

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/21/2020
NAME OF PROVIDER OF SUPPLIER SANTA FE LODGE		STREET ADDRESS, CITY, STATE, ZIP 5053 PECK RD. EL MONTE, CA 91732	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain an infection control program to provide a safe environment to help prevent the development and transmission of Covid-19 (an illness caused by [MEDICAL CONDITION] that can spread from person to person) by failing to follow the facility's mitigation policy and procedures to screen staff for symptoms of Covid-19 and fever at the beginning and end of their shift. This deficient practice had the potential to result in the spread of Covid-19 infection that could lead to hospitalization and death of residents and staff. Findings: A review of the facility's mitigation policy and procedures dated 6/17/20, indicated every individual entering the facility (including staff) were to be screened for Covid-19 symptoms (symptoms included cough, difficulty in breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell). Proper screening included temperature checks. A review of the facility's Employee Screening Form indicated employees were to indicate their travel history, fever (temperature at the beginning of their shift and the end of their shift), if they had any symptoms, and contact with persons with possible or confirmed Covid-19. A review of the Employee Screening Form dated 9/1/20 through 9/21/20, indicated several staffs were not screened for fever at the beginning and end of their shift and were not screened for symptoms of Covid-19. a) On 9/21/20- One Certified Nursing Assistant (CNA) was not screened for symptoms of Covid-19. b) On 9/2/20- Four CNAs were not screened for fever at the end of their shift. One CNA was not screened for symptoms of Covid-19. c) On 9/3/20 - One CNA was not screened for symptoms of Covid-19. d) On 9/5/20 - Two CNAs were not screened for fever at the beginning of their shift. One housekeeping staff was not screened for symptoms of Covid- 19. e) On 9/6/20 - One Licensed Vocational Nurse (LVN) was not screened for symptoms of Covid-19. f) On 9/7/20 -Two housekeeping staffs were not screened for fever at the beginning of their shift. One CNA and one housekeeping staff were not screened for symptoms of Covid-19. g) On 9/8/20- One LVN and one CNA were not screened for fever at the end of their shift. One LVN and one CNA were not screened for symptoms of Covid-19. h) On 9/10/20- Two CNAs, one LVN, and one housekeeping staff were not screened for fever at the end of their shift. Three CNAs and one housekeeping staff were not screened for symptoms of Covid-19. i) On 9/12/20 - One CNA was not screened for symptoms of Covid-19. j) On 9/13/20- Five CNAs, one LVN and one housekeeping staff were not screened for fever at the end of their shift. One housekeeping staff was not screened for symptoms of Covid-19. k) On 9/14/20- One CNA and one housekeeping staff were not screened for fever at the end of their shift. One housekeeping staff was not screened for symptoms of Covid-19. l) On 9/16/20- One Registered Nurse (RN) and one CNA were not screened for fever at the beginning of their shift. One RN, one LVN, six CNAs, one Occupational Therapist (OT), one Physical Therapist (PT) and one Restorative Nursing Assistant (RNA) were not screened for fever at the end of their shift. One OT, one PT, one RN and two CNAs were not screened for symptoms of Covid-19. m) On 9/20/20 - Two CNAs, one RN, one LVN and one housekeeping staff were not screened for fever at the end of their shift. One housekeeping staff was not screened for symptoms of Covid-19. During an interview and concurrent review of the Employee Screening Log, on 9/21/20, at 12:30 p.m., the Infection Preventionist (IP, nurse who helps prevent and identify the spread of infectious agents like bacteria [MEDICAL CONDITION] in a healthcare environment) stated, she did not know there were staffs that had not been properly screened for fever and symptoms of Covid-19. The IP stated, she was responsible for daily monitoring of staff screening for completion but failed to do so. During an interview with the Director of Nursing (DON) on 9/21/20, at 1:45 p.m., she stated screening of staff was to be done by the nursing aide at the beginning and end of each work shift and the Charge Nurse will screen the staff if the nursing aide was not on duty.</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.