for proper donning and doffing of PPE in the event she forgets, RN 1 was not able to locate this information during the interview. In addition, she stated that all reusable PPE, including face shield must be cleaned before and after performing patient care using the approved disinfectant. c. On August 12, 2020, at 11:45. a.m., during the tour of the facility, an isolation cart in the yellow zone unit contained respirator masks labeled KN95. On August 12, 2020 at 3:25 p.m., an interview was conducted with the DON and Infection Preventionist (IP). They stated that facility is currently using KN95 respirator. In addition, they clarified that this was the instructions given to them by the corporate office and they were informed that KN95 and N95 are the same. A review of the document on the CDC website titled,NIOSH Approved Particulate Filtering Facepiece Respirators, dated April 9, 2020, indicated that KN95 was not included in the list of the approved respirator. A review of the CDC guidelines titled, Strategies for Optimizing the Supply of N95 Respirator, updated June 28, 2020, indicated, .Non-NIOSH-approved products developed by manufacturers who are not NIOSH approval holders, including only products approved by and received from China, should only be used in crisis situations when no other NIOSH-approved N95 respirator (or a listed device from one of the other countries identified within the FDA EAU) is available; they should not be used during aerosol generating medical procedures unless the alternative is a loose-fitting surgical mask or improvised device .

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