

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055992	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2020
NAME OF PROVIDER OF SUPPLIER WEST COVINA HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 850 S. SUNKIST AVE. WEST COVINA, CA 91790	
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 0732 Level of harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to ensure the nurse staffing information posted reflecting the actual hours worked and the total number of staff from 3/5/20 to 3/12/2020 was complete and accurate. This deficient practice had the potential to result in misinformation to the residents and the public of the facility's actual nursing staffing data. Findings: On 3/13/20 at 7:30 a.m., during an observation, a facility form titled, Daily Direct Care Staffing (DDCS), dated 3/12/20, was posted at the nursing station. The posting for the day shift (7 a.m. - 3 p.m.) indicated a census of 87, one (1) Registered Nurse, four (4) Licensed Vocational Nurses (LVN), nine (9) Certified Nurse Assistants (CNAs), and 1 Restorative Nurse Aide (RNA). The evening shift (3 p.m. - 11 p.m.) and night shift (11 p.m. - 7 a.m.) were not filled out. On 3/13/20 at 7:41 a.m., during a concurrent record review and interview with Licensed Nurse 1 (LVN 1), she acknowledged the Daily Direct Care Staffing posted, dated 3/12/20 only reflected the day shift. LVN 1 stated it should have been completed so everyone would know how many staff were working and if staffing was adequate. LVN 1 added it was important to have enough staff to ensure residents were provided quality care. On 3/13/20 at 10:33 a.m., during a concurrent record review and interview with the Director of Nursing (DON), the Daily Direct Care Staffing (DDCS) and actual staffing sign in sheet reflected the following: Date Shift Staff Category Daily Direct Care Staffing Staffing sign in sheet 3/5/20 7 a.m. - 3 p.m. RN 2 3 3/5/20 7 a.m. - 3 p.m. LVN 4 5 3/5/20 3 p.m. - 11 p.m. RN 1 0 3/6/20 7 a.m. - 3 p.m. CNA 10 12 3/6/20 3 p.m. - 11 p.m. RN 0 1 3/6/20 3 p.m. - 11 p.m. LVN 3 2 3/6/20 3 p.m. - 11 p.m. CNA 6 5 3/7/20 7 a.m. - 3 p.m. CNA 7 6 3/7/20 11 p.m. - 7 a.m. CNA 5 4 3/8/20 7 a.m. - 3 p.m. CNA 9 8 3/8/20 3 p.m. - 11 p.m. LVN 2 4 3/8/20 3 p.m. - 11 p.m. CNA 5 6 3/8/20 11 p.m. - 7 a.m. RN 0 1 3/8/20 11 p.m. - 7 a.m. LVN 2 1 [DATE] 7 a.m. - 3 p.m. LVN 5 4 [DATE] 7 a.m. - 3 p.m. CNA 10 13 [DATE] 3 p.m. - 11 p.m. RN 1 0 [DATE] 3 p.m. - 11 p.m. LVN 3 4 3/10/20 7 a.m. - 3 p.m. RN 3 2 3/10/20 7 a.m. - 3 p.m. LVN 4 5 3/10/20 7 a.m. - 3 p.m. CNA 10 11 3/10/20 3 p.m. - 11 p.m. CNA 8 7 3/11/20 7 a.m. - 3 p.m. LVN 5 7 3/11/20 7 a.m. - 3 p.m. CNA 10 11 3/11/20 3 p.m. - 11 p.m. LVN 1 4 3/11/20 3 p.m. - 11 p.m. CNA 7 6 On 3/13/20 at 10:42 a.m., during an interview, DON stated the Daily Direct Care Staffing was not accurate and completed from 3/5/20 to 3/12/20 because the number of Licensed and Non-Licensed staff were not the same as the actual staffing sign in sheets. DON stated it was important to have the correct Daily Direct Care Staffing posting so nursing hours can be accurately calculated. DON stated this would also help ensure the facility had adequate number of staff to provide patient care, and for the residents, staff and visitors to have the accurate nursing staffing information. A review of facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, revised 7/2016, indicated the facility will post daily, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents. Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include: g) the actual time worked during that shift for each category and type of nursing staff h) total number of licensed and non-licensed nursing staff working for the posted shift.		
