STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055372	A. BUILDING _____ B. WING _____	**06/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
VALLEY VIEW POST ACUTE	**3111 SANTA ANITA AVE EL MONTE, CA 91733**

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 provide a safe, sanitary environment to help prevent the spread of infection during the Coronavirus (COVID 19- an illness caused by [MEDICAL CONDITION] that can spread from person to person) crisis by failing to; 1. Ensure the facility had a designated doffing (taking off) area for personal protective equipment (PPE) before going to the breakroom (clean area) for staff. 2. Ensure the doffing area in the patio was equipped with plastic bag or trash bin to place the used PPE and accessible hand sanitizer right after doffing PPE was available. 3. Implement their Emergency Preparedness Plan COVID 19 Standard Operating Guideline (SOG). This deficient practice had a potential to spread infection to residents and staff. Findings: A review of the facility's census dated 6/15/2020 indicated the facility had 46 residents residing in the facility. On 6/15/2020 at 11:45 AM, during an observation of the COVID area (red zone), the facility had a break room designated for staff. During a concurrent interview, the facility's Director of Nursing (DON) indicated the breakroom was a clean area and that staff would have to doff (remove) their PPE prior to entering the breakroom. The doffing area was an open area in the hallway and did not have a division that would separate the breakroom from room [ROOM NUMBER] that had two residents with COVID 19. The area for doffing going to the breakroom was small and had a potential for cross contamination from room [ROOM NUMBER]. The doffing area in the hallway had a small trash bin that did not have a cover. During a concurrent interview with the DON, she stated there should have been a divider that would cover the doffing area going to the breakroom to prevent potential cross contamination. The DON stated the small trash bin in the hallway should have a cover. During an observation on 6/15/2020 at 11:50 AM, room [ROOM NUMBER] door was open. room [ROOM NUMBER] had two Covid 19 positive residents inside the room. There was no alcohol based hand sanitizer closer to room [ROOM NUMBER]. During a concurrent interview, the DON stated staff who goes in and out of the room could share and use the small bottle of alcohol based hand sanitizer located across the doffing area. The DON stated there should have been a separate hand sanitizer for room [ROOM NUMBER] and in the doffing area going to the staff break room. On 6/15/20 at 12:30 PM, an observation of the facility's doffing area located in the patio was conducted. The doffing area in the patio was a covered tent going to the exit gate. There were three big bins in the patio hallway across the covered tent. The inside of the covered tent had a division that could accommodate two persons to remove the PPE. The covered tent doffing area had no doffing procedure posted. The covered tent did not have a table to place belongings, there was no alcohol based hand sanitizer and there were no bins to place the reusable PPE that included washable gowns, reusable face shields, and N95 (respirator mask). During a concurrent interview with the DON, she stated staff doff PPE inside the covered tent. The DON stated staff would place the used PPE inside a plastic bag then place the plastic bag with the used PPE inside the bins located across the hallway patio. The DON stated she did not know there were no plastic bags inside the covered tent doffing area. The DON verified there were no table, trash bins and alcohol based hand sanitizer inside the covered tent doffing area. The DON stated the doffing poster should be available for the staff to reference while doffing their PPE. A review of the facility's policy and procedure titled Coronavirus Disease (COVID-19) Prevention and Control; dated 3/2020 indicated, Facility leadership and clinical staff are implementing all reasonable measures to protect the health and safety of residents and staff during the current outbreak of coronavirus disease (COVID-19). Personnel Education - information provided to personnel includes: Reinforcement of standard and transmission-based precaution procedures (including hand hygiene, respiratory hygiene, and proper use and disposal of personal protective equipment). A review of the facility's policy and procedure titled Emergency Preparedness Plan COVID 19, Standard Operating Guideline (SOG) indicated that the staff should perform hand hygiene using ABHS before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. A review of facility's policy and procedure titled Handwashing/Hand Hygiene dated 8/2019 indicated, the use of an alcohol-based hand rub containing at least 62% alcohol; or alternatively soap (antimicrobial or non-antimicrobial) and water for the following situations include, before and after entering isolation precaution settings. Hand hygiene is the final step after removing and disposing of PPE.

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