

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARK AVENUE HEALTHCARE &amp; WELLNESS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1550 NORTH PARK AVENUE POMONA, CA 91768</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<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 infection control practices to prevent the transmission and spread of COVID-19 (Coronavirus disease, a mild to severe respiratory illness that spread from person to person) by failing to: 1. Indicate and maintain a barrier between the person under investigation (PUI) zone and the clean zone. 2. Ensure staff, who developed signs and symptoms of COVID-19 such as fever, cough, dyspnea (difficulty breathing), muscle or joint pain, fatigue or myalgia, sore throat, loss of taste or smell, headache, diarrhea, congestion, sneezing or running nose, nausea or vomiting, chills or shaking chills while at work, were sent home. These deficient practices had the potential to result in the spread of COVID-19 to facility staff and residents. Findings: During a tour of the facility with the Infection Preventionist (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment), on 8/11/20 at 1:06 p.m., a communal water dispenser was observed within the clean area, accessible to staff and residents. The IP stated that the water dispenser should be covered and should not be in use by anyone. During an observation with the IP, on 8/11/20 at 1:19 p.m., an Activity's Assistant (AA) was observed coming out the PUI unit through the double doors, holding two clear pitchers, and bringing them into the clean area. The IP stated that staff should not be crossing between the PUI zone and into the clean zone. The IP stated that the double doors are not to be utilized as an entrance or exit. During an interview on 8/11/20 at 1:21 p.m., the AA could not state any issues with her holding PUI items and bringing them into the clean area. The AA did not know that she violated any infection control practices by going from the PUI zone into the clean zone. During an observation on 8/11/20 at 4:20 p.m., the AA came out of the PUI zone into the clean zone and the clear barrier was pulled up, which no longer indicated that a barrier existed between the PUI zone from the clean zone. The Director of Staff Development (DSD) was then observed pulling down the clear barrier, and securing it back into position to separate the two areas. During an interview on 8/11/20 at 4:25 p.m., the DSD stated that she was lowering the clear barrier, and securing it, so that the residents from the clean zone do not enter the PUI zone. The DSD stated that it would help to contain the spread of COVID-19. The DSD further stated staff or residents should not enter through the clear barrier. During an interview on 8/11/20 at 4:36 p.m., the IP stated that the entrance to the PUI zone was around the building, and access into the PUI zone from the clean zone was restricted. During an interview on 8/14/20 at 3:39 p.m., the IP stated staff were educated not to come to work and to report any signs and symptoms of COVID-19 if developed during working hours so they could be sent home to prevent the spread of infection to others. The IP stated staff who had symptoms were not to be in the facility. During an interview on 8/14/20 at 4:02 p.m., the DSD stated that on 8/4/20 she received a text message from a Registered Nurse 3 (RN 3) after 11 p.m., informing her that RN 3 had a cough and was not going to go to work on 8/5/20. During a telephone interview on 8/24/20 at 12:16 p.m., RN 3 stated that on 8/4/20 around 5 p.m. during her shift, she developed a cough and did not feel well. RN 3 stated she remained working in the facility until 11:30 p.m. RN3 stated that she worked closely with residents (unidentified) in other areas other than the red zone (an area where residents who tested positive for COVID-19 were confined). RN 3 stated she decided to stay in the facility regardless of her symptoms because she had two new admissions (unidentified) and no one would be able to do her job. RN 3 stated she reported her symptoms to the DSD after her shift ended and did not return to work on 8/5/20. RN 3 stated she tested positive for COVID-19 on 8/9/20. RN 3 stated she was aware that she was not supposed to work while having symptoms of COVID-19 and that she did not inform any staff until the end of her shift. A review of RN 3's time card dated 8/4/20 indicated RN 3 clocked in at 3:21 p.m., and clocked out at 11:42 p.m. A review of the facility's policy and procedure titled, Designation of Areas to Contain the Spread of COVID-19, dated 8/4/20, indicated the Yellow zone are for residents considered PUI and the area is closed with a plastic barrier or with doors closed. A review of the facility's policy and procedure titled, COVID-19, dated 8/3/20, indicated to post signage and educate staff regarding the appropriate personal protective equipment (PPE, such as gowns, gloves, masks, and/or goggles worn to prevent the spread of infectious diseases) and the type of precaution used. A review of the facility's policy and procedure titled, COVID-19 ([MEDICAL CONDITION] 2019), Infection Control Manual, with a revised date of 8/3/20, indicated to follow the Centers for Disease Control and Prevention guidelines and/or the local health department (LHD) in the recognition and management of COVID-19. The policy indicated if a staff member was suspected of having COVID-19, the facility will send the staff member home and notify the LHD, CDPH (California Department of Public Health) and the medical director.</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.