STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555338	A. BUILDING _____ B. WING _____	**06/22/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRIGHTON CARE CENTER	**1836 N. FAIR OAKS AVE PASADENA, CA 91103**

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 -** Few	**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 don (put on) an N95 mask (respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles) during cardiopulmonary resuscitation (CPR, an emergency lifesaving procedure performed when the heart stops beating) for a one of three sampled residents (Resident 3) who was on droplet isolation precautions (personal protective equipment (PPE) includes wearing a mask infection to prevent the spread of infection through close contact with respiratory secretions). This deficient practice had the potential for the spread of Novel Coronavirus 2019 (COVID-19- a respiratory illness that can spread from person to person) through respiratory inhalation. Findings: A review of Resident 3's Admission Record indicated the resident initially admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 3's Minimum Data Set (MDS, a standardized resident assessment and care-screening tool), dated [DATE], indicated the resident had moderate cognitive skills (a mental process of acquiring knowledge and understanding). A review of Resident 3's history and physical examination [REDACTED]. A review of Resident 3's physician's orders [REDACTED]. During an interview on [DATE] at 3:19 p.m., a Licensed Vocational Nurse 1 (LVN 1) stated she removed her N95 mask while performing CPR on Resident 3. A review of a local city health order titled, Order for Control of Covid-19, dated [DATE], indicated the following: 1. Staff shall wear an N95 respirator, if available, and all PPE (such as gloves, gown, eye protection) as recommended by the CDC while providing direct care for residents with suspected or confirmed Covid-19. 2. All facilities and staff must follow all infection prevention and control guidance from the Centers for Medicare and Medicaid Services (CMS), CDC, California Department of Public Health (CDPH), and local city Public Health Department. A review of the facility's policy and procedure titled, Isolation Procedure Standard, dated ,[DATE], indicated prior to initiation of any isolation procedure, check the clinical record for any orders and type of infective agent. A review of the facility's policy and procedure titled, Infection Control Guidelines for All Nursing Procedures, revised ,[DATE], indicated to wear PPE as necessary to prevent exposure to spills or splashes of blood or body fluids or other potentially infectious materials. A review of the facility's policy and procedure titled, Personal Protective Equipment- Using Face Masks, revised ,[DATE], indicated the objective of face masks are to prevent the wearer from inhaling droplets when providing treatment or services to a patient who has a communicable respiratory infection. .

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