STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056079	A. BUILDING _____ B. WING _____	**07/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GLENDORA GRAND, INC	**805 W. ARROW HWY. GLENDORA, CA 91740**

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 provide a safe, and sanitary environment to help prevent the spread of infections during the Coronavirus (COVID-19 - an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis by failing to: 1. Ensure one facility staff who entered the Yellow/PUI unit (residents under investigation for Covid-19 that do not have a confirmed Covid-19 diagnosis) would go through screening and would wear the proper personal protective equipment (PPE- is equipment worn to minimize exposure to a variety of hazards.) 2. Doff (remove) staff's gloves prior to exiting the room inside the red zone (this area was for residents with laboratory confirmed COVID-19 diagnosis) in Station 2. 3. Separate residents who were negative for COVID-19 from residents confirmed positive for COVID-19. These deficient practices have the potential to spread infection, which could result in residents and staff illness from Covid-19. Findings: 1. On 7/16//20, an unannounced visit was made to the facility regarding an increase in Covid-19 cases. On 7/16/20 at 2:06 pm, during a concurrent observation and interview, Licensed Vocational Nurse 1 (LVN 1) entered the yellow zone in station 3. LVN 1 entered through a door that was not a designated entrance to station 3, LVN 1 was wearing a face mask but was not wearing a gown and eye protection. During an interview, LVN 1 stated she entered this door because she was in a hurry to use the bathroom and was coming to sign in. LVN 1 stated this door was locked but she knocked and another staff member opened the door for her. LVN 1 stated she was aware she was not supposed to enter through this door and the designated entrance to Station 3 had the donning station/doffing station. LVN 1 stated she did not go through the front lobby which was the designated screening area. On 7/16/20 at 2:08 p.m., during a concurrent interview with Registered Nurse 1 (RN 1) said that LVN 1 failed to use the designated entrance to the yellow unit, failed to don the appropriate PPE prior to entering the unit, failed to follow the facilities protocol to enter through the screening prior to enter the facility. RN 1 said this failure to follow infection control guidelines could result in the spread of infection to the residents and the staff. A review of the facility's Mitigation Plan updated 6/26/2020 titled Infection Prevention and Control, indicated the facility has a designated staff who screens and documents every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks, at least at the start of the work shift and at the end of the shift. A review of the facility's Mitigation Plan updated 6/26/20 titled Designated Space, indicated there is an area in the Yellow Zone for staff to don and doff PPE. 2. On 7/16/20 at 2:42 pm, during an observation of the facility's Covid-19 designated unit in Station 2, the COVID area did not have a sealed physical barrier that divided the unit from the hallway leading to the yellow zone. One activities staff member (AS 1) came out of a room in the COVID area, AS 1 was wearing a face mask, eye protection, a disposable gown over a reusable gown and gloves while still in the room. AS 1 removed the disposable gown inside the room but kept her gloves, walked out of the room without using hand sanitizer and still with gloves on, AS 1 talked to another staff member and scratched her head, wearing the same gloves. During a concurrent interview, AS 1 stated that she touched her head with soiled gloves. AS 1 stated she should have removed her gloves prior to exiting the room. AS 1 stated she should have used the alcohol based hand sanitizer because I can contaminate herself and could get infected with the Covid-19 virus. A review of the facility's Mitigation Plan updated 6/26/20 titled Cohorting Residents During Covid-19 indicated all healthcare personnel have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE). 3. On 7/16/20 at 6:18 pm, during an observation in the patio for station 4 and 5. Station 4 was the facility's other Yellow zone and station 5 was the facility's other Red zone (unit designated for residents confirmed with Covid-19). Residents from Yellow zone were mixed with residents from the Red Zone. There were nine residents in the patio. During this same observation, there were no staff members monitoring the residents in the patio from the red zone, there was one facility staff that could be seen behind the glass doors in the yellow zone. During a concurrent interview, Certified Nursing Assistant 1 (CNA 1) said that there were about 9 residents at the patio and at least one resident, Resident 2 was confirmed positive with COVID-19. Resident 1 (who was residing in the yellow zone) was observed in the patio at the same time as Resident 2. There was no separation of residents confirmed and not confirmed with Covid-19 at the patio. A review of the facility's Mitigation Plan updated 6/26/2020 titled Cohorting Residents During Covid-19, indicated that residents with active COVID-19 infection confirmed by testing, or those residents who are recovering from COVID-19 infection, have been separated from residents who are not infected or have unknown infection status.

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.