

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055360</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKPARK HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>9166 TUJUNGA CANYON BLVD TUJUNGA, CA 91042</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<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 ensure proper transmission-based precautions were followed when Certified Nursing Assistant 1 (CNA 1) was observed exiting an isolation room wearing the isolation gown used in the isolation room while caring for one of one sampled resident (Resident 1). This deficient practice had the potential to spread communicable diseases and infections. Findings: A review of Resident 1's Admission Record indicated an admission to the facility dated 6/29/2020 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 7/3/2020, indicated Resident 1 had the ability to be understood and understand others. A review of Resident 1's physician's orders [REDACTED]. On 7/9/2020 at 12:29 p.m., during an observation tour of the facility with the Infection Preventionist (IP) Nurse, several rooms were noted with signs outside the doors indicating Droplet Precautions and there were carts outside of rooms containing Personal Protective Equipment (PPE) and equipment to be used with the residents. The IP explained the residents in the rooms with the isolation signs were not symptomatic but had been readmitted and were placed on 14 day quarantine, per protocol. IP stated the acute hospital tested the resident for Coronavirus 2019 (COVID-19- a [MEDICAL CONDITION] infection that spread from person to person) prior to readmission, the facility tests them upon admission, and placed them on quarantine. The IP stated the direct care staff wear yellow cloth reusable gowns. If the staff enter an isolation room they have to discard the gown in the bin prior to leaving the room and then, perform hand hygiene and obtain a new yellow gown. During the tour with the IP, Certified Nursing Assistant 1 (CNA 1) entered Resident 1's room, who was on Droplet Precaution, wearing a yellow gown. CNA 1 provided care to the resident care, performed hand hygiene, and then walked out of the isolation room wearing the same yellow gown and walked along the hallway until being stopped by the IP. The IP further stated even though Resident 1 was tested negative for COVID-19, the staff member should have still taken off the gown prior to leaving the room because Resident 1 had not completed the 14-day quarantine. A review of Resident 1's Care Plan titled, Presence of Contagious Infection - Resident on Isolation Precautions Related To Respiratory Isolation, dated 6/29/2020, indicated the resident is on droplet precautions per new admit protocol. The care plan indicated an intervention to practice isolation precautions for infection control and follow infection control policy and procedures. A review of the facility's policy and procedure titled, Infection Control, undated, indicated, All personnel will be trained on our infection control policies and practices upon hire and periodically thereafter, including where and how to find and use pertinent procedures and equipment related to infection control. The Administrator or Governing Board, through the Quality Assurance and Performance Improvement and the Infection Control Committees, has adopted our infection control policies and practices, as outlined herein, to reflect facility's needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA (Omnibus Budget Reconciliation Act), OSHA (Occupational Safety and Health Administration), and CDC (Centers for Disease Control and Prevention) guidelines and recommendations. A review of the facility-provided document, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, from the CDC dated 5/18/20, indicated the following: -Adhere to Standard and Transmission- Based Precautions -Gowns -Put on a clean isolation gown upon entry into the patient room or area. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. A review of the facility's inservice log, dated 6/24/2020, indicated the topic covered was PPE usage in regards to COVID-19 enhanced droplet and contact precautions. A review of the attendance log indicated CNA 1 attended the inservice.</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.