

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056079</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GLENDORA GRAND, INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>805 W. ARROW HWY. GLENDORA, CA 91740</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 - Some</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain a safe, 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 for non-COVID residents, staff members, and/or visitors. The facility did not have hand-sanitizing gel and/or a handwashing station for staff and/or visitors after removal of personal protective equipment (PPE- such as masks, gloves, gowns, and face shields used to protect a person from getting infected with a disease) at two of three doffing stations (areas used to remove PPE). This deficient practice had the potential for the spread and/or increase risk in the development and transmission of communicable disease and infections which could result in death due to COVID-19. Findings: During an observation on 7/15/20 at 11:31 a.m., the doffing station outside of the COVID-19 unit at the Center building did not have hand sanitizing gel or a handwashing station. During an interview, on 7/15/20 at 11:35 a.m., the DON stated that there should be hand-sanitizing gel available at the doffing station. DON stated it is the procedure to use gel when taking off PPE safely. During an interview, on 7/15/20 at 11:35 a.m., a Certified Nursing Assistant 1 (CNA 1), when asked how she would clean her hands while doffing, she shrugged that she did not know. During an observation and interview with the DON, on 7/15/20 at 12:48 p.m., the doffing station outside the COVID-19 unit at the Manor building did not have hand sanitizing gel or a handwashing station. The DON stated that it should have hand washing or gel available during the doffing of PPE. A review of the facility's census, dated 7/15/20, indicated the facility had 193 residents residing in the facility. A review of the facility's untitled log indicated that the facility had 44 COVID-19 negative residents, 55 residents under monitoring for possible COVID-19 due to exposure and/or symptoms, and 94 COVID-19 positive residents. A review of the facility's adopted guidelines by the Los County Department of Public Health titled, Personal Protective Equipment, indicated that hand gel or handwashing should be performed after the removal of PPE. A review of the facility's adopted guidelines from the Centers for Disease Control and Prevention titled, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, indicated to wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE.		

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.