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 implement its policy and procedure on infection control for one of one sampled resident on isolation (Resident 2). There were two (2) Certified Nurse Assistants (CNAs) who did not perform handwashing and did not wear protective personal equipment (PPE) before entering Resident 2's room who was on contact isolation precautions. This deficient practice had the potential to cause the spread of infection to the residents and staff. Findings: A review of the Admission Record indicated Resident 2 was admitted to the facility on [DATE]. Resident 2's [DIAGNOSES REDACTED]. Diff, bacteria that causes inflammation of the colon, and pneumonia (inflammation of the lungs). A review of the Minimum Data Set (MDS, standardized assessment and care screening tool), dated 12/10/19 indicated Resident 2 was independent with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making. Resident 2 required extensive assistance with bed mobility, transfer, locomotion, dressing, toilet use, and personal hygiene. A review of the physician's orders [REDACTED].Diff for 10 days. On 3/13/20 at 7:30 a.m., Resident 2 was observed awake in bed. There was a signage on the wall as you enter Resident 2's room, to use gloves and gown. There was also a supply of PPE observed hanging by Resident 2's door. On 3/13/20 at 7:35 a.m., Certified Nurse Assistant 2 (CNA 2) was observed going inside Resident 2's room. CNA 2 placed the meal tray on Resident 2's bedside table, set up the tray, and proceeded to take another meal tray from the cart to deliver to another resident. CNA 2 did not perform hand washing or use any PPE. On 3/13/20 at 8:21 a.m., during observation, CNA 1 entered Resident 2's room and picked up his meal tray. CNA 1 placed Resident 2's meal tray in the meal cart and proceeded to another resident's room to pick up another resident's meal tray. CNA 1 did not perform hand washing or use any PPEs. On 3/13/20 at 10:09 a.m. during a concurrent observation and interview with Licensed Nurse 2 (LVN 2), she stated the signage by Resident 2's door indicated to use gloves and gown. LVN 2 stated Resident 2 is on contact isolation for C.Diff. LVN 2 stated, staff need to use gloves and gown when cleaning the resident. LVN 2, stated there was no need to use gloves when serving the resident his meal tray, but staff need to wash their hands before picking up the meal tray. LVN 2 stated, this was important to ensure infection control. On 3/13/20 at 12:54 p.m. during a review of the C.Diff facility policy and interview with the Director of Nursing (DON), she stated, according to the policy, staff needs to use gloves when caring for residents with [DIAGNOSES REDACTED]icile infection and to wash hands with soap and water upon exiting the room. DON stated this includes when delivering, setting up, and picking up resident's meal tray. DON added this was important to prevent transmission of C.Diff to other residents. A review of Resident 2's care plan titled, Diarrhea secondary to [MEDICAL CONDITION], dated 3/10/20, indicated staff interventions included were to observe contact isolation for [MEDICAL CONDITION] infection, provide good pericare and administer [MEDICATION NAME] solution for 10 days. A record review of the facility's policy and procedure (P/P) titled, [MEDICAL CONDITION], revised on 2/2014, indicated, preventative measures will be taken to prevent the occurrence of [MEDICAL CONDITION] infections among residents and precautions will be taken while caring for residents with [MEDICAL CONDITION] to prevent transmission. The P/P indicated, glove use when caring for residents with [DIAGNOSES REDACTED]icile infection, washing hands with soap and water upon exiting the room of a resident with [MEDICAL CONDITION] infection and strict adherence to hand hygiene in general is considered best practice. The P/P also indicated healthcare workers and visitors will wear gloves and gowns when entering the room of resident who are colonized with [DIAGNOSES REDACTED] and symptomatic.		
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.